

Account No..

Funeral of

Date of Funeral

Where From

_Hour

10 AM.

			CASH EXPENDITURES		
Removing Remains_____			Door Dressing_____		
Embalming_____ Fluid Used_____			Use of Palms_____		
Laying Out_____ Shaving_____ Dressing_____			Flowers_____		
Reposing Couch_____ Candelabra_____ Candles_____					
Dozen Chairs_____			Porters_____ Gloves_____		
Casket Bier or Pedestals_____			Funeral Notices_____		
Casket No. _____ Size _____					
Metal Inner Casket _____ Bronze _____ Copper _____ Zinc _____	26	50	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 _____			Cemetery Charges <i>Floral Park</i>	12	00
Burial Vault _____ Style _____			New Grave _____ Opening Grave _____		
Box or Vault Delivered to _____			Location of Grave _____		
Cremation Urn _____			<i>K7 Row 1</i>		
Burial Garment _____					
Foot Wear _____ Hosiery _____			Grave or Lot No. <i>8</i>		
Slumber Blanket _____			Use of Lowering Device _____		
Professional Service _____			Forevergreen Grass _____ Tent _____		
Use of Chapel _____			Receiving Vault Charges _____		
Background Drapery _____			Crematory Charges _____		
Use of Rugs _____			Auto Hearse _____ Funeral Cars _____	12	00
			Telegrams _____ Telephone Charges _____	26	50
			Transportation Expenses _____	38	50
			Transcript of Death _____		

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Residence 939 Pettyjohn St
If Non Resident
Give City, Town & State

Years Months Days

Hospital or Institution

Give Name of Hospital

Sex Male Color or Race Col Single ☐ Married ☐
Widowed ☐ Divorced ☐

Wife, Husband of

Age of Husband, Wife if Alive

Age 2 Years 6/5/43 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 Claude Bates

Address 939 Pettyjohn St } Relation if Any Father

Month Day Year

Date of Death

Physician Dr. L. L. Lewis

Address

Cause of Death Primative Birth

Clergyman P. Jacob

Ordered by Claude Bates

Address 939 Pettyjohn St

Charged to

When rendered

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

38.50

2/6/43 Ray Cook 38.50
Od