

Funeral of Mr. Cartwright Edward

Account No. 1115

Date of Funeral 3/6/41 Where From W. Side Chapel Hour 10 A M.

		CASH EXPENDITURES	
Removing Remains	3 00		
Embalming Fluid Used	15 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size	39 00	Funeral Notices	
<u>Hearse</u>	10 00		
Metal Inner Casket Bronze Copper Zinc		Clergymen	
Casket Interior Material Color		Church Charges Sexton	
Name Plate Engraved		Quartette or Soloist Organist	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	8 00	Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles Plate			
Burial Vault Style		Cemetery Charges <u>Wood Haven</u>	18 00
Box or Vault Delivered to		New Grave <input checked="" type="checkbox"/> Opening Grave	
Cremation Urn		Location of Grave	
Burial Garment		<u>Sec. E</u>	
Foot Wear Hosiery			
Slumber Blanket			
Professional Service		Grave or Lot No. <u>507-9</u>	
Use of Chapel		Use of Lowering Device	
Background Drapery		Forevergreen Grass Tent	
Use of Rugs		Receiving Vault Charges	
		Crematory Charges	
		Auto Hearse Funeral Cars	
		Telegrams Telephone Charges	18 00
<u>Total amt. Mds + Services</u>	<u>75 00</u>	Transportation Expenses	75 00
		<u>Total amt. Invoice</u>	<u>93 00</u>
		Transcript of Death	

40

Residence 853 W. 11th St.
 If Non Resident
 Give City, Town & State _____ Years _____ Months _____ Days _____
 Hospital or Institution _____
 Give Name of Hospital _____
 Sex M Color or Race negro Single ☐ Married ☐
 Widowed ☒ Divorced ☐
 Wife, Husband of _____
 Age of Husband, Wife if Alive _____
 Age 77 Years _____ Months _____ Days _____
 Usual Occupation Retired
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 City _____ State Va. Country _____
 Birth Place _____
 Mother's Maiden Name Unknown
 City _____ State Va. Country _____
 Mother's Birthplace _____
 Informant _____ } Relation if Any _____
 Address _____
 Date of Death Month 3 Day 2 Year 41
 Physician City Hospital
 Address _____
 Cause of Death _____
 Clergyman Rev. P. D. Jacobs

Ordered by Marion Co. Bd. of Pub. Welfare
 Address _____
 Charged to _____
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

93 00

1941				
June	13	cr. by marion co. ck.		<u>93 00</u>

PAID
 P.C.D. by Marion Co.