

Account No. 1653Funeral of Guben GibsonDate of Funeral 1-26-43 Where From W.S. Chapel Hour 1 P M.

		CASH EXPENDITURES	
Removing Remains	5 00	Door Dressing	
Embalming	10 10	Use of Palms	
Laying Out		Flowers	
Shaving			
Dressing			
Reposing Couch		Porters	
Candelabra		Gloves	
Candles		Funeral Notices	
Dozen Chairs			
Casket Bier or Pedestals		Clergymen	
Casket No.		Church Charges	
Size		Sexton	
Metal Inner Casket		Quartette or Soloist	
Bronze		Organist	
Copper		Honorary Pallbearers	
Zinc			
Casket Interior			
Material		Cemetery Charges	25 00
Color		New Grave	
Name Plate		Opening Grave	
Engraved		Location of Grave	
Outside Case, Pine, Chestnut, Oak, Cypress, Mahogany		See 15-	
Metal Inner Box		Row 1	
Metal Corners	35 00	Grave or Lot No. 13, 137	
Handles		Use of Lowering Device	
Plate		Forevergreen Grass	
Burial Vault		Tent	
Style		Receiving Vault Charges	
Box or Vault Delivered to		Crematory Charges	
Cremation Urn	10 00	Auto Hearse	
Burial Garment	5 00	Funeral Cars	
Foot Wear		Telegrams	
Hosiery		Telephone Charges	
Slumber Blanket		Transportation Expenses	25 00
Professional Service		Transcript of Death	75 00
Use of Chapel			100 00
Background Drapery			
Use of Rugs			
	75 00		

SEE ~~ROLL ON 125th~~ *more* 43

Residence <u>1214 N. West St.</u>		Ordered by <u>Mrs. Susan Ann Debor</u>	
If Non Resident		Address <u>1214 N. West St.</u>	
Give City, Town & State		Charged to <u>Mane Co. & Pub. Welfare</u>	
Hospital or Institution		When rendered <u>Dec. 1/29/43</u>	
Give Name of Hospital		RECEIVED ON ACCOUNT	
Sex <u>male</u> Color or Race _____ Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
Wife, Husband or <u>Susan Ann</u>		TO TOTAL FUNERAL CHARGES <u>100 00</u>	
Age of Husband, Wife if Alive			
Age <u>80</u> Years <u>8</u> Months <u>22</u> Days <u>(5/2/1860)</u>		4/10/43	
Usual Occupation <u>Retired</u>		Mane Co. Aud. <u>100.00</u>	
Industry or Business		<u>paid</u>	
Social Security No. _____			
If U. S. War Veteran Specify War _____			
Birth Place _____ City _____ State _____ Country _____			
Mother's Maiden Name _____			
Mother's Birthplace _____ City _____ State _____ Country _____			
Informant _____		Relation if Any	
Address _____			
Date of Death _____ Month _____ Day _____ Year _____			
Physician <u>Corona</u>			
Address _____			
Cause of Death _____			
Clergyman <u>P. J. Jacobs</u>			