

Account No. 1112

Funeral of Mrs. Battermatie,

Date of Funeral 6/4/41 Where From Simpson Chapel Hour 2 P. M.

		CASH EXPENDITURES		
Removing Remains_____	<u>5 00'</u>			
Embalming_____Fluid Used_____	<u>20 00</u>	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 _____ <u>Hearse</u>	<u>145 50</u> <u>12 00'</u>	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_____	<u>12 50</u>	Honorary Pallbearers_____		
Metal Inner Box_____				
Metal Corners _____Handles _____Plate _____		Cemetery Charges <u>New Crown</u>	<u>20 00</u>	
Burial Vault _____Style _____		New Grave <input checked="" type="checkbox"/> Opening Grave _____		
Box or Vault Delivered to _____		Location of Grave _____		
Cremation Urn _____	<u>6 00</u>	<u>Sec. 15</u> <u>Rm. 13</u>		
Burial Garment _____				
Foot Wear _____Hosiery _____		Grave or Lot No. <u>12. 202</u>		
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 _____		
		Telegrams _____Telephone Charges _____	<u>20 00</u>	
Total amt. mdrse. & Services <u>201 00</u>		Transportation Expenses _____	<u>201 00</u>	
		Transcript of Death _____Total amt. Invoice <u>221 00</u>		

*Mrs. Bettie Thompson
2519 Shriver Ave*

*When Funeral Bell is
Paid any money left to
be paid according to Mrs. Jenkins*

Residence <i>2519 Shriver Ave</i>		Ordered by <i>Mrs. Bettie Thompson</i>	
If Non Resident		Address <i>128, 7th Ave, Atlantic Highlands, N.J.</i>	
Give City, Town & State		Charged to <i>Macon Co. Bd. Pub. Welfare</i>	
Hospital or Institution		When rendered	
Give Name of Hospital		<i>119 E. Highland Ave</i>	
Sex <i>F</i>	Color or Race <i>negro</i>	<i>Atlantic Highlands, N.J.</i>	
Single <input checked="" type="checkbox"/>	Married <input type="checkbox"/>	RECEIVED ON ACCOUNT	
Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Wife, Husband of			
Age of Husband, Wife if Alive		TO TOTAL FUNERAL CHARGES	
Age <i>85</i>	Years <i>1856</i> Months <i>5</i> Days <i>15</i>	<i>221 00</i>	
Usual Occupation <i>Housework</i>			
Industry or Business			
Social Security No.			
If U. S. War Veteran Specify War			
City	State		
Birth Place			
Mother's Maiden Name <i>Carrie ?</i>			
City	State		
Mother's Birthplace			
Informant <i>Mrs. Bettie Thompson</i>			
Address <i>2519 Shriver Ave</i>			
Month	Day		
Date of Death <i>5/31/45</i>			
Physician <i>Dr. R. L. Young Sr.</i>			
Address <i>N. Western Ave</i>			
Cause of Death			
Clergyman <i>Rev. Jenkins Simpson A.M.E.</i>			

1941
8/15/41 *Welfare* *200.00*
Oct. 9 *Eastern Star* *50.00*
10-29-41 *Our check mailed*
to Mrs. Jenkins
for money after
funeral Bell is paid
29.00
CJ