202

Account No. 1834

Funeral of Mr. James E. Foston

Date of Funeral August 9th 1943 **Hour** 10 A.M. **From**

Removal From	3	00	**CASH EXPENDITURES**	
Embalming	15	00	Door Dressing	
Professional Services 1 Car	5	00	Palms	
Use of Chapel Hearse	10	00	Flowers	
Use of ____ Doz. Chairs ____ Rug				
Drapery ____ Candelabra				
Candles ____ Prayer Rail			____ Pall Bearers	
Crucifix ____ Bier			Funeral Notices	
Casket No. ____ Mfr.	42	00		
Style				
Finish				
Interior No. ____ Color			Clergyman	
			Sexton	
Outside Case			Organist ____ Soloist	
Mountings			Church Charges	
Vault Style			New Grave New Crown ~~Opening~~	25 00
Delivery To			Grass & Device ____ Tent	
Burial Garment			Vault Charges	
Slippers ____ Hosiery			Crematory Charges	
Slumber Blanket			Gratuities	
Gloves				
Cremation Urn			Telephone ____ Telegrams	
			Transportation	
Acknowledgement Cards			Casket Coach	
			____ Limousines ____ Flower Cars	
			Transcript of Death	
			Total Cash Expenditures	25 00
			Total Services & Merchandise	75 00
Total of Services & Merchandise	75	00	Total Amount of Invoice	100 00

Filed 8/23/43

Deceased Mr. James E. Foston
Date of Death August 4th 1943
Place of Death City Hospital
Last Place of Residence 807 Pacca

Birth Place Mississippi
Date of Birth January 25th 1870
Age 73 Years 6 Months 19 Days ____ Hours ____
Sex Male Color or Race Negro
Single ____ Married ____
Widowed ✓ Divorced ____
Length of Residence U. S. Life
State 13 years City 13 years
Usual Occupation Laborer
Industry or Business ____
Husband's Name ____ Age ____
Wife's Maiden Name ____ Age ____
Father's Name Unknown
Birth Place "
Mother's Maiden Name Agnes Holms
Birth Place Mississippi
Social Security No. ____
If Veteran, what War ____
Cause of Death ____
Physician ____ Address ____
Informant Mrs. Edna Jenix
Address ~~807 Pacca St.~~ Moved - left no address
Date of Interment 8-9-43
Cemetery New Crown
Location Section 16
Row 5
~~Lot or~~ Grave No. 13.422

Ordered By ____
Address ____
Charged To Marion County Welfare
Address ____
Invoice Date ____
Estate Atty. ____
Address ____

CUSTOMER'S PAYMENT RECORD

100.00

DATE			AMOUNT PAID		BALANCE DUE	
11-16-	43	Welfare Check	100.	00	—	

PAID