

1653-9  
240

743

Hour P. M. From 3rd side Chapel.

		<u>58</u>	CASH EXPENDITURES		
Removal From _____			Door Dressing_____		
Embalming _____		<u>25</u>	Palms _____		
Professional Services _____			Flowers _____		
Use of Chapel _____					
Use of _____ Doz. Chairs _____ Rug _____			Pall Bearers _____		
Drapery _____ Candelabra _____			Funeral Notices _____		
Candles _____ Prayer Rail _____					
Crucifix _____ Bier _____					
Casket No. <u>Servies</u> Mfr.		<u>3450</u>			
Style _____					
Finish _____					
Interior No. _____ Color _____			Clergyman _____		
			Sexton _____		
Outside Case _____		<u>17 00</u>	Organist _____ Soloist _____		
Mountings <u>Hearse</u>		<u>15 00</u>	Church Charges _____		
Vault Style <u>Can</u>		<u>8 50</u>	New Grave _____ Opening _____		
Delivery To _____			Grass & Device _____ Tent _____		
Burial Garment _____			Vault Charges _____		
Slippers _____ Hosiery _____			Crematory Charges <u>New Crown</u>		<u>27. 00</u>
Slumber Blanket _____			Gratuities _____		
Gloves _____			Telephone _____ Telegrams _____		
Cremation Urn _____			Transportation _____		
Acknowledgement Cards _____			Casket Coach _____		
			Limousines _____ Flower Cars _____		
			Transcript of Death _____		
Total of Services & Merchandise		<u>\$125 00</u>	Total Cash Expenditures		<u>27 00</u>
			Total Services & Merchandise		<u>125 00</u>
			Total Amount of Invoice		<u>\$152. 00</u>

Grave Cord sent 5/8/45

Deceased 3 Harrison ~~Cook~~ Cork.  
Date of Death 3/6/43  
Place of Death 1215 N. Capital Ave.  
Last Place of Residence \_\_\_\_\_  
  
Birth Place Lyon Co. Kentucky  
Date of Birth 4/16/1900  
Age 42 Years 10 Months 20 Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex Male Color or Race Negro  
Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed ☒ Divorced \_\_\_\_\_  
Length of Residence U. S. \_\_\_\_\_  
State \_\_\_\_\_ City \_\_\_\_\_  
Usual Occupation Press operator  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_  
Father's Name Alan Cork  
Birth Place Ky.  
Mother's Maiden Name Mary Smith  
Birth Place Ky.  
Social Security No. \_\_\_\_\_  
If Veteran, what War \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Physician \_\_\_\_\_ Address \_\_\_\_\_  
Informant Mrs. Maydella Flowers  
Address 1124 Park St.  
Date of Interment 3/10/42  
Cemetery New Crown  
Location Sec 15 Row 2  
  
Lot or Grave No. 13.208.

Ordered By _____		
Address _____		
Charged To <u>Mrs. &amp; Mrs. James W. Flowers - 1124 Park</u>		
Address <u>Mrs. Lillian Williams - 7212 Western</u> <span style="float: right;"><u>Moved</u></span>		
Invoice Date _____		
Estate Atty. _____		
Address _____		
<b>CUSTOMER'S PAYMENT RECORD</b> <span style="float: right; font-size: 1.2em;">\$152. 00</span>		
DATE	AMOUNT PAID	BALANCE DUE
3/10/43	By cash 35. 00	\$117. 00
3/10/43	By cash 18. 75	\$98. 75
3/10/43	By cash 40. 00	\$58. 75
3/12/43	By cash 10. 00	\$48. 75
3/22/43	By check 11. 58	\$37. 17
3/26/43	By cash 15. 00	22. 17
4-10-43	Cash 22. 17	<u>Paid.</u>
		