

Funeral of Mrs. Sarah Davis

Account No. 1617

Date of Funeral 12-14-42 Where From \_\_\_\_\_ Hour \_\_\_\_\_ 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 _____		
Dozen Chairs _____				
Casket Bier or Pedestals _____		Porters _____ Gloves _____		
Casket No. _____ Size _____	80 00	Funeral Notices _____		
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	10 00	Honorary Pallbearers _____		
Metal Inner Box _____				
Metal Corners _____ Handles _____ Plate _____		Cemetery Charges <u>New Crown</u>	27 00	
Burial Vault _____ Style _____		New Grave _____ Opening Grave _____		
Box or Vault Delivered to _____		Location of Grave		
Cremation Urn _____		<u>Sec 15</u>		
Burial Garment _____		<u>Row 18</u>		
Foot Wear _____ Hosiery _____				
Slumber Blanket _____				
Professional Service _____		Grave or Lot No. <u>13.068</u>		
Use of Chapel _____		Use of Lowering Device _____		
Background Drapery _____		Forevergreen Grass _____ Tent _____		
Use of Rugs		Receiving Vault Charges _____		
<u>Hearse</u>	15 00	Crematory Charges _____		
<u>1 Car</u>	8 00	Auto Hearse _____ Funeral Cars _____		
	138 00	Telegrams _____ Telephone Charges _____		
		Transportation Expenses <u>Indice</u>	138 00	
		Transcript of Death _____	165 00	

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Residence <u>519 W. 17 St</u>		Ordered by <u>Mr. Allen Davis</u>	
If Non Resident		Address <u>519 W. 17 St moved</u>	
Give City, Town & State <u>Indpls.</u>		Charged to	
Hospital or Institution		When rendered	
Give Name of Hospital		RECEIVED ON ACCOUNT	
Color or Race			
Sex	Single <input type="checkbox"/> Married <input checked="" type="checkbox"/>	TO TOTAL FUNERAL CHARGES <u>165.00</u>	
Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
Wife, Husband of <u>Allen Davis</u>		1/14/43 - Cash 90.00 25 00	
Age of Husband, Wife if Alive			
Age <u>58</u> Years Months Days		2/1/43 CL 15.00 60 00	
Usual Occupation <u>Housewife</u>		3/8/43 Cal. 57.00 3 00	
Industry or Business		4/5/43 Ry Cash 3.00 0 0	
Social Security No.		PAID	
If U. S. War Veteran Specify War			
City State Country			
Birth Place <u>Tenn.</u>			
Mother's Maiden Name <u>Unknown</u>			
City State Country			
Mother's Birthplace			
Informant <u>Allen Davis</u>			
Address <u>519 W 17 St</u>			
Month Day Year			
Date of Death <u>12-11-42</u>			
Physician <u>Dr H. L. Hummons</u>			
Address			
Cause of Death			
Clergyman			