

Account No. 744

21 37

**Funeral of** Mr. Albert Barnes

Date of Funeral June 19, 1944 Hour 1 PM From Westside Chapel

Removal From		CASH EXPENDITURES
Embalming	5 00	Door Dressing
Professional Services <i>Hearse</i>	25 00	Palms
Use of Chapel <i>2-7 passenger Cars</i>	15 00	Flowers
Use of _____ Doz. Chairs _____ Rug _____	17 00	<i>Advanced Cash</i>
Drapery _____ Candelabra _____		Pall Bearers
Candles _____ Prayer Rail _____		Funeral Notices
Crucifix _____ Bier _____		
Casket No. _____ Mfr. _____	175 00	
Style _____		
Finish _____		
Interior No. _____ Color _____		Clergyman <i>Rev. H. J. Tulliver</i>
		Sexton _____
Outside Case _____		Organist _____ Soloist _____
Mountings _____		Church Charges _____
Vault Style _____		New Grave <i>Floral Park</i> Opening _____
Delivery To _____		Grass & Device _____ Tent _____
Burial Garment _____	19 00	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	256 00	Total Cash Expenditures
		Total Services & Merchandise
		Total Amount of Invoice

Deceased Mr. Albert Barnes  
Date of Death 6-14-44  
Place of Death \_\_\_\_\_  
Last Place of Residence 516 Blake St  
Birth Place Jackson, Miss  
Date of Birth March 1, 1870  
Age 74 Years 3 Months 13 Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex male Color or Race Colored  
Single \_\_\_\_\_ Married ☒  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Length of Residence U. S. Life  
State 35 years City 35 years  
Usual Occupation Retired  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name Mary Barnes Age 54  
Father's Name Strother Barnes  
Birth Place Mississippi  
Mother's Maiden Name Emma Burdson  
Birth Place Mississippi  
Social Security No. \_\_\_\_\_  
If Veteran, what War arteriosclerosis  
Cause of Death Congestive Heart Failure  
Physician D. Neal Address \_\_\_\_\_  
Informant Mrs. Alberta Anderson moved  
Address 516 Blake St.  
Date of Interment 6-19-44  
Cemetery Floral Park  
Location Section K7  
Row 5 Lot 10  
Lot or Grave No. 32

Ordered By \_\_\_\_\_

Address \_\_\_\_\_

Charged To Mrs. Alberta Anderson

Address 516 Blake Street (2)

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

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

Address \_\_\_\_\_

CUSTOMER'S PAYMENT RECORD

306.00

DATE		AMOUNT PAID	BALANCE DUE
6-15-44	By Cash	176 00	130.00
7-10-44	out of metro Check	130 00	—
<b>PAYED</b>			