

Account No. 1205

Funeral of Mr. Binkley Grant,

Date of Funeral 8/2/41 Where From W. Side Chapel Hour 10 A. M.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming Fluid Used	20 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers Family	4 00
Dozen Chairs		Insurance papers	1 00
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size	172 00	Funeral Notices	
Hearse	12 00		
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	10 00	Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles Plate		Cemetery Charges Floral Park	33 00
Burial Vault Style		New Grave Opening Grave	
Box or Vault Delivered to		Location of Grave	
Cremation Urn		Sec. 1-9	
Burial Garment		Rm 9	
Foot Wear Hosiery		Grave or Lot No. 9-14	
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	
2 Cars	16 00	Telegrams Telephone Charges	38 00
Total amt. mdrse. + services	235 00	Transportation Expenses	235 00
		Transcript of Death	Total amt. Invoice 273 00

Residence <u>883 W. 9th St.</u>		Ordered by <u>Mrs. Mary Binkley</u>	
If Non Resident		Address <u>883 W. 9th St. N.A. Cottages</u>	
Give City, Town & State		Charged to <u>unclaimed</u> <u>Calver, Ind.</u>	
Hospital or Institution		When rendered	
Give Name of Hospital <u>City Hospital</u>		RECEIVED ON ACCOUNT	
Sex <u>M.</u>	Color or Race <u>negro</u>	TO TOTAL FUNERAL CHARGES <u>273 00</u>	
Single <input type="checkbox"/>	Married <input checked="" type="checkbox"/>		
Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Wife, Husband of <u>Mrs. Mary Binkley</u>			
Age of Husband, Wife if Alive <u>60 yrs.</u>			
Age <u>64</u> Years <u>1877</u> Months <u>7</u> Days <u>25</u>			
Usual Occupation <u>Barber</u>			
Industry or Business			
Social Security No.			
If U. S. War Veteran Specify War			
Birth Place <u>Salem Ky.</u> State <u>Ky.</u> Country			
Mother's Maiden Name <u>Unknown</u> City <u>Ky.</u> State <u>Ky.</u> Country			
Mother's Birthplace			
Informant <u>Mrs. Mary Binkley</u> Relation if Any <u>wife</u>			
Address <u>883 W. 9th St.</u>			
Date of Death Month <u>7</u> Day <u>30</u> Year <u>41</u>			
Physician			
Address <u>City Hospital</u>			
Cause of Death <u>Uremia Cardio Vascular</u>			
Clergyman <u>Rev. P. L. Jacobs</u> <u>Heart Disease</u>			

1941	Aug. 21	Dr. J. J. full of acct.	273 00
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PAID