

Account No. 1105Funeral of Little Eubanks Forest,Date of Funeral 2/18/41 Where From W. Side Chapel Hour 2 P M.

Removing Remains <input checked="" type="checkbox"/>	55 00	CASH EXPENDITURES			
Embalming <input checked="" type="checkbox"/> Fluid Used		Door Dressing			
Laying Out Shaving Dressing		Use of Palms			
Reposing Couch Candelabra Candles		Flowers			
Dozen Chairs		2 Insurance papers		1	50
Casket Bier or Pedestals		Porters		Gloves	
Casket No. <input checked="" type="checkbox"/> Size		Funeral Notices			
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	Wood Haven		12 00
Burial Vault Style		New Grave		Opening Grave	
Box or Vault Delivered to <input checked="" type="checkbox"/>		Location of Grave			
Cremation Urn		Sec. 6			
Burial Garment					
Foot Wear Hosiery		Grave or Lot No.	561-6		
Slumber Blanket		Use of Lowering Device			
Professional Service		Forevergreen Grass		Tent	
Use of Chapel		Receiving Vault Charges			
Background Drapery		Crematory Charges			
Use of Rugs		Auto Hearse		Funeral Cars	
1-7 pass. Car		Telegrams		Telephone Charges	13 50
Total amt. mdr & services	55 00	Transportation Expenses			55 00
		Transcript of Death		Total amt. Invoice	68 50

30

Residence 843 W. 9th St.
 If Non Resident
 Give City, Town & State _____
 Years _____ Months _____ Days _____
 Hospital or Institution _____
 Give Name of Hospital City Hospital
 Sex M. Color or negro Single ☐ Married ☐
 Race negro Widowed ☐ Divorced ☐
 Wife, Husband of _____
 Age of Husband, Wife if Alive _____
 Age 3 Years 1937 Months _____ Days _____
 Usual Occupation _____
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 City Indpls State Ind. Country _____
 Birth Place _____
 Mother's Maiden Name Myrene Branham
 City Indpls State Ind. Country _____
 Mother's Birthplace _____
 Informant Myrene Eubanks } Relation if Any Mother
 Address 843 W 9th St.
 Date of Death Month 2 Day 15 Year 1941
 Physician Roger Reed C. Hospital
 Address _____
 Cause of Death Status lymphaticus
 Clergyman Rev. J. A. Moore
Echell Anesthesia Hernia operation

Ordered by Mrs. Myrene Eubanks
 Address Mrs. Kate Dungan
 Charged to 843 W. 9th St.
 When rendered mailed

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

68 50

1941				
Feb. 26	cr. by Dms. ck.	39.25		
Mar 1	.. m check	29.25		
		<u>68 50</u>		

PAID