

Account No. 1237Funeral of Mrs. Benedict NaomiDate of Funeral 9/20/41 Where From W. Side Chapel Hour 1 P. M.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming	20 00	Door Dressing	
Fluid Used		Use of Palms	
Laying Out		Flowers <u>"Family"</u>	3 00
Shaving		Insurance papers	1 00
Dressing		Porters	
Reposing Couch		Gloves	
Candelabra		Funeral Notices	
Candles		Clergymen	
Dozen Chairs		Church Charges	
Casket Bier or Pedestals		Sexton	
Casket No.	162 00	Quartette or Soloist	
Size	12 00	Organist	
Hearse		Honorary Pallbearers	
Metal Inner Casket		Cemetery Charges <u>Floral Park</u>	33 00
Bronze		New Grave <input checked="" type="checkbox"/>	
Copper		Opening Grave	
Zinc		Location of Grave	
Casket Interior		Sec. K7	
Material		Rm 10	
Color		Grave or Lot No. <u>9</u>	
Name Plate		Grave <u>25</u>	
Engraved		Use of Lowering Device	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00	Forevergreen Grass	
Metal Inner Box		Tent	
Metal Corners		Receiving Vault Charges	
Handles		Crematory Charges	
Plate		Auto Hearse	
Burial Vault		Funeral Cars	
Style		Telegram <u>163</u>	37 63
Box or Vault Delivered to		Telephone Charges	
Cremation Urn		Transportation Expenses	235 00
Burial Garment	10 00	Transcript of Death	
Foot Wear		<u>Total amt Invoice</u>	272 63
Hosiery			
Slumber Blanket			
Professional Service			
Use of Chapel			
Background Drapery			
Use of Rugs			
<u>2 Cars</u>	16 00		
<u>Total amt. incl. & services</u>	235 00		

163

Residence 325 W. N.Y. #3
If Non Resident
Give City, Town & State _____ Years _____ Months _____ Days _____
Hospital or Institution _____
Give Name of Hospital City Hospital
Sex 4 Color or negro Single ☒ Married ☐
Race negro Widowed ☐ Divorced ☐
Wife, Husband of _____
Age of Husband, Wife if Alive _____
Age 39 Years 1903 Months 1 Days 30
Usual Occupation Housewife
Industry or Business _____
Social Security No. _____
If U. S. War Veteran Specify War _____
Birth Place Columbus, O. City _____ State _____ Country _____
Mother's Maiden Name Alice murroe City _____ State _____ Country _____
Mother's Birthplace _____
Informant Roscoe Roberts Relation if Any Bro.
Address 325 W. N.Y. #3 Month _____ Day _____ Year 41
Date of Death _____
Physician W. H. Hamblill
Address City Hospital
Cause of Death Malignant Hypertension
Clergyman _____

Ordered by Bro. Mr. Roscoe Roberts
Address 325 W. N.Y. #3
Charged to Bro. Mr. Carl Stevens, same add.
When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

27263

1941
Sept 26 Cr.
By Cash

27263

PAID