Account No. 162 2431

Funeral of Mr. John Carroll

Date of Funeral July 2, 1945 Hour 1 Pm From Westside Chapel

| | | | | |
|---|---|---|---|---|
| Removal From | 5 | 00 | **CASH EXPENDITURES** | |
| Embalming | 25 | 00 | Door Dressing | |
| Professional Services | 15 | 00 | Palms | |
| Use of Chapel | 8 | 50 | Flowers | |
| Use of ____ Doz. Chairs ____ Rug | | | Insurance Certificate | 50 |
| Drapery ____ Candelabra | | | | |
| Candles ____ Prayer Rail | | | ____ Pall Bearers | |
| Crucifix ____ Bier | | | Funeral Notices | |
| Casket No. ____ Mfr. | 175 | 00 | | |
| Style | | | | |
| Finish | | | | |
| Interior No. ____ Color | | | Clergyman Rev. C. H. Bell | |
| | | | Sexton | |
| Outside Case | | | Organist ____ Soloist | |
| Mountings | | | Church Charges | |
| Vault Style | | | New Grave New Crown Opening | 30 00 |
| Delivery To Home | 5 | 00 | Grass & Device ____ Tent | |
| Burial Garment | 22 | 00 | Vault Charges | 15 00 |
| Slippers ____ Hosiery | | | Crematory Charges | |
| Slumber Blanket | | | Gratuities | |
| Gloves | | | | |
| Cremation Urn | | | Telephone ____ Telegrams | |
| | | | Transportation | |
| Acknowledgement Cards | | | Casket Coach | |
| | | | ____ Limousines ____ Flower Cars | |
| | | | Transcript of Death | |
| | | | Total Cash Expenditures | 45 50 |
| | | | Total Services & Merchandise | 255 50 |
| Total of Services & Merchandise | 255 | 50 | Total Amount of Invoice | 301 00 |

SS claim filed 7/3/45

Deceased Mr. John Carroll
Date of Death June 28, 1945 1:15 PM
Place of Death City Hospital
Last Place of Residence 1217 Lafayette St.

Birth Place Cedartown, Ga
Date of Birth June 15, 1901
Age 44 Years 0 Months 13 Days ____ Hours ____
Sex Male Color or Race Colored
Single ____ Married ✓
Widowed ____ Divorced ____
Length of Residence U. S. Life
State ____ City 22 years
Usual Occupation Iron Carrier
Industry or Business National Malleable
Husband's Name ____ Age ____
Wife's Maiden Name Odie Carroll Age 36
Father's Name George Carroll
Birth Place Georgia
Mother's Maiden Name Georgia Blackman
Birth Place Georgia
Social Security No. ____
If Veteran, what War ____
Cause of Death Miliary Tuberculosis
Physician ✓ Address City Hospital
Informant Mrs. Georgia Carroll - mother
Address ~~1217 Lafayette St.~~
Date of Interment July 2, 1945
Cemetery New Crown
Location Sec 16.
Row 14.
~~Lot~~ or Grave No. 14.557

Ordered By ____
Address ____
Charged To Mrs. Odie Carroll (wife)
Address ~~1217 Lafayette St~~ no such number
Invoice Date ____ (2)
Estate Atty. ____
Address ____

**CUSTOMER'S PAYMENT RECORD**

$301.00

| DATE | | | AMOUNT PAID | | BALANCE DUE | |
|---|---|---|---|---|---|---|
| 7-18- | 45 | Aetna Ins Check | 301. | 00 | — | |

PAID