

Account No. 1121Funeral of Mrs. Anderson LucyDate of Funeral 3/12/41 Where From Christ Temple Hour 2 P M.

| | | CASH EXPENDITURES | |
|--|-------|---|-------|
| Removing Remains | 3 00 | | |
| Embalming Fluid Used | 15 00 | Door Dressing | |
| Laying Out Shaving Dressing | | Use of Palms | |
| Reposing Couch Candelabra Candles | | Flowers | |
| Dozen Chairs | | | |
| Casket Bier or Pedestals | | Porters Gloves | |
| Casket No. Size | 42 00 | Funeral Notices | |
| <i>Hearse</i> | 10 00 | | |
| Metal Inner Casket Bronze Copper Zinc | | Clergymen | |
| Casket Interior Material Color | | Church Charges Sexton | |
| Name Plate Engraved | | Quartette or Soloist Organist | |
| Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany | | Honorary Pallbearers | |
| Metal Inner Box | | | |
| Metal Corners Handles Plate | | Cemetery Charges <i>New Crown</i> | 20 00 |
| Burial Vault Style | | New Grave <input checked="" type="checkbox"/> Opening Grave | |
| Box or Vault Delivered to | | Location of Grave | |
| Cremation Urn | | <i>Sec 15</i> | |
| Burial Garment | | <i>Row 14</i> | |
| Foot Wear Hosiery | | Grave or Lot No. <i>12.064</i> | |
| Slumber Blanket | | Use of Lowering Device | |
| Professional Service | | Forevergreen Grass Tent | |
| Use of Chapel | | Receiving Vault Charges | |
| Background Drapery | | Crematory Charges | |
| Use of Rugs | | Auto Hearse Funeral Cars | |
| <i>1 Car</i> | 5 00 | Telegrams Telephone Charges | 20 00 |
| <i>Total amt. incl. + Services</i> | 75 00 | Transportation Expenses | 75 00 |
| | | Transcript of Death <i>Total amt. Invoice</i> | 95 00 |

46
Residence 629 Ogden, St. (Christ Temple)
If Non Resident
Give City, Town & State

Hospital or Institution _____
Years _____ Months _____ Days _____

Give Name of Hospital _____

Sex 4 Color or Race negro Single ☐ Married ☐
Widowed ☒ Divorced ☐

Wife, Husband of _____

Age of Husband, Wife if Alive _____

Age 88 Years _____ Months 2 Days 14

Usual Occupation Retired

Industry or Business _____

Social Security No. _____

If U. S. War Veteran Specify War _____
City _____ State _____ Country _____

Birth Place Hallatin, Tenn.

Mother's Maiden Name Martha Stitz
City _____ State _____ Country _____

Mother's Birthplace Tenn.

Informant Beatrice Silrell Relation if Any Str.

Address 629 Ogden St.
Month _____ Day _____ Year 1941

Date of Death 3 9 1941

Physician _____

Address _____

Cause of Death _____

Clergyman Elder Robin Christ Temple

Ordered by Mrs. Beatrice Silrell

Address 629 Ogden St. - Mrs. Silrell

Charged to Marion Co. Bd. of Pub. Welfare

When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

95.00

1941

June

13

in Marion Co. Bd.

95.00

PAID
RECEIVED BY Mrs. Silrell