

Account No. 1251Funeral of Mrs. Austin EmmaDate of Funeral 10/9/41 Where From W Side Chapel Hour 5:10 P Shipped to New Albany Ind.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming Fluid Used	20 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. <u>Hearse</u> Size <u>182</u>	00	Funeral Notices	
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	12 00	Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles <input checked="" type="checkbox"/> Plate	2 50	Cemetery Charges <u>New Albany, Ind.</u>	
Burial Vault Style		New Grave Opening Grave	
Box or Vault Delivered to		Location of Grave	
Cremation Urn			
Burial Garment	14 00		
Foot Wear Hosiery			
Slumber Blanket			
Professional Service		Grave or Lot No.	
Use of Chapel		Use of Lowering Device	
Background Drapery		Forevergreen Grass Tent	
Use of Rugs <u>1 Car</u>		Receiving Vault Charges	
		Crematory Charges	
		Auto Hearse <u>26</u> Funeral Cars <u>6 76</u>	
		Telegrams <u>6.50</u> Telephone Charges	
Total amt. mdse. & services	236 50	Transportation Expenses	236 50
		Transcript of Death	Total amt. Invoice <u>243 26</u>

26-28 no such number  
Phayer -  
767

Residence <u>742 W 24<sup>th</sup> St.</u>		Ordered by <u>Mrs. Lula Hite admx &amp;</u>	
If Non Resident		Address <u>Mr. Jas. M. Cracken</u>	
Give City, Town & State		Charged to <u>162 Salt St. New Albany</u>	
Hospital or Institution		When rendered	
Give Name of Hospital		RECEIVED ON ACCOUNT	
Sex <u>4</u>	Color or Race <u>negro</u>	TO TOTAL FUNERAL CHARGES <u>243 26</u>	
Single <input type="checkbox"/>	Married <input type="checkbox"/>		
Widowed <input type="checkbox"/>	Divorced <input checked="" type="checkbox"/>		
Wife, Husband of <u>Mrs. Pearl Coleman</u>			
Age of Husband, Wife if Alive			
Age <u>58</u>	Years <u>?</u>		
Months <u>?</u>	Days <u>?</u>		
Usual Occupation <u>Domestic</u>			
Industry or Business			
Social Security No. <u>?</u>			
If U. S. War Veteran Specify War			
City <u>Meade Co.</u>	State <u>Ky.</u>		
Birth Place			
Mother's Maiden Name <u>Annie Mills</u>			
City	State		
Mother's Birthplace			
Informant <u>Jas. M. Cracken</u>			
Address <u>162 Salt St. New Albany, Ind.</u>			
Date of Death			
Month <u>10</u>	Day <u>7</u>		
Physician <u>Coroner</u>			
Address			
Cause of Death			
Clergyman <u>no funeral.</u>			