Account No. 3252

Funeral of Mr. Roosevelt "Mike" Elliott

Date of Funeral March 13, 1948 Hour 12 noon From Westside Chapel

Removal From	5	00	
Embalming	25	00	
Professional Services Hearse	10	00	
Use of Chapel			
Use of ____ Doz. Chairs ____ Rug			
Drapery ____ Candelabra			
Candles ____ Prayer Rail			
Crucifix ____ Bier			
	40	00	
Casket No. ____ Mfr.			
Style			
Finish			
Interior No. ____ Color			
Outside Case			
Mountings			
Vault Style			
Delivery To			
Burial Garment			
Slippers ____ Hosiery			
Slumber Blanket			
Gloves			
Cremation Urn			
Acknowledgement Cards			
Total of Services & Merchandise	80	00	

CASH EXPENDITURES		
Door Dressing		
Palms		
Flowers		
____ Pall Bearers		
Funeral Notices		
Clergyman		
Sexton		
Organist ____ Soloist		
Church Charges		
New Grave New Crown Opening		
Grass & Device ____ Tent		
Vault Charges		
Crematory Charges		
Gratuities		
Telephone ____ Telegrams		
Transportation		
Casket Coach		
____ Limousines ____ Flower Cars		
Transcript of Death		
Total Cash Expenditures		
Total Services & Merchandise		
Total Amount of Invoice		

9-9-48

Deceased Mr. Roosevelt "Mike" Elliott

Date of Death March 5, 1948

Place of Death Residence

Last Place of Residence 1514 N. Senate ave.

Birth Place Natchez, Mississippi

Date of Birth April 6, 1907

Age 40 Years 10 Months 29 Days ____ Hours ____

Sex Male Color or Race Negro

Single ____ Married ____

Widowed ____ Divorced ____

Length of Residence U. S. Life

State ____ City ?

Usual Occupation Laborer

Industry or Business ____

Husband's Name ____ Age ____

Wife's Maiden Name ____ Age ____

Father's Name ____

Birth Place ____

Mother's Maiden Name ____

Birth Place ____

Social Security No. ____

If Veteran, what War ____

Cause of Death ____

Physician ____ Address ____

Informant Polar Ice & Fuel Co.

Address 2047 Northwestern ave.

Date of Interment March 13, 1948

Cemetery New Crown

Location Sec 16

Row 16

Lot or Grave No. 16, 270

Ordered By ____

Address ____

Charged To Center Township Trustee

Address ~~214 N. Senate avenue~~. (2)

Invoice Date 926 N. Capitol ave

Estate Atty. ____

Address ____

CUSTOMER'S PAYMENT RECORD

80.00

DATE			AMOUNT PAID		BALANCE DUE	
3-19-	48	Marion Co Res. Trustee	80	00	—	

PAID