

**Funeral of** Mr. Robert Frank Dorch

Date of Funeral June 23, 1949 Hour 1 Pm From Westside Chapel

		CASH EXPENDITURES		
Removal From _____	<u>10 00</u>	Door Dressing _____		
Embalming _____		Palms _____		
Professional Services _____	<u>25 00</u>	Flowers _____		
Use of Chapel _____	<u>25 00</u>			
Use of _____ Doz. Chairs _____ Rug _____		Pall Bearers _____		
Drapery _____ Candelabra _____		Funeral Notices _____		
Candles _____ Prayer Rail _____				
Crucifix _____ Bier _____				
<u>2-7 passenger Cars</u>	<u>20 00</u>			
Casket No. _____ Mfr. <u>Hearse</u>	<u>15 00</u>			
Style _____				
Finish _____				
Interior No. _____ Color _____		Clergyman <u>Rev. G. Andrews</u>		
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave <u>New Crown</u> Opening _____	<u>59 00</u>	
Delivery To _____		Grass & Device _____ Tent _____		
Burial Garment _____		Vault Charges _____		
Slippers _____ Hosiery _____		Crematory Charges _____		
Slumber Blanket _____		Gratuities _____		
Gloves _____				
Cremation Urn _____		Telephone _____ Telegrams _____		
Acknowledgement Cards _____		Transportation _____		
		Casket Coach _____		
		Limousines _____ Flower Cars _____		
		Transcript of Death _____		
		Total Cash Expenditures	<u>59 00</u>	
		Total Services & Merchandise	<u>95 00</u>	
Total of Services & Merchandise	<u>95 00</u>	Total Amount of Invoice	<u>154 00</u>	

Deceased Mr. Robert Frank Dorch  
Date of Death June 19, 1949  
Place of Death Veterans Hospital Dayton, Ohio.  
Last Place of Residence 425 Smith Street

Birth Place Wilana, Illinois  
Date of Birth April 30, 1896  
Age 53 Years 1 Months 20 Days \_\_\_\_\_ Hours  
Sex Male Color or Race Negro  
Single ☒ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Length of Residence U. S. Life  
State \_\_\_\_\_ City 13 years  
Usual Occupation Cook  
Industry or Business \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_  
Father's Name Frank Dorch  
Birth Place ?  
Mother's Maiden Name Maggie Alexander  
Birth Place ?  
Social Security No. ?  
If Veteran, what War World war I  
Cause of Death \_\_\_\_\_  
Physician \_\_\_\_\_ Address \_\_\_\_\_  
Informant Mrs. Beulah Perkins  
Address 425 Smith Street send card  
Date of Interment June 23, 1949  
Cemetery New Crown  
Location Sec. 17  
Rov 13  
Let or Grave No. 17,345

Date \_\_\_\_\_  
Ordered By \_\_\_\_\_  
Address \_\_\_\_\_  
Charged To Mrs. Beulah Perkins  
Address 425 Smith St.  
Invoice Date Li 3894 neighbor  
Estate Atty. \_\_\_\_\_  
Address \_\_\_\_\_

CUSTOMER'S PAYMENT RECORD

DATE		AMOUNT PAID	BALANCE DUE
8-3-	49	Treas. of U.S. Check 54 00	100 00
8-15-	49	Marion Co. Check 100 00	
		PAYED	