

**Funeral of** Mrs. Marie Cantrell

Date of Funeral December 10, 1949 Hour 1 Pm From Westside Chapel

Removal From _____	5 00	CASH EXPENDITURES		
Embalming _____	35 00	Door Dressing _____		
Professional Services _____ Horse	15 00	Palms _____		
Use of Chapel 1-7 pass 1-5 pass Cor	16 00	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____				
Drapery _____ Candelabra _____				
Candles _____ Prayer Rail _____		Pall Bearers _____		
Crucifix _____ Bier _____		Funeral Notices _____		
Casket No. _____ Mfr. _____	429 00			
Style _____				
Finish _____				
Interior No. _____ Color _____		Clergyman Rev. Wm Sweet		
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave New Crown Opening # 5	62 00	
Delivery To _____		Grass & Device _____ Tent _____		
Burial Garment _____		Vault Charges _____		
Slippers _____ Hosiery _____		Crematory Charges _____		
Slumber Blanket _____		Gratuities _____		
Gloves _____				
Cremation Urn _____		Telephone _____ Telegrams _____		
Acknowledgement Cards _____		Transportation _____		
		Casket Coach _____		
		Limousines _____ Flower Cars _____		
		Transcript of Death _____		
Total of Services & Merchandise	500 00	Total Cash Expenditures		62 00
		Total Services & Merchandise		500 00
		Total Amount of Invoice		562 00

Deceased Mrs Marie Cantrell  
Date of Death December 6, 1949  
Place of Death General Hospital  
Last Place of Residence 1214 Near W. West Street

Birth Place Indianapolis, Indiana  
Date of Birth August 8, 1900  
Age 49 Years 3 Months 28 Days      Hours

Sex Female Color or Race negro  
Single \_\_\_\_\_ Married ✓

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Length of Residence U. S. Life

State \_\_\_\_\_ City Lisle

Usual Occupation Housewife

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

Husband's Name Walter Cantrell Age           

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

Father's Name Lee Davis

Birth Place Indiana

Mother's Maiden Name Lissie Harden

Birth Place Indiana

Social Security No. 2

If Veteran, what War no

Cause of Death Cerebral Hemorrhage

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

Informant Mrs. Ella Bell Richmond - Sister

Address 648 N. Senate ave #28 (no po box) (6528 number)

Date of Interment December 10, 1949

Cemetery <u>New Crown</u>	
---------------------------	--

Location Sec 17

Row. 17 No. 17591

Lot or Grave No. 24

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

Address Mrs Mable<sup>on</sup> Harris - Dpts.

Charged To Mrs. Zenia Morris - Sept.

Address 334 S. Missouri Street 8

Invoice Date Li 77 01

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

**Address** \_\_\_\_\_

\_\_\_\_\_

Rep. mammoth. Ives.

## CUSTOMER'S PAYMENT RECORD

562.00

DATE			AMOUNT PAID		BALANCE DUE	
12-7-	49	Cash - John ✓	15	00	547	00
12-8-	49	Mrs. Sullivan & Mrs. Richmond ✓	25	00	522	00
12-7-	49	Cash - Carl ✓	35	00	487	00
		" Thomas ✓	35	00	452	00
		Cash - Mr. & Mrs. Morris ✓	55	00	397	00
		" Mrs. Mable Morris ✓	7	00	390	00
12-9-	49	" Warren ✓	25	00	365	00
		" Mrs. Ella B. Richmond ✓	10	00	355	00
		" Kenneth ✓	15	00	340	00
1-3-	50	Mammeth Bus Check	288	40	51	60
1-14-	50	Mrs. Ella B. Richmond ✓	25	00	26	60
2-18-	50	" " " " ✓	15	00	11	60
3-20	50	" " " " ✓	11	60	—	