

Account No. 1596

Funeral of Mr. Fox Ambrose

Date of Funeral 11-16-42 Where From W. Side Chapel Hour 10:00 a. M.

		CASH EXPENDITURES	
Removing Remains	3 00	Door Dressing	
Embalming Fluid Used	15 00	Use of Palms	
Laying Out Shaving Dressing		Flowers "Family"	3 00
Reposing Couch Candelabra Candles		Porters Gloves	
Dozen Chairs		Funeral Notices	
Casket Bier or Pedestals		Clergymen	
Casket No. Size	26 50	Church Charges Sexton	
Hearse	12 00	Quartette or Soloist Organist	
Metal Inner Casket Bronze Copper Zinc		Honorary Pallbearers	
Casket Interior Material Color		Cemetery Charges New Crown	25 00
Name Plate Engraved		New Grave Opening Grave	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00	Location of Grave	
Metal Inner Box		Sec. 16	
Metal Corners Handles Plate		Rm 6	
Burial Vault Style		Grave or Lot No. 13.032	
Box or Vault Delivered to		Use of Lowering Device	
Cremation Urn		Forevergreen Grass Tent	
Burial Garment		Receiving Vault Charges	
Foot Wear Hosiery		Crematory Charges	
Slumber Blanket		Auto Hearse Funeral Cars	
Professional Service		Telegrams Telephone Charges	
Use of Chapel		Transportation Expenses	25 00
Background Drapery		Transcript of Death	75 00
Use of Rugs	1 car		100 00
	8 50		
	75 00		

330

*removed, left
no address*

Residence <u>912 Muskingum - St.</u> If Non Resident Give City, Town & State _____ Hospital or Institution _____ Give Name of Hospital _____ Sex <u>male</u> Color or Race <u>negro</u> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Wife, Husband of <u>Mrs. Emma Fox</u> Age of Husband, Wife if Alive Age <u>80</u> Years <u>1862</u> Months <u>8</u> Days <u>11</u> Usual Occupation <u>Retired</u> Industry or Business _____ Social Security No. _____ If U. S. War Veteran Specify War _____ Birth Place <u>Woodford Co. Ky.</u> Mother's Maiden Name <u>Artemis</u> Mother's Birthplace <u>Unknown</u> Informant <u>Mrs. Emma Fox</u> Relation if Any <u>wife</u> Address <u>912 Muskingum St.</u> Date of Death Month <u>11</u> Day <u>13</u> Year <u>42</u> <u>11:am</u> Physician _____ Address <u>City Hospital</u> Cause of Death <u>Arteriosclerosis, Heart Disease</u> Clergyman <u>Elder Robin</u>		Ordered by <u>Mrs. Emma Fox</u> Address <u>912 Muskingum St.</u> Charged to <u>Marion Co. Bd</u> When rendered <u>Filed 11-18-42</u> RECEIVED ON ACCOUNT TO TOTAL FUNERAL CHARGES <u>100.00</u> <table border="1"> <tr> <td><u>1942</u></td> <td><u>Ev.</u></td> <td></td> <td></td> </tr> <tr> <td><u>1-7-43</u></td> <td><u>Welfare</u></td> <td><u>\$100.00</u></td> <td></td> </tr> </table>		<u>1942</u>	<u>Ev.</u>			<u>1-7-43</u>	<u>Welfare</u>	<u>\$100.00</u>	
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		<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">PAID</div>									