

## Funeral of.

### Date of Funeral

7-11-42

Hour

10 a.m.

**From**

No financial

<b>Removal From</b>	<input checked="" type="checkbox"/>	<b>10</b>	<b>00</b>	<b>CASH EXPENDITURES</b>			
<b>Embalming</b>	<input checked="" type="checkbox"/>			<b>Door Dressing</b>			
<b>Professional Services</b>	<input checked="" type="checkbox"/>			<b>Palms</b>			
<b>Use of Chapel</b>				<b>Flowers</b>			
<b>Use of</b> _____ <b>Doz. Chairs</b> _____ <b>Rug</b> _____							
<b>Drapery</b> _____ <b>Candelabra</b> _____							
<b>Candles</b> _____ <b>Prayer Rail</b> _____				<b>Pall Bearers</b> _____			
<b>Crucifix</b> _____ <b>Bier</b> _____				<b>Funeral Notices</b> _____			
<b>Casket No.</b> _____ <b>Mfr.</b> _____							
<b>Style</b> _____							
<b>Finish</b> _____							
<b>Interior No.</b> _____ <b>Color</b> _____				<b>Clergyman</b> _____			
				<b>Sexton</b> _____			
<b>Outside Case</b> _____				<b>Organist</b> _____ <b>Soloist</b> _____			
<b>Mountings</b> _____				<b>Church Charges</b> _____			
<b>Vault Style</b> _____				<b>New Grave</b> <i>Wood Haven</i> <b>Opening</b> _____		<b>10</b>	<b>00</b>
<b>Delivery To</b> _____				<b>Grass &amp; Device</b> _____ <b>Tent</b> _____			
<b>Burial Garment</b> _____				<b>Vault Charges</b> _____			
<b>Slippers</b> _____ <b>Hosiery</b> _____				<b>Crematory Charges</b> _____			
<b>Slumber Blanket</b> _____				<b>Gratuities</b> _____			
<b>Gloves</b> _____							
<b>Cremation Urn</b> _____				<b>Telephone</b> _____ <b>Telegrams</b> _____			
				<b>Transportation</b> _____			
<b>Acknowledgement Cards</b> _____				<b>Casket Coach</b> _____			
<i>1 car ✓</i>				<b>Limousines</b> _____ <b>Flower Cars</b> _____			
				<b>Transcript of Death</b> _____			
				<b>Total Cash Expenditures</b>		<b>10</b>	<b>00</b>
				<b>Total Services &amp; Merchandise</b>		<b>10</b>	<b>00</b>
<b>Total of Services &amp; Merchandise</b>		<b>10</b>	<b>00</b>	<b>Total Amount of Invoice</b>		<b>20</b>	<b>00</b>

Deceased Infant Cornwell Barbara  
Date of Death July 9, 1942  
Place of Death City Hospital  
Last Place of Residence \_\_\_\_\_  
  
Birth Place City Hospital Indpls, Ind.  
Date of Birth July 9, 1942 - Still Born  
Age Years Months Days Hours  
Sex Female Color or Race Negro  
Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Length of Residence U. S. Life Still Born  
State \_\_\_\_\_ City \_\_\_\_\_  
Usual Occupation \_\_\_\_\_  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Mother's Maiden Name Marcella Cornwell  
Birth Place Ind  
Social Security No. \_\_\_\_\_  
If Veteran, what War \_\_\_\_\_  
Cause of Death Still Born  
Physician \_\_\_\_\_ Address \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Interment 7-11-'42  
Cemetery Wood Haven  
Location Sec. E  
  
Lot or Grave No. 429-11

Grave Card sent

Ordered By Mrs. Mamie Cornwell  
Address 917 E. 24th St. Indianapolis  
Charged To monet  
Address \_\_\_\_\_  
Invoice Date \_\_\_\_\_  
Estate Atty. \_\_\_\_\_  
Address \_\_\_\_\_

CUSTOMER'S PAYMENT RECORD

20.00

DATE		AMOUNT PAID		BALANCE DUE	
1942	Cr.				
July 10	Cash	10 00			
" 17	"	2 00			
" 24	"	2 00			
Aug 1	"	2 00			
" 10	"	2 00			
" 15	"	2 00			
		20 00			
PAID					