

Account No. 4997

Funeral of Mrs Mollie S. Charleston
Date of Funeral June 26, 1934 Hour 1 P.M. From West Side Chapel

Removal From			CASH EXPENDITURES		
Embalming			Door Dressing		
Professional Services	256	00	Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____			_____ Pall Bearers _____		
Candles _____ Prayer Rail _____			Funeral Notices _____		
Crucifix _____ Bier _____					
Casket No. <u># 08020</u> Mfr. <u>Gurney</u>	200	50	<u>Motorcycle Escort</u>	6	50
Style _____			<u>Lady Attendant</u>	3	00
Finish _____			<u>Hairdresser</u>	3	00
Interior No. _____ Color _____			Clergyman <u>Rev. B. H. Noel</u>	5	00
			Sexton _____		
Outside Case _____			Organist <u>3.00</u> Soloist <u>3.00</u>	6	00
Mountings _____			Church Charges _____		
Vault Style _____			New Grave <u>Floral Park</u> Opening _____	60	00
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment <u>Dress</u>	24	50	Vault Charges _____		
Slippers _____ Hosiery _____			Crematory Charges _____		
Shroud Blanket _____			Gratuities _____		
Gloves _____			Telephone _____ Telegrams _____		
Cremation Urn _____			Transportation _____		
Acknowledgement Cards _____			Casket Coach _____		
			_____ Limousines _____ Flower Cars _____		
			Transcript of Death _____		
			<u>2 Insurance Certificates</u>	2	00
			Total Cash Expenditures	85	50
			Total Services & Merchandise	483	00
Total of Services & Merchandise	483	00	Total Amount of Invoice	568	50

Deceased Mrs. Mollie J. Charleston
Date of Death June 23, 1954
Place of Death General Hospital
Last Place of Residence 3109 N. Meridian St.

Birth Place Indianapolis, Ind.
Date of Birth August 12, 1884
Age 59 Years 10 Months 11 Days _____ Hours
Sex Female Color or Race Negro
Single _____ Married Married

Widowed _____ Divorced _____

Length of Residence U. S. Life
State Life City Life

Usual Occupation Housewife

Industry or Business _____

Husband's Name Casper Charleston Age _____

Wife's Maiden Name _____ Age _____

Father's Name Henry Reynolds

Birth Place Unknown

Mother's Maiden Name Elizabeth Hendrick

Birth Place Unknown

Social Security No. _____

If Veteran, what War None

Cause of Death Metastatic Carcinoma

Physician Dr. Sheldon J. Pinley Address 960 Locke St.

Informant Mrs. Casper Charleston

Address 3109 N. Meridian St.

Date of Interment June 24, 1954

Cemetery Floral Park

Location Lot. N $\frac{1}{2}$ 40 Sec K 7

Lot or Grave No. _____

Ordered By _____

Address _____

Charged To Mr. Casper Charleston

Address 3109 North Meridian St.

Invoice Date Ja. 5285

Estate Atty. _____

Address _____

CUSTOMER'S PAYMENT RECORD

568.50

DATE			AMOUNT PAID		BALANCE DUE	
6-24	54	Cash - Mr. Charleston	200	50	368	00
6-29	54	Empire Ins. Check	92	75	275	25
7-8	54	Mrs. Charleston (Check)	275	25	—	—
PAID						

