168

Account No. 2437

Funeral of Mrs. Eliza Gaines

Date of Funeral July 10, 1945 Hour 1 Pm From Antioch Baptist Church

Removal From	5	00
Embalming	25	00
Professional Services Hearse	15	00
Use of Chapel 2-7 passanger Cars	17	00
Use of ____ Doz. Chairs ____ Rug		
Drapery ____ Candelabra		
Candles ____ Prayer Rail		
Crucifix ____ Bier		
Casket No. ____ Mfr.	275	00
Style		
Finish		
Interior No. ____ Color		
Outside Case		
Mountings		
Vault Style		
Delivery To		
Burial Garment		
Slippers ____ Hosiery		
Slumber Blanket		
Gloves		
Cremation Urn		
Acknowledgement Cards		
Total of Services & Merchandise	337.	00

CASH EXPENDITURES

Door Dressing		
Palms		
Flowers		
Pall Bearers		
Funeral Notices		
Clergyman		
Sexton		
Organist ____ Soloist		
Church Charges		
New Grave Crown Hill Opening	73	00
Grass & Device ____ Tent		
Vault Charges		
Crematory Charges		
Gratuities		
Telephone ____ Telegrams		
Transportation		
Casket Coach		
Limousines ____ Flower Cars		
Transcript of Death On Engkin's Gray		50
Total Cash Expenditures	73	50
Total Services & Merchandise	337	00
Total Amount of Invoice	410	50

Deceased Mrs. Eliza Daines
Date of Death July 7, 1945
Place of Death Residence
Last Place of Residence 1210½ N. Missouri St.

Birth Place Patoka, Ind
Date of Birth April 29, 1872
Age 73 Years 2 Months 8 Days ____ Hours ____
Sex Female Color or Race Colored
Single ____ Married ____
Widowed ✓ Divorced ____
Length of Residence U. S. Life
State ____ City 15 years
Usual Occupation Domestics
Industry or Business ____
Husband's Name ____ Age ____
Wife's Maiden Name ____ Age ____
Father's Name Attaway Frey
Birth Place Unknown "
Mother's Maiden Name "
Birth Place "
Social Security No. ____
If Veteran, what War ____
Cause of Death ____
Physician L. A. Lewis Address 601 Ind. ave
Informant Mrs. Nellie Daines
Address 1210½ N. Missouri St.
Date of Interment July 10, 1945
Cemetery Crown Hill
Location Sec 99

Lot or Grave No. 1932

Ordered By ____
Address ____
Charged To Deceased Mrs. Nellie Daines
Address 1210½ N. Missouri St.
Invoice Date ____
Estate Atty. ____
Address ____

CUSTOMER'S PAYMENT RECORD

$10.50

DATE		AMOUNT PAID	BALANCE DUE
7-31-45	By Cash	$10.50	—
	PAID		