

Funeral of Mrs. Haley (Elsie) Cloud
Date of Funeral July 5, 1944 Hour

Date of Funeral July 5, 1944 **Hour** _____

From Antioch Baptist Ch

Removal From _____	5 00	CASH EXPENDITURES		
Embalming _____	25 00	Door Dressing _____		
Professional Services _____	15 00	Palms _____		
Use of Chapel <i>2-7 Hearse</i>	<i>Cancelled Parts 5-44</i>	Flowers _____		
Use of _____ Doz. Chairs _____ Rug _____				
Drapery _____ Candelabra _____				
Candles _____ Prayer Rail _____		Pall Bearers _____		
Crucifix _____ Bier _____		Funeral Notices _____		
Casket No. _____ Mfr. _____	250 00			
Style _____				
Finish _____				
Interior No. _____ Color _____		Clergyman <i>Rev.</i> <i>Adams</i>		
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave <i>New Crown</i> Opening _____	45 00	
Delivery To _____		Grass & Device _____ Tent _____		
Burial Garment _____		Vault Charges _____		
Slippers _____ Hosiery _____		Crematory Charges _____		
Slumber Blanket _____		Gratuities _____		
Gloves _____				
Cremation Urn _____		Telephone _____ Telegrams _____		
Acknowledgement Cards _____		Transportation _____		
		Casket Coach _____		
		_____ Limousines _____ Flower Cars _____		
		Transcript of Death _____		
Total of Services & Merchandise	295 312.00	Total Cash Expenditures	45.00 295.00	45 00
		Total Services & Merchandise	340.00	312 00
		Total Amount of Invoice	357.00	357 00

Statement sent 1-25-45

Deceased Mrs. Haley (Elsie) Cloud
Date of Death July 1, 1944 12:45 a.m.
Place of Death City Hospital
Last Place of Residence 429 W. 12th Street

Birth Place Bainbridge, Indiana
Date of Birth December 25, 1879
Age 65 Years 6 Months 6 Days _____ Hours _____
Sex Female Color or Race _____
Single _____ Married _____
Widowed ☒ Divorced _____
Length of Residence U. S. Life
State Life City 45 years
Usual Occupation Retired
Industry or Business _____
Husband's Name _____ Age _____
Wife's Maiden Name _____ Age _____
Father's Name Lindsay Fields
Birth Place North Carolina
Mother's Maiden Name Petta Mc Cully
Birth Place North Carolina
Social Security No. _____
If Veteran, what War Due to Arteriosclerotic Heart Disease
Cause of Death Pulmonary Edema
Physician Norman R. Cook Address City Hospital
Informant Mrs. Frances Mitchell
Address 2059 Bend Place
Date of Interment 7-5-44
Cemetery New Crown
Location Sec. 15
Row 16
Inter. Grave No. 13,987

Ordered By _____
Address _____
Charged To Mrs. Frances Mitchell
Address 2059 Bend Place
Invoice Date _____
Estate Atty. _____
Address _____

CUSTOMER'S PAYMENT RECORD
340.00
357.00

DATE		AMOUNT PAID	BALANCE DUE
7-6-44	Empire Ins. Co.	200.42	139.58
7-15-44	National " "	65.15	74.43
7-15-44	By Cash	5.00	69.43
7-22-44	" "	25.00	44.43
9-12-44	" "	10.43	34.00
11-6-44	" "	5.00	29.00
1-27-45	" "	10.00	19.00
4-5-45	" "	5.00	14.00
6-13-45	" "	5.00	9.00
9-30-45	" "	6.00	3.00
10-10-45	" "	3.00	—

PAID

74.43
49.43
44.43