Account No. 150 2421

**Funeral of** Miss Cornelia Dawson

**Date of Funeral** June 21, 1945 **Hour** 1 Pm **From** Westside Chapel

| | | | | | |
|---|---|---|---|---|---|
| Removal From | | 5 | 00 | **CASH EXPENDITURES** | |
| Embalming | | 25 | 00 | Door Dressing | |
| Professional Services | Hearse | 15 | 00 | Palms | |
| Use of Chapel | 1 - 7 passanger Car | 8 | 50 | Flowers | |
| Use of ____ Doz. Chairs ____ Rug | | | | 2 - Insurence Certificates | 2 00 |
| Drapery ____ Candelabra | | | | | |
| Candles ____ Prayer Rail | | | | ____ Pall Bearers | |
| Crucifix ____ Bier | | | | Funeral Notices | |
| Casket No. ____ Mfr. | | 265 | 00 | | |
| Style | | | | | |
| Finish | | | | | |
| Interior No. ____ Color | | | | Clergyman Rev. P. D. Jacobs | |
| | | | | Sexton | |
| Outside Case | | | | Organist ____ Soloist | |
| Mountings | | | | Church Charges | |
| Vault Style | | | | New Grave New Crown Opening | 45 00 |
| Delivery To | | | | Grass & Device ____ Tent | |
| Burial Garment | | 15 | 00 | Vault Charges | |
| Slippers ____ Hosiery | | | | Crematory Charges | |
| Slumber Blanket | | | | Gratuities | |
| Gloves | | | | | |
| Cremation Urn | | | | Telephone ____ Telegrams | |
| | | | | Transportation | |
| Acknowledgement Cards | | | | Casket Coach | |
| | | | | ____ Limousines ____ Flower Cars | |
| | | | | Transcript of Death | |
| | | | | Total Cash Expenditures | 47 50 |
| | | | | Total Services & Merchandise | 333 50 |
| Total of Services & Merchandise | | 333 | 50 | Total Amount of Invoice | 380 50 |

SS claim filed 7/3/45

Deceased Miss Cornelia Dawson
Date of Death June 18, 1945 2:30 9 m
Place of Death Indianapolis Ind - Residence
Last Place of Residence 1909 S. Keystone ave

Birth Place Indianapolis, Ind.
Date of Birth December 30, 1925
Age 19 Years 5 Months 18 Days ____ Hours ____
Sex Female Color or Race Colored
Single ✓ Married ____
Widowed ____ Divorced ____
Length of Residence U. S. Life
State Life City Life
Usual Occupation Maid
Industry or Business St Vincent Hospital
Husband's Name ____ Age ____
Wife's Maiden Name ____ Age ____
Father's Name James Dawson
Birth Place Kentucky
Mother's Maiden Name Verna Leavells
Birth Place Kentucky
Social Security No. 312-23-4498
If Veteran, what War ____
Cause of Death S. G. Furniss
Physician Amebic Dysentery Address moved
Informant Mrs. Verna Dawson
Address 1901 S. Keystone
Date of Interment June 21, 1945
Cemetery New Crown
Location Sec 16.
Row 14
~~Lot or~~ Grave No. 14.537

Ordered By ____
Address moved no address
Charged To Mrs. Verna & Mr James Dawson
Address ~~1909 S. Keystone ave~~
Invoice Date ____
Estate Atty. ____
Address ____

## CUSTOMER'S PAYMENT RECORD

380.50

| DATE | | | AMOUNT PAID | | BALANCE DUE | |
|---|---|---|---|---|---|---|
| 6-21- | 45 | Empire Ins Check | 200 | 00 | 180 | 50 |
| 7-16 | 45 | Gibraltar Ins ck | 180 | 50 | — | |
| | | (295.40) | | | | |

PAID