

Funeral of Mrs. Roxie Barnes

Date of Funeral November 28, 1945 Hour 1 P m From St Pleasant Bpto Church

Removal From _____		5 00	CASH EXPENDITURES		
Embalming _____		25 00	Door Dressing _____		
Professional Services _____ <i>Hearse</i>		15 00	Palms _____		
Use of Chapel <i>2-7 passenger Cars</i>		17 00	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____					
Candles _____ Prayer Rail _____			Pall Bearers _____		
Crucifix _____ Bier _____			Funeral Notices _____		
Casket No. _____ Mfr. _____		300 00			
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman <i>Rev. J. B. Carter</i>		
			Sexton _____		
Outside Case _____			Organist _____ Soloist _____		
Mountings _____			Church Charges _____		
Vault Style _____			New Grave <i>Crown Hill</i> Opening _____		73.00
Delivery To <i>Home</i>		10 00	Grass & Device _____ Tent _____		
Burial Garment _____		19 00			
Slippers <i>4.00</i> Hosiery <i>75</i>		4 75	Vault Charges _____		
Slumber Blanket _____			Crematory Charges _____		
Gloves _____			Gratuities _____		
Cremation Urn _____			Telephone _____ Telegrams _____		
Acknowledgement Cards _____			Transportation _____		
			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death <i>2</i>		2.00
			Total Cash Expenditures		75 00
			Total Services & Merchandise		395.75
Total of Services & Merchandise		395 75	Total Amount of Invoice		470.75

11/29/45

Deceased Mrs. Rosie Barnes
Date of Death November 25, 1945
Place of Death City Hospital
Last Place of Residence R.R. 17 Box 512 - Indpls.

Birth Place Belmont County, Tennessee
Date of Birth May 16, 1911
Age 34 Years 16 Months 9 Days _____ Hours _____
Sex Female Color or Race Colored
Single _____ Married ☒
Widowed _____ Divorced _____
Length of Residence U. S. Life
State _____ City 16 years
Usual Occupation Housewife
Industry or Business _____
Husband's Name Stephen Barnes Age 41
Wife's Maiden Name _____ Age _____
Father's Name Bud Perry
Birth Place Tennessee
Mother's Maiden Name Rene Holton
Birth Place Tennessee
Social Security No. _____
If Veteran, what War Due to Chronic Nephritis
Cause of Death Uremia Terminal
Physician Robert J. Lehman Address City Hospital
Informant Mr. Stephen Barnes
Address R.R. 17 Box 512 - Indpls.
Date of Interment November 28, 1945
Cemetery Crown Hill
Location Sec 99
Plot or Grave No. 1884

Ordered By _____
Address _____
Charged To Mr. Stephen Barnes
Address R.R. 17 Box 512 - Indpls.
Invoice Date _____ County 2753
Estate Atty. _____
Address _____

CUSTOMER'S PAYMENT RECORD

DATE	AMOUNT PAID	BALANCE DUE
11-28-45	Less Cars 17 00	453 75
11-28-45	Rep. Ins. Check 112 00	341 75
12-17-45	By Cash 341 75	

PAID