

Account No. 1261Funeral of Mrs. Gayhart Bettie,Date of Funeral 10/23/41 Where From W. Side Chapel Hour 2 P M.

Removing Remains	3 00	CASH EXPENDITURES			
Embalming _____ 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 _____	136 00	Funeral Notices			
<i>Hearse</i>	10 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	8 00	Honorary Pallbearers			
Metal Inner Box					
Metal Corners _____ Handles _____ Plate _____					
Burial Vault _____ Style _____		Cemetery Charges <i>New Crown</i>		20 00	
Box or Vault Delivered to		New Grave _____ Opening Grave _____			
Cremation Urn		Location of Grave			
Burial Garment					
Foot Wear _____ Hosiery _____		<i>Sec. 15</i>			
Slumber Blanket		<i>Rm 4</i>			
Professional Service		Grave or Lot No. <i>12.433</i>			
Use of Chapel		Use of Lowering Device			
Background Drapery		Forevergreen Grass _____ Tent _____			
Use of Rugs		Receiving Vault Charges			
<i>1 Car</i>	5 00	Crematory Charges			
		Auto Hearse _____ Funeral Cars _____			
		Telegrams _____ Telephone Charges _____		20 00	
<i>Total amt. incl. service</i>	177 00	Transportation Expenses		177 00	
		Transcript of Death <i>Total amt. Service</i>		197 00	

187

Residence 620 W. Mich. St.
 If Non Resident
 Give City, Town & State _____
 Years _____ Months _____ Days _____
 Hospital or Institution _____
 Give Name of Hospital _____
 Sex 4 Color or Race negro Single ☐ Married ☒
 Widowed ☐ Divorced ☐
 Wife, Husband of Mr. H. H. Gayhart
 Age of Husband, Wife if Alive 54 yrs.
 Age 56 Years 1885 Months 2 Days 127
 Usual Occupation Housewife
 Industry or Business _____
 Social Security No. _____
 If U. S. War Veteran Specify War _____
 City _____ State _____ Country _____
 Birth Place _____
 Mother's Maiden Name Lucy Owens
 City _____ State _____ Country _____
 Mother's Birthplace _____
 Informant H. H. Gayhart Relation if Any Husband
 Address 620 W. Mich. St.
 Month _____ Day _____ Year 1945
 Date of Death 10 20 45
 Physician Dr. J. H. Ward
 Address _____
 Cause of Death Chr. myocarditis, adenotons
 Clergyman Rev. Hal T. Wright

Ordered by Mr. H. H. Gayhart
 Address 620 W. Mich. St.
 Charged to _____
 When rendered _____

RECEIVED ON ACCOUNT

TO TOTAL FUNERAL CHARGES

197 00

1941	Oct 25	Ev.	Mr. Gayhart	100.00
Nov 19	"	"	"	25.00
1942	2/16/42	Ev.	"	35.00
Apr. 16	"	"	"	23.65
June 15	"	"	"	13.35

197 00

PAID