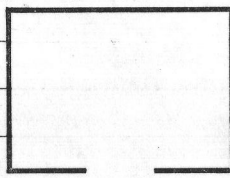


Account No. 1255Funeral of Mr. Cox JamesDate of Funeral 10/18/41 Where From W. Side Chapel Hour 2 P. M.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming Fluid Used	20 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers <u>Clock "wife"</u>	10 00
Dozen Chairs		<u>Insurance certificates (3)</u>	2 50
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size <u>Hause</u>	232 00	Funeral Notices	
	12 00	<u>white shirt</u>	2 50
Metal Inner Casket Bronze Copper Zinc		Clergymen	3 00
Casket Interior Material Color		Church Charges Sexton	
Name Plate <u>Cement</u> Engraved		Quartette or Soloist Organist	
Outside Case, <u>Pine</u> , Chestnut, Oak, Cypress, Mahogany	<del>12 50</del>	Honorary Pallbearers	
Metal Inner Box		<u>necktie + handkerchief</u>	1 75
Metal Corners Handles Plate		<u>Final Pack Up</u>	18 00
Burial Vault Style		Cemetery Charges	
Box or Vault Delivered to		New Grave Opening Grave	
Cremation Urn		Location of Grave	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">  </div> 67.75
Burial Garment		<u>Sec. K. 7</u>	
Foot Wear Hosiery		<u>Row 10</u>	
Slumber Blanket		Grave or Lot No. <u>9-29</u>	
Professional Service		Use of Lowering Device	
Use of Chapel		Forevergreen Grass Tent	
Background Drapery		Receiving Vault Charges	
Use of Rugs <u>2 Cars</u>	16 00	Crematory Charges	
		Auto Hearse Funeral Cars	
		Telegrams Telephone Charges	52 75
<u>Total amt. mds. + services</u>	<u>297 50</u>	Transportation Expenses	280 00
	<u>280 00</u>	Transcript of Death <u>Total amt. Invoice</u>	<u>350 25</u>



Residence 900 Ind. Ave. # 744  
 If Non Resident  
 Give City, Town & State \_\_\_\_\_  
 Hospital or Institution \_\_\_\_\_  
 Give Name of Hospital City Hospital  
 Sex M Color or Race negro Single ☐ Married ☒  
 Widowed ☐ Divorced ☐  
 Wife, Husband of Mrs. Mary Cox  
 Age of Husband, Wife if Alive 29 yrs.  
 Age 28 Years \_\_\_\_\_ Months 6 Days 17  
 Usual Occupation Foundry  
 Industry or Business Link Belt 2 yrs.  
 Social Security No. \_\_\_\_\_  
 If U. S. War Veteran Specify War \_\_\_\_\_  
 Birth Place Knoxville, Tenn. City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Mother's Maiden Name Jessie Floyd City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Mother's Birthplace \_\_\_\_\_  
 Informant Mrs. Mary Cox } Relation if Any Wife  
 Address 900 Ind. Ave. # 744  
 Date of Death \_\_\_\_\_ Month 10 Day 15 Year 41  
 Physician Dr. Carroll B. Warren  
 Address City Hospital  
 Cause of Death Peritonitis & Sepsis, Retro-  
Peritoneal Hematoma  
 Clergyman Rev. Edwards Pastor Free Will

Ordered by Mrs. Mary Cox  
 Address 900 Ind. Ave. # 744  
 Charged to \_\_\_\_\_  
 When rendered \_\_\_\_\_

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

350 25

1941  
 Oct. 17  
 Dr. By Cash

350 25

**PAID**