Account No. 1726

Funeral of Mr. Elbert Bryson

Date of Funeral 4/10/43 Hour 1 P.M. From West Side Chapel.

Removal From		5.	00	**CASH EXPENDITURES**	
Embalming		25.	00	Door Dressing	
Professional Services				Palms	
Use of Chapel				Flowers	
Use of ____ Doz. Chairs ____ Rug					
Drapery ____ Candelabra					
Candles ____ Prayer Rail				____ Pall Bearers	
Crucifix ____ Bier				Funeral Notices	
Casket No. ____ Mfr.		61.	50		
Style					
Finish					
Interior No. ____ Color				Clergyman	
Burial Robe		10	00	Sexton	
Outside Case				Organist ____ Soloist	
Mountings				Church Charges	
Vault Style				New Grave ____ Opening	
Delivery To				Grass & Device ____ Tent	
Thurse		13.	06		
Burial Garment				Vault Charges	
Slippers ____ Hosiery				Crematory Charges Wood Haven	18. 00
Slumber Blanket				Gratuities	
Gloves					
Cremation Urn				Telephone ____ Telegrams	
1 Case		8	50	Transportation	
Acknowledgement Cards				Casket Coach	
				____ Limousines ____ Flower Cars	
				Transcript of Death	
				Total Cash Expenditures	18. 00
				Total Services & Merchandise	125. 00
Total of Services & Merchandise		$125.	00	Total Amount of Invoice	143 00

Deceased Elbert Bryson

Date of Death 4/7/43

Place of Death City Hospital

Last Place of Residence R. R. 17 Box 548 City

Birth Place Tennessee.

Date of Birth 3/6/1900

Age 43 Years ____ Months ____ Days ____ Hours ____

Sex Male Color or Race Negro

Single ____ Married ✓

Widowed ____ Divorced ____

Length of Residence U. S. ____

State ____ City ____

Usual Occupation Farm Hand

Industry or Business ____

Husband's Name ____ Age ____

Wife's Maiden Name Edna ? Age 45

Father's Name George Bryson

Birth Place Tenn.

Mother's Maiden Name Dovie Anderson

Birth Place Tenn.

Social Security No. ____

If Veteran, what War ____

Cause of Death Hypertensive heart disease

Physician Jamie D. Pierce Address C. Hospital

Informant Mrs. Edna Bryson

Address R. R. 17 Box 548 (City)

Date of Interment 4/10/43

Cemetery West Haven.

Location Sec C Lot 254

~~Lot~~ Grave No. 3

Ordered By ____

Address ____

Charged To Mrs. Edna Bryson

Address R. R. 17 Box 548 (City)

Invoice Date ____

Estate Atty. ____

Address ____

CUSTOMER'S PAYMENT RECORD $143.00

DATE		AMOUNT PAID		BALANCE DUE	
4-7-43	Cash	80.	50	62.	50
4-8-43	Cash	10.	00	52.	50
5/11/43	"	20.	50	32	00
6/18/43	"	12	00	20	00
7/22/43	U.S.P.O. money order	10	00	10	00
8-23-43	" " " "	10.	00	—	

PAID