

Account No.

Funeral of Infant Bibbs Marine Helen,

Date of Funeral 2-11-1941 Where From West Side Chapel Hour 2 P M.

Removing Remains <i>and Services</i>		26 50		CASH EXPENDITURES			
Embalming	Fluid Used			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			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				Honorary Pallbearers			
Metal Inner Box							
Metal Corners	Handles Plate						
Burial Vault	Style			Cemetery Charges	<i>Floral Pack</i>	12	00
Box or Vault Delivered to				New Grave	Opening Grave		
Cremation Urn				Location of Grave			
Burial Garment							
Foot Wear	Hosiery						
Slumber Blanket				<i>Sec. K</i>			
Professional Service				Grave or Lot No.	<i>7-17-Row 2</i>		
Use of Chapel				Use of Lowering Device			
Background Drapery				Forevergreen Grass	Tent		
Use of Rugs				Receiving Vault Charges			
	<i>2 Cars</i>			Crematory Charges			
				Auto Hearse	Funeral Cars		
				Telegrams	Telephone Charges	12	00
<i>Total amt. mdae + services</i>				Transportation Expenses			
				Transcript of Death	<i>Total amt. Invoice</i>		

29

Residence 436 W. 29th St.
 If Non Resident
 Give City, Town & State _____
 Hospital or Institution _____
 Give Name of Hospital City Hospital
 Sex M Color or Race negro Single ☐ Married ☐
 Widowed ☐ Divorced ☐
 Wife, Husband of _____
 Age of Husband, Wife if Alive _____
 Age _____ Years 1941 Months 1 Days 4
 Usual Occupation _____
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 Birth Place Indpls Ind. State _____ Country _____
 Mother's Maiden Name Ethel Brooker
 City _____ State _____ Country _____
 Mother's Birthplace _____
 Informant _____ } Relation if Any _____
 Address _____
 Date of Death _____ Month _____ Day _____ Year _____
 Physician _____
 Address _____
 Cause of Death Premature, Br. Pneumonia
 Clergyman _____

Ordered by Mr. & Mrs. Merle Bibbo
 Address 436 W. 29th St.
 Charged to _____
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

38 50

1941				
Feb.	10	Cr. by Cash	15.00	
"	22	" " " "Newton"	2.00	
Mar	1	" " " "Boaty"	2.00	
"	8	" " " "P.D.G."	2.00	
"	22	" " " "Newton"	2.00	
"	30	" " " "Boaty"	2.00	
Apr	11	" " " "Newton"	2.00	
"	30	" " " "Hurt"	3.00	
May	16	" " " "Wynn"	2.00	
"	24	" " " "Boaty"	2.00	
June	26	" " " "Newton"	2.00	
Aug.	1	" " " "Boaty"	2.50	

38 50

PAID