

**Funeral of** Mrs. Nancy Mills Armstrong

Date of Funeral May 23 1945

Hour 5 1 Pm From Alleyne Chapel A.M.E. Zion

Removal From _____	5 00	CASH EXPENDITURES		
Embalming _____	25 00	Door Dressing _____		
Professional Services _____ <i>Hearse</i>	15 00	Palms _____		
Use of Chapel <i>2-7 passenger Cars</i>	17 00	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____				
Drapery _____ Candelabra _____				
Candles _____ Prayer Rail _____		Pall Bearers _____		
Crucifix _____ Bier _____		Funeral Notices _____		
Casket No. _____ Mfr. _____	350 00			
Style _____				
Finish _____				
Interior No. _____ Color _____		Clergyman <i>Rev Sharkley</i>		
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave <i>Crown Hill</i> Opening _____	73.00	
Delivery To _____		Grass & Device _____ Tent _____		
Burial Garment _____		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 of Services & Merchandise	412.00	Total Cash Expenditures		73 00
		Total Services & Merchandise		412.00
		Total Amount of Invoice		485.00



Net 161.04  
Waiting for Court Settlement

Deceased Mrs. Nancy Mills Armstrong  
Date of Death May 20, 1945 12:15 P.M.  
Place of Death Residence Be 1906  
Last Place of Residence 108 S. Sheridan ave  
Ni 0769

Birth Place Horterville Tennessee

Date of Birth April 15, 1867

Age 78 Years 1 Months 5 Days \_\_\_\_\_ Hours \_\_\_\_\_

Sex Female Color or Race Colored

Single \_\_\_\_\_ Married ☒

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life

State 45 years City 45 years

Usual Occupation Housewife

Industry or Business \_\_\_\_\_

Husband's Name Jesse Armstrong Age \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name Pete Overett

Birth Place Tennessee

Mother's Maiden Name Martha McClain

Birth Place Tennessee

Social Security No. \_\_\_\_\_

If Veteran, what War \_\_\_\_\_

Cause of Death \_\_\_\_\_

Physician Dr. L. A. Lewis Address \_\_\_\_\_

Informant Mrs. Catharine Mills Elliott

Address 2019 Bend Pl.

Date of Interment May 23, 1945

Cemetery Crown Hill

Location Sec 99

Inter Grave No. 1877

Charged to Mr. & Mrs. J. R. Elliott  
Ordered By \_\_\_\_\_  
Address 2019 Bend Pl. (2)  
Charged To Mr. Jesse Armstrong  
Address 108 S. Sheridan ave

Invoice Date \_\_\_\_\_

Estate Atty. \_\_\_\_\_

Address \_\_\_\_\_

### CUSTOMER'S PAYMENT RECORD

485.00

DATE		AMOUNT PAID	BALANCE DUE
5-21-45	By Cash	142.50	342.50
6-2-45	Mr. Jesse Armstrong	5.00	337.50
6-5-45	Mrs. Elliott	10.00	327.50
6-6-45	Metro Ins Check	161.04	166.46
9-6-45	Mrs. Katherine Elliott	166.46	

PAID