

Account No. 1106Funeral of Mrs. Everhart Susie,Date of Funeral 2/18/41 Where From W. Side Chapel Hour 2 P M.

		CASH EXPENDITURES	
Removing Remains	5 00		
Embalming	20 00	Door Dressing	
Laying Out		Use of Palms	
Reposing Couch		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters	Gloves
Casket No. <u>Hearse</u> Size <u>167.00</u>	167 00	Funeral Notices	
	12 00		
Metal Inner Casket		Clergymen	
Bronze		Church Charges	Sexton
Copper		Quartette or Soloist	Organist
Zinc		Honorary Pallbearers	
Casket Interior			
Material			
Color			
Name Plate			
Engraved			
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany			
Metal Inner Box			
Metal Corners			
Handles			
Plate			
Burial Vault		Cemetery Charges <u>New Crown</u>	20 00
Style			
Box or Vault Delivered to	10 00	New Grave	Opening Grave
Cremation Urn		Location of Grave	
Burial Garment	19 00		
Foot Wear		<u>Sec. 15</u>	
Hosiery		<u>Row 15</u>	
Slumber Blanket			
Professional Service		Grave or Lot No. <u>12,031</u>	
Use of Chapel		Use of Lowering Device	
Background Drapery		Forevergreen Grass	Tent
Use of Rugs		Receiving Vault Charges	
<u>3 Cars</u>	24 00	Crematory Charges	
		Auto Hearse	Funeral Cars
		Telegrams	Telephone Charges
			20 00
<u>Artalant. Mdse & Services</u>	257 00	Transportation Expenses	257 00
		Transcript of Death	<u>Total amt. of Invoice</u> 277 00

not at address

Residence 1307 Lafayette St
If Non Resident
Give City, Town & State _____ Years _____ Months _____ Days _____
Hospital or Institution _____
Give Name of Hospital City Hospital
Sex 4 Color or Race negro Single ☐ Married ☒
Widowed ☐ Divorced ☒
Wife, Husband of _____
Age of Husband, Wife if Alive _____
Age _____ Years _____ Months _____ Days _____
Usual Occupation WPA
Industry or Business _____
Social Security No. _____
If U. S. War Veteran Specify War _____
Birth Place Paducah, Ky State Ky Country _____
Mother's Maiden Name Charlotte Andrews City _____ State Ky Country _____
Mother's Birthplace _____
Informant Jas. W. Everhart } Relation if Any Bro.
Address 210 1/2 W. N. Y. St
Date of Death Month 2 Day 16 Year 41
Physician _____
Address _____
Cause of Death Hypertensive Cardio Vascular Disease
Clergyman Rev. C. H. Bell

Ordered by Mr. Jas. W. Everhart
Address 210 1/2 W. N. Y. St.
Charged to _____
When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

277 00

1941					
Feb. 17	cr. by Cash	200.00			
Mar. 6	" " "	77.00			
			277	00	

PAID