

*national
Banded*

Account No. 1113

Funeral of Mrs. Craven Alice,

Date of Funeral 3/5/41 Where From Mt. Bt. Ch. Hour 2 P M.

		CASH EXPENDITURES	
Removing Remains	3 00		
Embalming Fluid Used	15 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size	132 00	Funeral Notices	
<i>Hearse</i>	10 00		
Metal Inner Casket Bronze Copper Zinc		Clergymen	
Casket Interior Material Color		Church Charges Sexton	
Name Plate Engraved		Quartette or Soloist Organist	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany		Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles Plate			
Burial Vault Style		Cemetery Charges <i>New Crown</i>	20 00
Box or Vault Delivered to		New Grave Opening Grave	
Cremation Urn		Location of Grave	
Burial Garment	11 00	<i>Sec. 15</i>	
Foot Wear Hosiery		<i>Rw 15</i>	
Slumber Blanket		Grave or Lot No. <i>12.057</i>	
Professional Service		Use of Lowering Device	
Use of Chapel		Forevergreen Grass Tent	
Background Drapery		Receiving Vault Charges	
Use of Rugs		Crematory Charges	
<i>1 Car</i>	5 00	Auto Hearse Funeral Cars	
		Telegrams Telephone Charges	20 00
<i>Total mdr. + Service</i>	176 00	Transportation Expenses	176 00
		Transcript of Death <i>Total amt. Invoice</i>	196 00

Residence 553 W. 17th St.
 If Non Resident
 Give City, Town & State _____ Years _____ Months _____ Days _____
 Hospital or Institution _____
 Give Name of Hospital _____
 Sex 4 Color or Race negro Single ☐ Married ☐
 Widowed ☒ Divorced ☐
 Wife, Husband of _____
 Age of Husband, Wife if Alive _____
 Age 46 Years 1894 Months 0 Days 21
 Usual Occupation Domestic
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 Birth Place Eminence, Ky. State Ky. Country _____
 Mother's Maiden Name Bettie Bailey City _____ State Ky. Country _____
 Mother's Birthplace _____
 Informant Eva England } Relation if Any _____
 Address 839 Fayette St.
 Date of Death Month 3 Day 4 Year 41
 Physician Dr. Alexander
 Address _____
 Cause of Death Hyperstatic Pneumonia
 Clergyman Rev. J. Johnson Hy protrophic

Ordered by Mrs. Eva England
 Address 839 Fayette St.
 Charged to _____
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

196.00

1941
Mar. 32 Ev. Ky Check 191.00

Considered Paid
 PAID

Li 2096 Gregory (835)

Bal. 5.00