

Date of Funeral November 29, 1948 Hour 11 A.M. From Westside Chapel

Removal From			CASH EXPENDITURES		
Embalming			Door Dressing		
Professional Services			Palms		
Use of Chapel			Flowers		
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____			Pall Bearers		
Candles _____ Prayer Rail _____			Funeral Notices		
Crucifix _____ Bier _____					
Casket No. <u>7</u> <u>1 Extra 7pass Car</u>	<u>8</u>	<u>50</u>			
Style <u>Mfr. Services</u>	<u>56</u>	<u>50</u>			
Finish					
Interior No. _____ Color <u>Organist</u>	<u>2</u>	<u>00</u>	Clergyman <u>Rev. P.D. Jacobs.</u>		
Outside Case			Sexton		
Mountings			Organist _____ Soloist _____		
Vault Style			Church Charges		
Delivery To			New Grave <u>New Crown</u> Opening	<u>10</u>	<u>00</u>
			Grass & Device _____ Tent _____		
Burial Garment			Vault Charges		
Slippers _____ Hosiery _____			Crematory Charges		
Slumber Blanket			Gratuities		
Gloves			Telephone _____ Telegrams _____		
Cremation Urn			Transportation		
Acknowledgement Cards			Casket Coach		
			_____ Limousines _____ Flower Cars _____		
			Transcript of Death		
			Total Cash Expenditures	<u>10</u>	<u>00</u>
			Total Services & Merchandise	<u>67</u>	<u>00</u>
Total of Services & Merchandise	<u>67</u>	<u>00</u>	Total Amount of Invoice	<u>77</u>	<u>00</u>

Deceased Little Linda Elaine Coe.
Date of Death November 28, 1948.
Place of Death General Hospital.
Last Place of Residence 540 W. 16th Street
Birth Place Indianapolis, Ind.
Date of Birth May 4, 1948
Age Years 0 Months Days Hours
Sex Female 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 Estel Coe
Birth Place Kentucky
Mother's Maiden Name Ramona Atkins
Birth Place Indianapolis
Social Security No.
If Veteran, what War
Cause of Death Burned
Physician Address
Informant Mr Estel Coe
Address 540 W. 16th Street
Date of Interment Nov. 29, 1948.
Cemetery New Crown
Location SEC 12
Row 18
Lot or Grave No. 16-787

Ordered By _____
Address _____
Charged To Mr. Ester Goe
Address 540 W. 16th Street
Invoice Date _____
Estate Atty. _____
Address _____

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[illegible]