

Funeral of Mrs. Marybell Carey 5/15/43 Account No. 5/15/43  
Date of Funeral 5/15/43 Hour 1 p.m. From

			CASH EXPENDITURES
Removal From _____	<u>5</u>	<u>00</u>	Door Dressing_____
Embalming_____	<u>25</u>	<u>00</u>	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._____Mfr._____	<u>300</u>	<u>00</u>	
Style_____Hearse	<u>15</u>	<u>00</u>	
Finish_____Car	<u>8</u>	<u>50</u>	
Interior No._____Color_____			Clergyman_____Insurance Certificate <u>  1  </u> <u>00</u>
Sexton_____			
Outside Case_____			Organist_____Soloist_____
Mountings_____			Church Charges_____5 <u>  00</u>
Vault Style_____			New Grave_____Opening <u>  33  </u> <u>00</u>
Delivery To_____			Grass & Device_____Tent_____
Burial Garment_____			Vault Charges_____1 <u>5</u> <u>  00</u>
Slippers_____Hosiery_____			Crematory Charges_____
Shumber Blanket_____			Gratuities_____
Gloves_____			Telephone_____Telegrams_____
Cremation Urn_____			Transportation_____
Acknowledgement Cards_____			Casket Coach_____
			Limousines_____Flower Cars_____
			Transcript of Death_____
Total of Services & Merchandise.	<u>353</u>	<u>50</u>	Total Cash Expenditures <u>  54  </u> <u>00</u>
			Total Services & Merchandise <u> 353 </u> <u>50</u>
			Total Amount of Invoice <u> 407 </u> <u>50</u>

Deceased James Carey  
Date of Death 5 / 12 / 43  
Place of Death Residence  
Last Place of Residence 734 W. 28<sup>th</sup> St.  
Birth Place Tennessee  
Date of Birth March 20<sup>th</sup> 1893  
Age 50 Years / 1 Months 22 Days        Hours  
Sex Male Color or Race         
Single        Married ☒  
Widowed        Divorced         
Length of Residence U. S.         
State        City         
Usual Occupation Sand Blaster  
Industry or Business         
Husband's Name        Age         
Wife's Maiden Name Mrs. Marybell Carey Age 45  
Father's Name Merrith Carey  
Birth Place Tennessee  
Mother's Maiden Name Hannah Mc Murray  
Birth Place Tennessee  
Social Security No.         
If Veteran, what War         
Cause of Death         
Physician Dr. Marshall Address         
Informant Wife  
Address         
Date of Interment 5 / 15 / 43  
Cemetery Floral Park  
Location R7 Lot 10  
Row 6  
Lot or Grave No. 8

[illegible]