

Account No. 1241Funeral of Mrs. Fitts AdellDate of Funeral 9/27/41 Where From W. Side Chapel Hour 1 P M.

		CASH EXPENDITURES	
Removing Remains	<u>3 00</u>		
Embalming _____ Fluid Used _____	<u>15 00</u>	Door Dressing _____	
Laying Out _____ Shaving _____ Dressing _____		Use of Palms _____	
Reposing Couch _____ Candelabra _____ Candles _____		Flowers _____	
Dozen Chairs _____			
Casket Bier or Pedestals _____		Porters _____ Gloves _____	
Casket No. _____ Size _____	<u>109 00</u>	Funeral Notices _____	
<u>Hearse</u>	<u>10 00</u>		
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 _____			
Burial Vault _____ Style _____		Cemetery Charges <u>New Crown</u> <u>2000</u>	
Box or Vault Delivered to _____		New Grave <input checked="" type="checkbox"/> Opening Grave _____	
Cremation Urn _____		Location of Grave <div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <u>Sec. 15</u> <u>Row 4</u> </div> </div>	
Burial Garment _____	<u>12 00</u>	Grave or Lot No. <u>12.395</u>	
Foot Wear _____ Hosiery _____		Use of Lowering Device _____	
Slumber Blanket _____		Forevergreen Grass _____ Tent _____	
Professional Service _____		Receiving Vault Charges _____	
Use of Chapel _____		Crematory Charges _____	
Background Drapery _____		Auto Hearse _____ Funeral Cars _____	
Use of Rugs _____		Telegrams _____ Telephone Charges <u>20 00</u>	
<u>1 Car</u>	<u>8 00</u>	Transportation Expenses <u>157 00</u>	
<u>Total amt. > mdr. & services</u>	<u>157 00</u>	Transcript of Death <u>Total amt. Invoice</u> <u>177 00</u>	

Residence 2519 Burton ave
If Non Resident
Give City, Town & State
Years Months Days
Hospital or Institution
Give Name of Hospital
Sex 4 Color or Race negro Single ☐ Married ☒
Widowed ☐ Divorced ☐
Wife, Husband of 41 yrs.
Age of Husband, Wife if Alive 2 Warner Fitts ↑
Age 45 Years Months 7 Days 20
Usual Occupation housewife
Industry or Business

Social Security No.
If U. S. War Veteran Specify War
City State Country
Birth Place Gen.
Mother's Maiden Name Adelaide Malone
City State Country
Mother's Birthplace
Informant Warner Fitts Relation if Any Husband
Address 2519 Burton ave
Month Day Year
Date of Death 9 23 41 7:00 am
Physician Dr. H. L. Hummons
Address 729 1/2 N. West St.
Cause of Death Mitral Insufficiency,
Clergyman like of Compensation

Ordered by Mr. Warner Fitts
Address 2519 Burton ave
Charged to
When rendered

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

177 00

1941		Cr.		
Sept. 26		By Cash <u>Mr. Fitts</u>	3.00	
" "		" <u>Mr. W. Fitts</u>	98.00	
Oct 11		" " "	2.50	
1942		Cr.		
Jan. 17		<u>Mr. W. Fitts</u>	1.00	
July 11		" "	2.00	
July 18		" "	2.00	
" 24		" "	2.00	
" 31		" "	2.00	
Aug 10		" "	2.00	
" 21		" "	2.00	
Oct 10		" "	2.00	
Oct 17		" "	2.50	
10 28		" "	2.00	
11 3		" "	2.00	
11 23		" "	2.50	
12 1		" "	2.00	
1-6-51		Total & date paid	47.50	

bal 68.50

54.50

47 50