

Account No. 1168Funeral of Mrs. Douglas Emma,Date of Funeral 5/31/41 Where From W. Side Chapel Hour 2 P M.

Removing Remains	3 00	CASH EXPENDITURES	
Embalming Fluid Used	15 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers <u>3 Sprays 600⁰⁰ ad</u>	
Dozen Chairs		Porters	Gloves
Casket Bier or Pedestals		Funeral Notices	
Casket No. <u>Hause</u> Size	32 00	Clergymen	
	10 00	Church Charges	Sexton
Metal Inner Casket Bronze Copper Zinc		Quartette or Soloist	Organist
Casket Interior Material Color		Honorary Pallbearers	
Name Plate Engraved			
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00	Cemetery Charges <u>New Crown</u>	20 00
Metal Inner Box		New Grave	Opening Grave
Metal Corners Handles Plate		Location of Grave	
Burial Vault Style		<u>Sec. 15</u>	
Box or Vault Delivered to		<u>Rd. 18</u>	
Cremation Urn		Grave or Lot No. <u>12.195</u>	
Burial Garment		Use of Lowering Device	
Foot Wear Hosiery		Forevergreen Grass	Tent
Slumber Blanket		Receiving Vault Charges	
Professional Service		Crematory Charges	
Use of Chapel		Auto Hearse	Funeral Cars
Background Drapery		Telegrams	Telephone Charges
Use of Rugs <u>1 CAR</u>	5 00	Transportation Expenses	
Total amt. mdr. & services	75 00	Transcript of Death	<u>Total amt. Invoice</u>
			20 00
			75 00
			95 00

93

Residence 923 Roanoke St.
 If Non Resident
 Give City, Town & State _____ Years _____ Months _____ Days
 Hospital or Institution _____
 Give Name of Hospital _____
 Sex 4 Color or Race negro Single ☐ Married ☐
 Widowed ☐ Divorced ☐
 Wife, Husband of _____
 Age of Husband, Wife if Alive _____
 Age _____ Years _____ Months _____ Days
 Usual Occupation _____
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 City _____ State _____ Country _____
 Birth Place _____
 Mother's Maiden Name _____
 City _____ State _____ Country _____
 Mother's Birthplace _____
 Informant Mrs. Lucy Staples Relation if Any str.
 Address 923 Roanoke St.
 Date of Death Month 3 Day 27 Year 41 3:15 PM
 Physician Dr. Cohen
 Address City Hospital
 Cause of Death Auto - Heart Disease Senility
 Clergyman Rev. R. C. Henderson

Ordered by Mrs. Lucy Staples
 Address 923 Roanoke St.
 Charged to Welfare Dept.
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

95 00

1941 Cr.
 May 28 Marion Co. Bd.

95 00

PAID