

Account No. 1576

Funeral of Mrs Narcissus J. J. J.

Date of Funeral 10/12/42 Hour 2 PM From Westside Chapel

| | | | | | |
|--|--|--------|------------------------------------|--|--------|
| Removal From _____ | | 5 00 | CASH EXPENDITURES | | |
| Embalming _____ | | 25 60 | Door Dressing _____ | | |
| Professional Services _____ | | | Palms _____ | | |
| Use of Chapel _____ | | | Flowers _____ | | |
| Use of _____ Doz. Chairs _____ Rug _____ | | | | | |
| Drapery _____ Candelabra _____ | | | Pall Bearers _____ | | |
| Candles _____ Prayer Rail _____ | | | Funeral Notices _____ | | |
| Crucifix _____ Bier _____ | | | | | |
| Casket No. _____ Mfr. _____ | | 175 00 | | | |
| Style _____ | | | | | |
| Finish _____ | | | | | |
| Interior No. _____ Color _____ | | | Clergyman _____ | | |
| | | | Sexton _____ | | |
| Outside Case _____ | | | Organist _____ Soloist _____ | | |
| Mountings _____ | | | Church Charges _____ | | |
| Vault Style _____ | | | New Grave <u>Initial Opening</u> | | 33 00 |
| Delivery To <u>2 cws</u> | | 17 00 | Grass & Device _____ Tent _____ | | |
| <u>Hewae</u> | | 15 00 | | | |
| Burial Garment _____ | | 19 00 | Vault Charges _____ | | 15 00 |
| 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 | | 48 00 |
| | | | Total Services & Merchandise | | 256 00 |
| Total of Services & Merchandise | | | Total Amount of Invoice | | 304 00 |

Deceased Mrs. Narcissus Inye

Date of Death 10/1/42

Place of Death 538 Agnes St.

Last Place of Residence 538 Agnes St.

Birth Place Virginia

Date of Birth 5/12/1900

Age 42 Years 4 Months 25 Days _____ Hours

Sex Female Color or Race col

Single _____ Married Mar

Widowed _____ Divorced _____

Length of Residence U.S. 19 yrs.

State Ind. City Indpls.

Usual Occupation Housewife

Industry or Business _____

Husband's Name Lonnie Inye Age 56

Wife's Maiden Name _____ Age _____

Father's Name Joshua Carter

Birth Place Va.

Mother's Maiden Name Lou Fannie Pounds

Birth Place Va

Social Security No. _____

If Veteran, what War _____

Cause of Death _____

Physician L.R. Young Sr. Address _____

Informant Lonnie Inye

Address 538 Agnes St

Date of Interment 10/12/42

Cemetery Floral Park

Location Sec. K7 Lot 9

Row 4

Lot or Grave No. 23.

Ordered By Lonnie Inye

Address 538 Agnes St. moul

Charged To left no address

Address _____

Invoice Date _____

Estate Atty. _____

Address _____

CUSTOMER'S PAYMENT RECORD

| DATE | AMOUNT PAID | BALANCE DUE |
|---------------|-------------|-------------|
| 10/19/42 | 304.00 | 0 |
| PAID 10/19/42 | | |