

| | | | | | |
|--|--------------|--|------------------------------------|--------|--|
| Removal From _____ | | | CASH EXPENDITURES | | |
| Embalming _____ | 3 00 | | Door Dressing _____ | | |
| Professional Services _____ | 15 00 | | Palms _____ | | |
| Use of Chapel _____ | | | Flowers _____ | | |
| Use of _____ Doz. Chairs _____ Rug _____ | | | | | |
| Drapery _____ Candelabra _____ | | | Pall Bearers _____ | | |
| Candles _____ Prayer Rail _____ | | | Funeral Notices _____ | | |
| Crucifix _____ Bier _____ | | | | | |
| Casket No. _____ Mfr. _____ | Hansen 12 00 | | | | |
| Style _____ | 72 50 | | | | |
| Finish _____ | | | | | |
| Interior No. _____ Color _____ | | | Clergyman Rev. J. A. Moore | | |
| | | | Sexton _____ | | |
| Outside Case _____ | 12 00 | | Organist _____ Soloist _____ | | |
| Mountings _____ | | | Church Charges _____ | | |
| Vault Style _____ | | | New Grave Word Haven Opening | 18 00 | |
| Delivery To _____ | | | Grass & Device _____ Tent _____ | | |
| Burial Garment _____ | | | Vault Charges _____ | | |
| Slippers _____ Hosiery _____ | | | Crematory Charges _____ | | |
| Slumber Blanket _____ | | | Gratuities _____ | | |
| Gloves _____ | | | Telephone _____ Telegrams _____ | | |
| Cremation Urn _____ | | | Transportation _____ | | |
| Acknowledgement Cards _____ | 1 Car 8 50 | | Casket Coach _____ | | |
| | | | Limousines _____ Flower Cars _____ | | |
| | | | Transcript of Death _____ | | |
| Total of Services & Merchandise | 122 00 | | Total Cash Expenditures | 18 00 | |
| | | | Total Services & Merchandise | 122 00 | |
| | | | Total Amount of Invoice | 140 00 | |

Deceased Mr. Elsie W. Cummings
Date of Death August, 1, 1942 8:45-1
Place of Death Residence
Last Place of Residence 447 Agnes St.

Birth Place Madison Co. Miss.
Date of Birth October, 15, 1867
Age 72 Years Months Days Hours
Sex male Color or Race negro
Single Married

Widowed ✓ Divorced

Length of Residence U. S. Life

State _____ City _____

Usual Occupation Retired

Industry or Business

Husband's Name _____ Age _____

Wife's Maiden Name _____ Age _____

Father's Name Unknown

Birth Place _____

Mother's Maiden Name _____

Birth Place _____

Social Security No. 113-81-1811

If Veteran, what War

Cause of Death

Physician Rev. Anderson Address _____

Informant Mr. Chris Meyer

Address 403 Agnes St.

Date of Interment 0-8-3-42

Cemetery Ward Haven

Location Sec. C

Lot or Grave No. 263-2

Ordered By Mr. Ellis M. Lee

Address 403 Ames St.

Charged To

Address

Invoice Date

Estate Atty.

Address

CUSTOMER'S PAYMENT RECORD

| DATE | | | AMOUNT PAID | | BALANCE DUE | |
|-------|------|--|-------------|----|-------------|----|
| 1942 | lv. | | | | | |
| Aug 3 | Cash | | 90 | 00 | 50 | 00 |
| 11 4 | " | | 50 | 00 | 0 | |

PAYD