

Funeral of

Mrs. Rosa Anderson

Date of Funeral

Aug. 17, 1955

Hour

1 P.M. From

Int. Param Bapt. Ch.

Removal From			CASH EXPENDITURES		
Embalming			Door Dressing		
Professional Services	172	75	Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____			Pall Bearers		
Drapery _____ Candelabra _____			Funeral Notices		
Candles _____ Prayer Rail _____					
Crucifix _____ Bier _____					
Burial Box for Shipping	22	50	Lady Attendant	3	00
Casket No. 02050 Mfr.	176	25	Narrator	2	00
Style _____			Clergyman Rev. C. G. Bell	5	00
Finish _____			Sexton		
Interior No. _____ Color _____			Organist _____ Soloist _____		
Outside Case _____			Church Charges		
Mountings _____			New Grave Flora, Miss Opening		
Vault Style _____			Grass & Device _____ Tent _____		
Delivery To _____			2 Insurance Certificate	2	00
Burial Garment Orchid Dress	32	50	Vault Charges		
Slippers _____ Hosiery _____			Crematory Charges		
Slumber Blanket _____			Gratuities		
Gloves _____			Telephone _____ Telegrams _____		
Cremation Urn _____			Transportation		
Acknowledgement Cards _____			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death		
			Total Cash Expenditures	73	00
			Total Services & Merchandise	404	00
Total of Services & Merchandise	404	00	Total Amount of Invoice	417	00

Encl. sent mailed 10-29-55
Revised statement " " "

Deceased Mrs. Rosa Anderson
Date of Death August 13, 1955-3:40 PM
Place of Death General Hospital
Last Place of Residence 523 West 88th St.
Birth Place Madison County, Miss.
Date of Birth _____
Age 64 Years _____ Months _____ Days _____ Hours _____
Sex Female Color or Race Negro
Single _____ Married _____
Widowed Widowed Divorced _____
Length of Residence U. S. Life
State _____ City 57 years
Usual Occupation Domestic
Industry or Business _____
Husband's Name _____ Age _____
Wife's Maiden Name _____ Age _____
Father's Name Willis Harris
Birth Place _____
Mother's Maiden Name Eliza Smith
Birth Place _____
Social Security No. 307-12-4147
If Veteran, what War None
Cause of Death Cerebral vascular accident
Physician Dr. Nickman, M.D. Address Gen. Hosp.
Informant Mr. Creed Harris
Address 447 Munerva St.
Date of Interment Aug 18, 1955
Shipped to Jackson, Mississippi
Cemetery Flora, Miss.
Location _____
Lot or Grave No. _____

Estimated statement
Ordered By _____
Address _____
Charged To Mr. Creed Harris
Address 447 Munerva St. (2)
Invoice Date Me 5-1798
Estate Atty. _____
Address _____
Estimated Amt. of Ins. \$365.00
App Bal. \$116.00
Telegram. night letter to Bentons Funeral Home
Charged. **CUSTOMER'S PAYMENT RECORD**

DATE	AMOUNT PAID	BALANCE DUE
8-17-55	Mr. C. Harris - Cash 8 50	408 50
8-18-55	Empire Ins. Co. 339 09	69 41
8-18-55	Rep. Ins. Co. 40 50	28 91
8-24-55	Cash - Mr. Harris 28 91	