Account No. 1747

Funeral of Robert Lee Arnold

Date of Funeral May 4, 1943 Hour 1 Pm From U.S. Chapel

Removal From		5	00	**CASH EXPENDITURES**	
Embalming		25	00	Door Dressing	
Professional Services				Palms	
Use of Chapel				Flowers	
Use of ____ Doz. Chairs ____ Rug					
Drapery ____ Candelabra					
Candles ____ Prayer Rail				____ Pall Bearers	
Crucifix ____ Bier				Funeral Notices	
Casket No. ____ Mfr.		146	00		
Style Hearse		15	00		
Finish 1 Car		8	50		
Interior No. ____ Color				Clergyman	
				Sexton	
Outside Case				Organist ____ Soloist	
Mountings				Church Charges	
Vault Style				New Grave ____ Opening	
Delivery To				Grass & Device ____ Tent	
Burial Garment				Vault Charges Cement	15 00
Slippers ____ Hosiery				Crematory Charges New Crown	30 00
Slumber Blanket				Gratuities	
Gloves					
Cremation Urn				Telephone ____ Telegrams	
				Transportation	
Acknowledgement Cards				Casket Coach	
				____ Limousines ____ Flower Cars	
				Transcript of Death	
				Total Cash Expenditures	45 00
				Total Services & Merchandise	200 00
Total of Services & Merchandise		200	00	Total Amount of Invoice	245 00

Deceased Robert Lee Arnold
Date of Death 4-29-43
Place of Death ~~818~~ City Hospital
Last Place of Residence 818 W 11 St

Birth Place Indpls, Ind.
Date of Birth Feb. 11, 1927
Age ____ Years 16 Months 2 Days 18 Hours ____
Sex Male Color or Race ____
Single ✓ Married ____
Widowed ____ Divorced ____
Length of Residence U. S. ____
State ____ City 16
Usual Occupation Student
Industry or Business ____
Husband's Name ____ Age ____
Wife's Maiden Name ____ Age ____
Father's Name Orville Arnold
Birth Place Tenn.
Mother's Maiden Name Bertha May Officer
Birth Place Tenn.
Social Security No. ____
If Veteran, what War ____
Cause of Death ____
Physician ____ Address ____
Informant Mrs. Lizzie Anderson
Address ~~818 W 11 St~~ moved.
Date of Interment 5-4-43
Cemetery New Crown
Location Sec 16.
Row 6
~~Lot or~~ Grave No. 13.281

Ordered By Mrs. Lizzie Anderson
Address ~~818 W. 11 St~~ moved
Charged To ____
Address ____
Invoice Date ____
Estate Atty. ____
Address ____

CUSTOMER'S PAYMENT RECORD 245.00

DATE		AMOUNT PAID	BALANCE DUE
5-1-43	Cash	45 00	200 00
5-18-43	Out of Mot Ch	200 00	—

[signature]
5-18-43
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