

Account No. 1242Funeral of Mrs. Gannon MaryDate of Funeral 9/30/41 Where From W. Side Chapel Hour 2:30 P M.

		CASH EXPENDITURES	
Removing Remains <input checked="" type="checkbox"/>	5 00		
Embalming <input checked="" type="checkbox"/> Fluid Used	15 00	Door Dressing	
Laying Out Shaving Dressing		Use of Palms	
Reposing Couch Candelabra Candles		Flowers	
Dozen Chairs			
Casket Bier or Pedestals		Porters Gloves	
Casket No. Size	43 00	Funeral Notices	
Hearse	12 00		
Metal Inner Casket Bronze Copper Zinc		Clergymen	
Casket Interior Material Color		Church Charges Sexton	
Name Plate Engraved		Quartette or Soloist Organist	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany	10 00	Honorary Pallbearers	
Metal Inner Box			
Metal Corners Handles Plate		Cemetery Charges <u>New Crown</u>	20 00
Burial Vault Style		New Grave <input checked="" type="checkbox"/> Opening Grave	
Box or Vault Delivered to		Location of Grave	
Cremation Urn		<u>Sec. 15</u>	
Burial Garment		<u>Row 4</u>	
Foot Wear Hosiery		Grave or Lot No. <u>12.397</u>	
Slumber Blanket		Use of Lowering Device	
Professional Service <input checked="" type="checkbox"/>		Forevergreen Grass Tent	
Use of Chapel		Receiving Vault Charges	
Background Drapery		Crematory Charges	
Use of Rugs <u>1 Car</u>	8	Auto Hearse Funeral Cars	
		Telegrams Telephone Charges	20 00
<u>Total amt. mdr. + services</u>	<u>87 00</u>	Transportation Expenses	33 00
		Transcript of Death <u>Total amt. Invoice</u>	<u>120 00</u>

168
Residence Rt. 1 Box 156 Bridgeport Rd.
If Non Resident
Give City, Town & State

Hospital or Institution _____
Years _____ Months _____ Days _____

Give Name of Hospital _____

Sex 4 Color or Race negro Single ☐ Married ☒
Widowed ☐ Divorced ☐

Wife, Husband of Mr. Leonard Harmon

Age of Husband, Wife if Alive 36 yrs

Age 38 Years _____ Months _____ Days _____

Usual Occupation Housewife

Industry or Business _____

Social Security No. _____

If U. S. War Veteran Specify War _____
City _____ State Miss. Country _____

Birth Place _____

Mother's Maiden Name Unknown
City _____ State Miss. Country _____

Mother's Birthplace _____

Informant Mr. Leonard Harmon Relation if Any Husband

Address Rt. 1 Box 156 Bridgeport Rd.

Date of Death 9 Month 24 Day 41 Year 11:00 am

Physician Dr. L. Lee Andrews

Address Clermont Ind.

Cause of Death Myocardial infarction, Cardio

Clergyman vascular syphilis

Ordered by Mr. Leonard Harmon

Address Rt. 1 Box 156 Bridgeport Rd.

Charged to _____

When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES 113.00

Date	By	Amount
1941	Dr.	
Sept 29	By Geo. L. Helms	20.00
" 29	" L. Harmon	43.00
11/25/41	WAYNE TOWNSHIP	50.00

PAID