

Account No. 1210Funeral of Mr. Galloway CharlesDate of Funeral 8/11/41 Where From West Side Chapel Hour 9 A. M.

		CASH EXPENDITURES	
Removing Remains	3 00		
Embalming	15 00	Door Dressing	
Laying Out		Use of Palms	
Reposing Couch		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters	Gloves
Casket No.	34 00	Funeral Notices	
Size	10 00		
Hearse			
Metal Inner Casket		Clergymen	
Bronze		Church Charges	Sexton
Copper		Quartette or Soloist	Organist
Zinc		Honorary Pallbearers	
Casket Interior			
Material			
Color			
Name Plate			
Engraved			
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00		
Metal Inner Box			
Metal Corners		Cemetery Charges	Word Haven 18 00
Handles		New Grave	Opening Grave
Plate		Location of Grave	
Burial Vault			
Style			
Box or Vault Delivered to			
Cremation Urn			
Burial Garment			
Foot Wear			
Hosiery			
Slumber Blanket			
Professional Service		Grave or Lot No.	
Use of Chapel		Use of Lowering Device	
Background Drapery		Forevergreen Grass	Tent
Use of Rugs		Receiving Vault Charges	
1 Car	5 00	Crematory Charges	
		Auto Hearse	Funeral Cars
		Telegrams	Telephone Charges 18 00
		Transportation Expenses	77 00
		Transcript of Death	Total amt. Invoice 95 00
Total amt. mde. & service	77 00		



95-  
23  
72

4/11/42  
Welfare

Residence <u>1332 N. mo. st.</u>		Ordered by <u>Mr. Elias Halloray &amp; Bro.</u>	
If Non Resident		Address <u>2441 John R. (Rear)</u>	
Give City, Town & State		Charged to <u>281 Federal St.</u>	
Hospital or Institution		When rendered <u>Detroit, Mich.</u>	
Give Name of Hospital <u>City Hospital</u>		<u>721 Vane St - Toledo, Ohio</u>	
Sex <u>M</u>	Color or Race <u>negro</u>	RECEIVED ON ACCOUNT	
Single <input checked="" type="checkbox"/>	Married <input type="checkbox"/>	TO TOTAL FUNERAL CHARGES <u>95.00</u>	
Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>		
Wife, Husband of			
Age of Husband, Wife if Alive			
Age <u>72</u> Years <u>1868</u> Months <u>9</u> Days <u>24</u>			
Usual Occupation <u>Retired</u>			
Industry or Business			
Social Security No.			
If U. S. War Veteran Specify War			
Birth Place <u>Warren Co. Ohio</u>	City <u>Warren</u> State <u>Ohio</u> Country <u>Ohio</u>		
Mother's Maiden Name <u>Morning Curl</u>	City <u>Md.</u> State <u>Md.</u> Country <u>Md.</u>		
Mother's Birthplace			
Informant <u>Bro.</u>	Relation if Any		
Address			
Date of Death	Month <u>8</u> Day <u>6</u> Year <u>41</u>		
Physician <u>Leo Kirk</u>			
Address <u>City Hospital</u>			
Cause of Death <u>Prostate hypertrophy &amp; etc</u>			
Clergyman <u>Rev. Jacob</u>			

1941		Cr.		
Dec. 17		Mrs. F. Stewart	3.50	
1942				
Jan. 3		Mrs. F. Stewart	3.50	
Mar. 2		" " "	10.00	
Apr. 2		" " "	10.00	
May 2		" " "	10.00	
June 2		" " "	9.00	
July 2		" " "	9.00	
Aug. 3		" " "	11.00	
Sept 2		" " "	10.00	
Oct 3		" " "	9.00	
1/4/43		" " "	7.00	6.50
2-1-44			6.50	
Paid in full				

Bal.  
3.50