

Date of Funeral 3/8/41 Where From W. Side Chapel Hour 1 P M.

Account No. 1116

Removing Remains	3 00	CASH EXPENDITURES			
Embalming	15 00	Door Dressing			
Laying Out		Use of Palms	Cot Lane	13 50	
Reposing Couch		Flowers		3 00	
Candelabra		Insurance papers		1 00	
Candles		Porters			
Dozen Chairs		Gloves			
Casket Bier or Pedestals		Funeral Notices			
Casket No.	Size 10 1/2 12 1/2	Cash Loan 3/22/41		5 00	
House	10 00	Clergymen			
Metal Inner Casket	Bronze Copper Zinc	Church Charges			
Casket Interior	Material Color	Sexton			
Name Plate	Engraved	Quartette or Soloist			
Organist		Honorary Pallbearers			
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	8 00	Cemetery Charges	New Crown	20 00	
Metal Inner Box		New Grave	✓		
Metal Corners	Handles Plate	Opening Grave			
Burial Vault	Style	Location of Grave			
Box or Vault Delivered to		Sec. 15			
Cremation Urn		Rm 15			
Burial Garment	16 50	Grave or Lot No.	12.059		
Foot Wear	Hosiery	Use of Lowering Device			
Slumber Blanket		Forevergreen Grass			
Professional Service		Tent			
Use of Chapel		Receiving Vault Charges			
Background Drapery		Crematory Charges			
Use of Rugs	3 Cars	Auto Hearse	✓		
	24 00	Funeral Cars		38	
		Telegrams		42 88	
		Telephone Charges		182 62	
Total amt. mdee. & services	182.62	Transportation Expenses			
	182 62	Transcript of Death			
		Total amt. Invoice		225 50	

41

Residence 1241 Lafayette 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 59 yrs
 Age 68 Years 1873 Months 4 Days _____
 Usual Occupation Housewife
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 Birth Place Bonsville, Ky. City Unknown State _____ Country _____
 Mother's Maiden Name _____ City _____ State _____ Country _____
 Mother's Birthplace _____
 Informant Jack Durante Relation if Any Husband
 Address 1241 Lafayette St.
 Date of Death Month 3 Day 4 Year 41
 Physician Dr. Anderson
 Address _____
 Cause of Death Hyperstatic Pneumonia
 Clergyman _____

moved left no address

Ordered by Mr. Jack Durante
 Address 1241 Lafayette St.
 Charged to _____
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

225 50

1941	6/14	G. Senter & Chas	98.00
Mar.	19	Cr. by Emp. Ch.	31.40
"	22	" " 169 Ch.	52.20
Apr.	7	" " Cash	41.90

Pd. in full C.O.D.

223 50

PAID