

**Funeral of** Miss Leola Ellis

Date of Funeral *March 17, 1944* Hour *2 P.M.* From *25th St. Baptist Church*

		CASH EXPENDITURES		
Removal From _____	<u>5</u> <u>00</u>	Door Dressing _____		
Embalming _____	<u>25</u> <u>00</u>	Palms _____		
Professional Services <u>Floral</u>	<u>15</u> <u>00</u>	Flowers _____		
Use of Chapel <u>2 - 7 passenger Cars</u>	<u>17</u> <u>00</u>	Pall Bearers _____		
Use of _____ Doz. Chairs _____ Rug _____		Funeral Notices _____		
Drapery _____ Candelabra _____				
Candles _____ Prayer Rail _____				
Crucifix _____ Bier _____				
Casket No. _____ Mfr. _____	<u>300</u> <u>00</u>			
Style _____				
Finish _____				
Interior No. _____ Color _____		Clergyman <u>Rev. J. B. Carter</u>		
		Sexton _____		
Outside Case _____		Organist _____ Soloist _____		
Mountings _____		Church Charges _____		
Vault Style _____		New Grave <u>Floral Park</u> Opening _____	<u>48</u> <u>00</u>	
Delivery To <u>Home</u>	<u>5</u> <u>00</u>	Grass & Device _____ Tent _____		
Burial Garment _____	<u>19</u> <u>00</u>	Vault Charges _____		
Slippers _____ Hosiery _____		Crematory Charges _____		
Slumber Blanket _____		Gratuities _____		
Gloves _____		Telephone _____ Telegrams _____		
Cremation Urn _____		Transportation _____		
Acknowledgement Cards _____		Casket Coach _____		
		Limousines _____ Flower Cars _____		
		Transcript of Death _____		
		Total Cash Expenditures	<u>48</u> <u>00</u>	
		Total Services & Merchandise	<u>386</u> <u>00</u>	
Total of Services & Merchandise	<u>386</u> <u>00</u>	Total Amount of Invoice	<u>434</u> <u>00</u>	

Deceased Miss Leola Ellis  
 Date of Death 3/14/44 4:45 A.M.  
 Place of Death Residence  
 Last Place of Residence 2706 Shriver ave  
 Birth Place Indianapolis, Ind.  
 Date of Birth January 4, 1924  
 Age 20 Years 2 Months 10 Days \_\_\_\_\_ Hours \_\_\_\_\_  
 Sex Female Color or Race Colored  
 Single ☒ Married \_\_\_\_\_  
 Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
 Length of Residence U. S. Life  
 State Life City Life  
 Usual Occupation Typist  
 Industry or Business Marion County Welfare  
 Husband's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Wife's Maiden Name \_\_\_\_\_ Age \_\_\_\_\_  
 Father's Name Leon Ellis  
 Birth Place Alabama  
 Mother's Maiden Name Lucy Bailey  
 Birth Place Tennessee  
 Social Security No. \_\_\_\_\_  
 If Veteran, what War \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Physician Lucas Jr. Address \_\_\_\_\_  
 Informant Mrs. Lucy Beeler  
 Address 2102 Shriver ave moved  
 Date of Interment 3-17-44  
 Cemetery Floral Park  
 Location Section K7  
Row 6. Lot 10.  
 Lot or Grave No. 33.

statement sent 10/31/44

Charged to Mrs. Bishop Bailey paid her part  
 Ordered By \_\_\_\_\_  
 Address 2706 Shriver ave  
 Charged To Mrs. Lucy Beeler  
 Address 2102 Shriver ave moved  
 Invoice Date \_\_\_\_\_  
 Estate Atty. This acct is paid in full by mrs  
 Address Bailey. money paid by mrs Beeler  
is to be turned over to mrs. Bailey

# CUSTOMER'S PAYMENT RECORD

434.00

DATE			AMOUNT PAID		BALANCE DUE	
3-15-44		By Cash	48.00		386.00	
3-28-44		Metropolitan Ins Check	105.10		280.90	
3-28-44		National Ins Check	202.50		78.40	
4-11-44		Mrs. Lucy Beeler	15.00		63.40	
5-9-44		Mrs. B. Bailey	20.00		43.40	
5-24-44		Mrs. Lucy Beeler	10.00		33.40	
7-24-44		Mrs. Lucy Beeler	15.00		18.40	
11-15-44		" " "	5.00		13.40	
1-12-45		" " "	13.00		"	

**PAID**