

Funeral of *Mr Samuel E Dobbin*

Date of Funeral April 14, 1949

Hour 1 Pm From First Free Will Baptist Church

Removal From <u>Station</u>	10 00	CASH EXPENDITURES		
Embalming _____	25 00	Door Dressing _____		
Professional Services _____	25 00	Palms _____		
Use of Chapel <u>2-7 passengers cars</u>	20 00	Flowers _____		
Use of _____ Doz. Chairs _____ Rug <u>Home</u>	15 00			
Drapery _____ Candelabra _____				
Candles _____ Prayer Rail _____		Pall Bearers _____		
Crucifix _____ Bier _____		Funeral Notices _____		
<u>Restorative Art work on Remains</u>	25 00			
Casket No. _____ Mfr. _____		<u>State room service at mortuary</u>	30 00	
Style _____				
Finish _____		<u>For delivering box to Cemetery</u>	5 00	
Interior No. _____ Color _____		Clergyman <u>Rev J. F. Edwards</u>	5 00	
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave <u>New Crown</u> Opening _____	40 00	
Delivery To <u>Home & Service</u>		Grass & Device _____ Tent _____		
	15 00			
Burial Garment _____		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	80 00	
		Total Services & Merchandise	110 00	
Total of Services & Merchandise	100 00	Total Amount of Invoice	190 00	

900 d/c for Henderson Foundation
Claim filed with State for 100.00
Soldier's Burial allowance?

Deceased <u>Mr. Samuel E. Robbins</u>		Ordered By _____		
Date of Death <u>April 9, 1949</u>		Address _____		
Place of Death <u>Hines Veterans Hospital</u>		Charged To <u>Mrs. Zozie Robbins</u>		
Last Place of Residence <u>910 W. 25th Street</u>		Address <u>910 West 25th Street</u>		
Birth Place <u>Union County, Kentucky</u>		Invoice Date <u>wa 0871</u>		
Date of Birth _____		Estate Atty. _____		
Age <u>59</u> Years _____ Months _____ Days _____ Hours _____		Address _____		
Sex <u>male</u> Color or Race <u>negro</u>				
Single _____ Married _____				
Widowed _____ Divorced _____				
Length of Residence U. S. <u>Life</u>		CUSTOMER'S PAYMENT RECORD <u>190.00</u>		
State _____ City <u>16 years</u>				
Usual Occupation <u>Custodian</u>		DATE	AMOUNT PAID	BALANCE DUE
Industry or Business <u>Harrison apartments</u>		5-14-49	Marion Co Ins ck 100 00	90 00
Husband's Name _____ Age _____		6-4-49	U. S. Ins check 55 00	35 00
Wife's Maiden Name <u>Zozie Robbins</u> Age _____		Cert. Cancelled Paid P/B		
Father's Name _____				
Birth Place _____				
Mother's Maiden Name _____				
Birth Place _____				
Social Security No. <u>P</u>				
If Veteran, what War <u>World War I</u> {malignant} <u>Bilateral. Bronchopneumonia</u>				
Cause of Death <u>Carcinoma nasopharynx & base of skull</u>				
Physician _____ Address _____				
Informant <u>Mrs. Zozie Robbins</u>				
Address <u>910 West 25th Street</u>				
Date of Interment <u>April 14, 1949</u>				
Cemetery <u>New Crown</u>				
Location <u>see 17</u>				
<u>ROW 15</u>				
Lot or Grave No. <u>17,079</u>				