

**Funeral of** Little Bessie Roberta Blane

Date of Funeral September 20, 1943 Hour 12 Noon From Westside Chapel

		CASH EXPENDITURES	
Removal From _____		Door Dressing _____	
Embalming _____		Palms _____	
Professional Services _____		Flowers _____	
Use of Chapel _____			
Use of _____ Doz. Chairs _____ Rug _____		Pall Bearers _____	
Drapery _____ Candelabra _____		Funeral Notices _____	
Candles _____ Prayer Rail _____			
Crucifix _____ Bier _____			
Casket No. <u>H Service</u> <u>Mfr.</u> <u>30 50</u>			
Style _____			
Finish _____			
Interior No. _____ Color _____		Clergyman _____	
		Sexton _____	
Outside Case _____		Organist _____ Soloist _____	
Mountings _____		Church Charges _____	
Vault Style _____		New Grave <u>new Crown Opening</u> <u>10 00</u>	
Delivery To _____		Grass & Device _____ Tent _____	
Burial Garment _____		Vault Charges _____	
Slippers _____ Hosiery _____		Crematory Charges _____	
Slumber Blanket _____		Gratuities _____	
Gloves _____		Telephone _____ Telegrams _____	
Cremation Urn _____		Transportation _____	
Acknowledgement Cards _____		Casket Coach _____	
		Limousines _____ Flower Cars _____	
		Transcript of Death _____	
		Total Cash Expenditures	<u>10 00</u>
		Total Services & Merchandise	<u>30 50</u>
Total of Services & Merchandise <u>30 50</u>		Total Amount of Invoice	<u>40 50</u>

Deceased Little Bessie Roberta Blane  
Date of Death September 18th 1943  
Place of Death City Hospital  
Last Place of Residence 444 West Cora St.

Birth Place Indianapolis, Ind.  
Date of Birth May 19th 1943  
Age Years Months 3 Days 30 Hours  
Sex Female Color or Race Colored  
Single ☒ Married ☐

Widowed ☐ Divorced ☐

Length of Residence U. S. Life

State Life City Life

Usual Occupation Infant

Industry or Business \_\_\_\_\_

Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Name James Blane

Birth Place Kentucky

Mother's Maiden Name Clara Lindsay

Birth Place Kentucky

Social Security No. \_\_\_\_\_

If Veteran, what War \_\_\_\_\_

Cause of Death \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Informant Mrs. Lillian Blane

Address 444 West Cora St. moved

Date of Interment 9-20-43

Cemetery New Crown

Location Section 12.

Row 12.

Lot or Grave No. 13.496

Ordered By \_\_\_\_\_

Address \_\_\_\_\_

Charged To Mr. & Mrs. James Blane

Address 444 Cora St.

Invoice Date \_\_\_\_\_

Estate Atty. \_\_\_\_\_

Address \_\_\_\_\_

### CUSTOMER'S PAYMENT RECORD

40.50

DATE		AMOUNT PAID	BALANCE DUE
9-18-43	By Cash	10.50	30.00
9-28-43	Wash National Check	30.00	—

**PAID**