

Account No. 1615

Funeral of Mrs. Mable Bailey - Released to Wilkes & Co 12-7-42

Date of Funeral _____ Where From _____ Hour _____ M.

		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. _____ Size _____		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 _____		Honorary Pallbearers _____
Metal Inner Box _____		
Metal Corners _____ Handles _____ Plate _____		
Burial Vault _____ Style _____		Cemetery Charges _____
Box or Vault Delivered to _____		New Grave _____ Opening Grave _____
Cremation Urn _____		Location of Grave <div style="border: 1px solid black; width: 100px; height: 80px; display: inline-block; vertical-align: middle;"></div>
Burial Garment _____		
Foot Wear _____ Hosiery _____		
Slumber Blanket _____		
Professional Service _____		Grave or Lot No. <u>Buried in</u>
Use of Chapel _____		Use of Lowering Device <u>Wellb & Co</u>
Background Drapery _____		Forevergreen Grass _____ Tent _____
Use of Rugs _____		Receiving Vault Charges _____
		Crematory Charges _____
		Auto Hearse _____ Funeral Cars _____
		Telegrams _____ Telephone Charges _____
		Transportation Expenses _____
		Transcript of Death _____

724 Locks of A
518 W. 13th St.

Blessed to Herbert Wells

Residence <u>518 W. 13th St.</u>				Ordered by <u>Mrs. Nora E. Reeder</u>			
If Non Resident				Address _____			
Give City, Town & State _____				Charged to _____			
Hospital or Institution _____				When rendered _____			
Give Name of Hospital _____				RECEIVED ON ACCOUNT			
Sex _____ Color or Race _____				TO TOTAL FUNERAL CHARGES <u>25.</u>			
Single <input type="checkbox"/> Married <input type="checkbox"/>				12-7-42 <u>Cash. C. M. C. Wilkins</u> <u>25.00</u>			
Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>				<u>P. J. McFall</u>			
Wife, Husband of _____							
Age of Husband, Wife if Alive _____							
Age _____ Years _____ Months _____ Days _____							
Usual Occupation _____							
Industry or Business _____							
Social Security No. _____							
If U. S. War Veteran Specify War _____							
City _____ State _____ Country _____							
Birth Place _____							
Mother's Maiden Name _____							
City _____ State _____ Country _____							
Mother's Birthplace _____							
Informant _____							
Address _____							
Date of Death <u>Dec</u> <u>6</u> <u>1942</u>							
Physician <u>Dr. H. L. Hummer</u>							
Address _____							
Cause of Death _____							
Clergyman _____							