Account No. 4033

Funeral of Mr. James Porter Coleman

Date of Funeral October 26, 1950 Hour 1 pm From West Side Chapel

Removal From			**CASH EXPENDITURES**	
Embalming			Door Dressing	
Professional Services	246	25	Palms	
Use of Chapel			Flowers	
Use of ____ Doz. Chairs ____ Rug				
Drapery ____ Candelabra				
Candles ____ Prayer Rail			____ Pall Bearers	
Crucifix ____ Bier			Funeral Notices	
Casket No. 07150 - Drake Mfr.	178	75		
Style				
Finish				
Interior No. ____ Color			Clergyman Rev. J. B. Carter	5 00
			Sexton	
Outside Case			Organist ____ Soloist	
Mountings			Church Charges	
Vault Style			New Grave Crown Hill Opening	120 00
Delivery To			Grass & Device ____ Tent	
Burial Garment			Vault Charges	
Slippers ____ Hosiery			Crematory Charges	
Slumber Blanket			Gratuities	
Gloves				
Cremation Urn			Telephone ____ Telegrams ✓	2 14
			Transportation	
Acknowledgement Cards			Casket Coach	
			____ Limousines ____ Flower Cars	
			Transcript of Death	
			Total Cash Expenditures	127 14
			Total Services & Merchandise	425 00
Total of Services & Merchandise	425	00	Total Amount of Invoice	552 14

Deceased James Porter Coleman

Date of Death October 23, 1950 6:10 pm

Place of Death Veterans Hospital, Coldspring

Last Place of Residence 550 West 26th Street

Birth Place Hopkinsville, Kentucky

Date of Birth November 20, 1898

Age 51 Years 11 Months 3 Days ____ Hours ____

Sex male Color or Race Negro

Single ____ Married ✓

Widowed ____ Divorced ____

Length of Residence U. S. life

State ____ City 30 years

Usual Occupation Truck driver

Industry or Business John Jones Gravel Company - 20 yrs

Husband's Name ____ Age ____

Wife's Maiden Name Sarah E. Age ____

Father's Name Abe Coleman

Birth Place Kentucky

Mother's Maiden Name Unknown

Birth Place Kentucky

Social Security No. ____

If Veteran, what War #2

Cause of Death Cerebral Hemmorhage

Physician Harlan B. Moss Address ____

Informant Mrs. Sarah E. Coleman

Address ~~550 West 26th Street~~ Deceased

Date of Interment October 26, 1950

Cemetery Crown Hill

Location ____

Lot or Grave No. ____

Ordered By ____

Address ____

Charged To Mrs. Sarah E. Coleman

Address 550 West 26th Street Deceased

Invoice Date Ta 9981

Estate Atty. ____

Address ____

CUSTOMER'S PAYMENT RECORD

552.14

DATE			AMOUNT PAID		BALANCE DUE	
11-11	50	United Ins check	100	00	452	14
11-14	50	Mrs. Coleman	172	14	280	00
12-12	50	Treas of Marion Co. ck	100	00	180	00
12-15	50	Treas of U. S. check	180	00	—	
Refund of $30. Made to Mrs Coleman on 12-17-50						