

Account No. 1518

Funeral of Infant Corrhed Audrey Mae.

Date of Funeral 0 7-25-42

Hour	From	To	Remarks
	W. Side Chapel		

Date of Funeral _____		Time _____		CASH EXPENDITURES	
Removal From _____ ✓		12	00	Door Dressing _____	
Embalming _____ ✓				Palms _____	
Professional Services _____ ✓				Flowers _____	
Use of Chapel _____					
Use of _____ Doz. Chairs _____ Rug _____					
Drapery _____ Candelabra _____				Pall Bearers _____	
Candles _____ Prayer Rail _____				Funeral Notices _____	
Crucifix _____ Bier _____					
Casket No. _____ ✓ Mfr <i>own make</i>					
Style _____					
Finish _____					
Interior No. _____ Color _____				Clergyman _____	
				Sexton _____	
Outside Case _____				Organist _____ Soloist _____	
Mountings _____				Church Charges _____	
Vault Style _____				New Grave <i>Wood Haven</i> Opening <i>800</i>	
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 Cash Expenditures	<i>800</i>
				Total Services & Merchandise	<i>1200</i>
Total of Services & Merchandise		<i>12</i>	<i>00</i>	Total Amount of Invoice	<i>2000</i>

Deceased Infant Cowherd  
Date of Death July, 22, 1942  
Place of Death Residence  
Last Place of Residence 536 Patterson St.  
Birth Place Indianapolis, Ind.  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_  
Sex \_\_\_\_\_ Color or Race Negro  
Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Length of Residence U. S. Still Born  
State \_\_\_\_\_ City \_\_\_\_\_  
Usual Occupation \_\_\_\_\_  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_  
Father's Name Mr. Chas. R. Cowherd  
Birth Place Ind.  
Mother's Maiden Name Martha M. N. Helm Allen  
Birth Place Ind.  
Social Security No. \_\_\_\_\_  
If Veteran, what War \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Physician Dr. J. N. Gunner Address \_\_\_\_\_  
Informant Mr. Chas. R. Cowherd  
Address 536 Patterson St.  
Date of Interment 7-25-42  
Cemetery Wood Haven  
Location Sec. 6  
Lot or Grave No. 430-21

Ordered By

Address

Charged To

Address

Invoice Date

Estate Atty.

Address

as per agreement

CUSTOMER'S PAYMENT RECORD

Spd.

16.00

20.00

DATE		AMOUNT PAID	BALANCE DUE
1942 cr.			
July 23	Cash	10 00	10 00
" 24	"	6 00	4 00
		PAID	