

West Side Chapel

Removal From				CASH EXPENDITURES			
Embalming				Door Dressing			
Professional Services		278	88	Palms			
Use of Chapel				Flowers			
Use of _____ Doz. Chairs _____ Rug _____							
Drapery _____ Candelabra _____				Pall Bearers			
Candles _____ Prayer Rail _____				Funeral Notices			
Crucifix _____ Bier _____							
Casket No. 02625 Mfr. Frank Rhw		190	62	Motorcycle Escort		6	50
Style _____				Lady Attendant		3	00
Finish _____							
Interior No. _____ Color _____				Clergyman Rev. J. B. Carter (Adams)		5	00
				Sexton			
Outside Case _____				Organist 3.00 Soloist 3.00		6	00
Mountings _____				Church Charges			
Vault Style _____				New Grave Floral Park Opening		95	00
Delivery To _____				Grass & Device _____ Tent _____			
Burial Garment Suit		28	50	Vault Charges			
Slippers _____ Hosiery _____				Crematory Charges			
Slumber Blanket _____				Gratuities			
Gloves _____							
Cremation Urn _____				Telephone _____ Telegrams _____			
Acknowledgement Cards _____				Transportation _____			
				Casket Coach _____			
				Limousines _____ Flower Cars _____			
				Transcript of Death _____			
				3 Insurance Certificates		3	00
Total of Services & Merchandise		498	00	Total Cash Expenditures		118	50
				Total Services & Merchandise		498	00
				Total Amount of Invoice		616	50

Deceased Mr. Ewing Arnold
Date of Death July 5, 1954
Place of Death Residence
Last Place of Residence 325 St. 16th St Pl. - 345 PM

Birth Place Smith Grove, Kentucky
Date of Birth January 3, 1881
Age 73 Years 6 Months 2 Days _____ Hours
Sex Male Color or Race Negro
Single Single Married _____

Widowed _____ Divorced _____

Length of Residence U. S. Life

State _____ City 54 years

Usual Occupation Labor

Industry or Business Kingans & Co. - 35 yrs.

Husband's Name _____ Age _____

Wife's Maiden Name _____ Age _____

Father's Name Robert Arnold

Birth Place _____

Mother's Maiden Name Josephine

Birth Place _____

Social Security No. 310-07-7461

If Veteran, what War None

Cause of Death Arteriosclerotic Heart Disease

Physician Dr. Nelson D. Gaddy Address 909 Locke St.

Informant Mrs. Juanita Stephens

Address 435 St. 16th St. Pl.

Date of Interment July 10, 1954

Cemetery Floral Park

Location _____

Sea R8 Row 8, Lot 4

Lot or Grave No. 16

Charge to Miss. ^{moved} Lillian Halfe
Ordered By _____
Address 358 St. 11th St.
Charged To Mr. ^{moved} Simon Halfe
Address 2105 Shriver Dr.
Invoice Date Mrs. Emma Deamons ^{sent no yr. end}
Estate Atty. 325 W 16th Pl.
Address _____

CUSTOMER'S PAYMENT RECORD

616.50

DATE		AMOUNT PAID		BALANCE DUE	
7-16-	54	^{105.15} 134.50 Empire Ins. Checks	259 15	354	85
7-17-	54	Mrs. Simon + Lillian Halfe	152 00	204	85
7-19-	54	Math. Ch. Simon Halfe	104 85	100	00
7-30-	54	Cash - Mrs. Deamons	100 00	—	—

PAID
7-30-54

XXXXXXXXXXXXXXXXXXXX

November 15th, 1969

Mrs. Lillie Wolfe,
P. O. Box 303,
Compton, Calif., 90223

Dear Mrs. Wolfe:

The following is the information you requested concerning the funeral bill of Mr. Ewing Arnold:

Mr. Arnold died July 5th, ~~1968~~ 1954.

His funeral bill was \$616.50, and it was paid as follows:

7-16-54, Empire Insurance check from Simon Wolfe, - - - - -	\$259.65
7-17-54, Cash from Simon and Lillie Wolfe - - - - -	152.00
7-19-54, National Insurance check from Simon Wolfe - - - - -	104.85
7-30-54, Cash from Emma Demous - - - - -	100.00
<hr/>	
Total paid -- as above setout - - - - -	\$616.50

Very truly yours,

Cary D. Jacobs.