Account No. 236 376

Funeral of Infant Carter

Date of Funeral September 23, 1949 Hour 2:30 Pm From Westside Chapel

Removal From			**CASH EXPENDITURES**		
Embalming			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. X Series Mfr.	18	50			
Style					
Finish					
Interior No. ____ Color			Clergyman		
			Sexton		
Outside Case 15 x 30			Organist ____ Soloist		
Mountings			Church Charges		
Vault Style			New Grave New Crown Opening	10	00
Delivery To			Grass & Device ____ Tent		
Burial Garment			Vault Charges		
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	10	00
			Total Services & Merchandise	18	50
Total of Services & Merchandise	18	50	Total Amount of Invoice	28	50

Deceased Infant Carter
Date of Death Sept 22, 1949
Place of Death Riley Hospital
Last Place of Residence 3925 S Sherman Drive

Birth Place Indianapolis, Indiana
Date of Birth September 22, 1949
Age ____ Years ____ Months ____ Days ____ Hours 1-44 mins
Sex male Color or Race negro
Single ✓ Married ____
Widowed ____ Divorced ____
Length of Residence U. S. Life
State ____ City Life
Usual Occupation ____
Industry or Business ____
Husband's Name ____ Age ____
Wife's Maiden Name ____ Age ____
Father's Name Wm Carter
Birth Place Kentucky
Mother's Maiden Name Betty A. Ferguson
Birth Place Indiana
Social Security No. ____
If Veteran, what War ____
Cause of Death Prematurity
Physician ____ Address ____
Informant Mr. William Carter
Address 3925 S. Sherman Drive / moved
Date of Interment September 23, 1949
Cemetery New Crown
Location Sec 12
Row 19
~~Lot~~ or Grave No. 17,423

Ordered By ____
Address ____
Charged To Mr. William Carter
Address ~~3925 S. Sherman Drive~~ no such number
Invoice Date ____
Estate Atty. ____
Address ____

CUSTOMER'S PAYMENT RECORD

28 50

DATE			AMOUNT PAID		BALANCE DUE	
9-22-	49	By Cash	28	50	—	
		PAID				