

Account No. 1000

Funeral of Surhan, Mrs Alice

Date of Funeral Sept-9-'40 Shipped to Russellville 12 Hour 12 M.

			CASH EXPENDITURES		
Removing Remains	5	00			
Embalming	20	00	Door Dressing		
Shaving, Dressing and Washing			Palms		
Casket No. <small>Size</small>	208	00	Flowers		
<i>Hearse</i>	12	00			
Metal Inner Casket					
<small>Copper</small> <small>Zinc</small>					
Handles No.			Pall Bearers and <small>Gloves</small>		
Name Plate No.			Funeral Notices		
Lining and Pillow Set No.			<i>Shipping Hardware</i>	2	50
Outside Case, Pine, Chestnut, Oak, Mahogany, Cypress					
Metal Lined Box					
Mountings <small>Handles</small> <small>Plate</small>			Clergyman		
Metal Vault, Style			Sexton		
Box Mattress			Quartette, Soloist		
Burial Garment	18	00	Organist		
Slippers			Delivering Box to		
Gloves			Opening Grave <small>Lining</small>		
<small>Doz. Chairs</small>			Vault Charges <i>Bx</i>	10	00
Personal Attendance and Assistants			Auto Hearse		
			<small>Funeral Cars</small>		
Drapery			Conveyance for Flowers		
Candelabra <small>Candles</small>					
Pedestals					
Rug			Telegrams <small>Telephone</small>		
			Transportation Expenses		
			TOTAL OF CASH EXPENDITURES	12	50
TOTAL OF MDSE. & SERVICES	263	00	TOTAL OF MDSE. & SERVICES	263	60
			TOTAL AMOUNT OF INVOICE	275	50

Date of Death Sept-7-40
 Place of Death 138 S. Sheridan ave
 Place of Funeral Shipped to Russellville Ky.
 Clergyman 9-7-40
 Date of Burial
 Where Interred
 Grave or Lot No. _____ Section _____
 Location of Grave _____

Ordered by Mr. Benj. T Anna Durham
 Charge to 24 S. Gathewood ave
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

275.00

Date of Birth Mar-17-1877
 Age 63 Years _____ Months _____ Days _____
 Color _____ Occupation Retired
 Single, Married, Widowed Widowed
 Birthplace Schochoke, Ky
 Last place of residence 138 S. Sheridan ave
 How Long resident of this Country _____ State _____ City 1 yr
 Husband's Name _____
 Father's Name Unknown
 Country of Birth _____
 Mother's Name Amanda Pughett
 Country of Birth Unknown
 Physician C. H. Bakermier
 Cause of Death Cerebral Hemorrhage & Chr. Myocarditis

1940			
10-1-40	Insurance check	150.00	
10-1-40	Cash	5.00	
10-9-40	- Cash -	5.00	
10/15/40	Cash	5.00	
10-22	Cr. by Cash Newton	5.00	
10/21-40	" " " " Newton	2.00	
11/7	" " " " Newton	5.00	
" 26	" " " " Newton	12.00	
12-6-	" " " " Newton	5.00	
12-13-	" " " " Newton	5.00	
1941			
Jan. 2	" " " " Newton	5.00	
" 13	" " " " Newton	8.00	
Feb 10	" " " " Newton	10.00	
Mar 11	" " " " Newton	10.00	
Apr 24	" " " " Newton	5.00	
May 6	" " " " Newton	5.00	
" 20	" " " " Newton	5.00	
June 9	" " " " Newton	10.00	
	Total pd.	260.00	

15.00 paid

Account No. 1001^a

Funeral of _____
 Date of Funeral _____ Where From _____ Hour _____ M.

			CASH EXPENDITURES		
Removing Remains			Door Dressing		
Embalming _____ Fluid Used _____			Use of Palms		
Laying Out _____ Shaving _____ Dressing _____			Flowers		
Reposing Couch _____ Candelabra _____ Candles _____					
Dozen Chairs _____			Porters _____ Gloves _____		
Casket Bier or Pedestals _____			Funeral Notices		
Casket No. _____ Size _____					
Metal Inner Casket _____ Bronze _____ Copper _____ Zinc _____			Clergymen		
Casket Interior _____ Material _____ Color _____			Church Charges _____ Sexton _____		
Name Plate _____ Engraved _____			Quartette or Soloist _____ Organist _____		
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany _____			Honorary Pallbearers		
Metal Inner Box _____					
Metal Corners _____ Handles _____ Plate _____			Cemetery Charges		
Burial Vault _____ Style _____			New Grave _____ Opening Grave _____		
Box or Vault Delivered to _____			Location of Grave		
Cremation Urn _____					
Burial Garment _____					
Foot Wear _____ Hosiery _____					
Slumber Blanket _____					
Professional Service _____			Grave or Lot No. _____		
Use of Chapel _____			Use of Lowering Device _____		
Background Drapery _____			Forevergreen Grass _____ Tent _____		
Use of Rugs _____			Receiving Vault Charges _____		
			Crematory Charges _____		
			Auto Hearse _____ Funeral Cars _____		
			Telegrams _____ Telephone Charges _____		
			Transportation Expenses _____		
			Transcript of Death _____		

Residence
If Non Resident

Give City, Town & State

Years

Months

Days

Hospital or Institution

Give Name of Hospital

Color or

Single

☐

Married

☐

Sex

Race

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

} Relation if Any

Address

Month

Day

Year

Date of Death

Physician

Address

Cause of Death

Clergyman

Ordered by

Address

Charged to

When rendered

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

15 00

1941

cr. by

7-14-

By Cash -

8 00

8-15-

" "

7 00

[Signature]