

7-7-1929

Memoranda Book 056: Carey Hand Funeral Home records, July 7, 1929 to September 19, 1929

Carey Hand Funeral Home

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5323

July 1929

Carey Hand Funeral Home

Name of deceased John A. Corbin
 Date of Death July 7 1929 11:25 P M
 Cause of death Cerebral Hemorrhage
 Place of Death Res. M
 Residence Goldenrod Road
 Age 76 Y'rs 2 Mo's 18 Days
 Weight 160 Height, 5 ft. 9 in. Eyes
 Funeral at Chapel Res
 Date Fri 7-12- 1929 2 P M
 Account charged Mrs John A. Corbin
 Address Maitland Route #1 Box 30-13
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Guy Box 125.00
 Casket with Copper Lin. ☒
 Style of Casket Oct. 3-P.T
 No. of Casket 8170 - Tampa
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Short Sft Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery ☒
 Section 3-Day Rest Lot 6.00
 I Other Graves ☐
 X Grave on this date ☐
 Cremation Cremation 50.00
 Single Grave Copper urn 10.00
 Opening and Closing Grave ☒
 Body Shipped to Englewood 1853
 R. R. Ticket Num + date 1929 5.00
 Cash advanced Car num
 Telegram Exp. order
 Minister Minister Day 10.00
 Casket Wagon 121 Exp.
 Physician Dr. Mallory
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 245.00

Body cremated \$256.00
 Sat July-13-29
 will call for ashes

5324

Carry Hand Funeral Home

Name of deceased *Lafayette A. Saunders*

Date of Death *July 8* 192 *9* *A* M

Cause of death *Acute Nephritis*

Place of Death *Fla Sant* M

Residence *1413 Brook Haven Drive*

Age *74* Y'rs *5* Mo's *14* Days

Weight *145* Height, *5* ft. *6* in. Eyes

Funeral at *Chapel*

Date *July 10* 192 *9* *10:30* AM

Account charged *Mrs L. A. Saunders*

Address *1413 Brook Haven Drive*

Account guaranteed *Estate*

Address *1413 Brook Haven Dr*

Embalming *+ Dressing* 35 00

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket *6-3- Silverette* 375 00

Casket with Copper Lin. *Inner*

Style of Casket *State H. cap*

No. of Casket *1291-* *5- at*

Outside Box ✓

Shipping Case or Vault *air Seal* 140 00

Handles *Ext -*

Pillow Set *yes*

Name Plate *Name + Date*

Cemetery *Greenwood*

Section *m* Lot *36*

Head of Grave *Nath* E

I Other Graves

X Grave on this date

Cremation *Burial Lot* 250 00

Single Grave

Opening and Closing Grave *etc* 10 00

Body Shipped to *(2) Cleveland* 10 00

R. R. Ticket *Car Minister* 5 00

Cash advanced *car P. B* 5 00

Telegram

Minister *Rev Fessen* 5 00

Casket Wagon *(1)*

Physician *Dr. Anderson*

County or City Burial

Automobiles *5 + 5-* 15 00

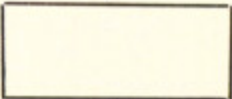
Baggage or Express Train No. 850 00

F + A. W. Service

at grave

5325

Carey Hand Funeral Home

Name of deceased Baty - Johnson
 Date of Death July 8 192 9 M
 Cause of death still Born
 Place of Death Res. M
 Residence Lee Road. Deland.
 Age ✓ Y's ✓ Mo's 1 Days
 Weight ✓ Height, ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date July 9 192 9 4 M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose ✓
 Casket 2-6-47
 Casket with Copper Lin. ✓
 Style of Casket 382 Wm
 No. of Casket ✓
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation Single
 Single Grave _____
 Opening and Closing Grave ✓
 Body Shipped to Proph
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr - Gardner
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

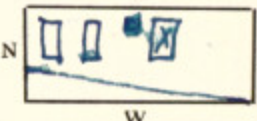
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14 50

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5326

Carry Hand Funeral Home

Name of deceased Margaret. A. White
 Date of Death July 8 192 9 7 P. M
 Cause of death Caplin. Sclerosis
 Place of Death Res. M
 Residence Albando. Route 19
 Age 5-3 Y'rs 7 Mo's 11 Days
 Weight 145 Height, 5 ft. 2 in. Eyes
 Funeral at Residence
 Date July 10 192 9 2 P. M
 Account charged A. B. Zimmerman.
 Address Albando. Route 19
 Account guaranteed A B Zimmerman
 Address Albando Rt- 19 -
 Embalming & Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- buy cup. 115 00
 Casket with Copper Lin. ☒
 Style of Casket Oct 3-P.T.
 No. of Casket 8170 Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short 5 ft 5 in
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood.
 Section J- Lot 118
Lemons Lot E
 I Other Graves
 X Grave on this date

 Cremation
 Single Grave
 Opening and Closing Grave etc 10 00
 Body Shipped to closed car 5 00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev. Christolm.
 Casket Wagon 2 tips 5 00
 Physician Dr. Tolson.
 County or City Burial
 Automobiles S + S - 15 00
 Baggage or Express Train No. 785 00
Nov 3 amb Sw 5 00
190 00

Cremation

Carey Hand Funeral Home

Embalming _____
 Robe, Suit, Dress Body arrived
 Underwear and Hose by auto
 Casket 3 P.M. July 9
 Casket with Copper Lin. 1929 From
 Style of Casket Greenman Und
 No. of Casket Co.
 Outside Box Tampa Flor
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 4-P.M. 7-9-29 -
 Name Plate will call for urn
 Cemetery _____
 Section _____ Lot _____

X Grave on this date

N

2

W

Cremation _____
Single Grave Am
Opening and Closing Grave Engraving
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister _____
Casket Wagon _____
Physician J. M. Cathcart
County or City Burial Pinola, Oh
Automobiles _____
Baggage or Express Train No. _____

50.	55
30.	00
5.	00

8500

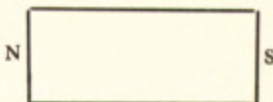
5328

Carry Hand Funeral Home

Name of deceased *Mrs Angie M. Gillis*
Date of Death *July 3* 192*9* *a* M
Cause of death *Murdered with Hammer*
Place of Death *Mohaw. Near Clearmont* M
Residence *Fla. in Lake Co.*
Age *63* Y'rs Mo's Days
Weight *140* Height, *5* ft. *6* in. Eyes
Funeral at *Greveland* -
Date 192 *9* M
Account charged *Edge Merchants Co*
Address *Greveland Fla*
Account guaranteed *Cash* -
Address
Embalming *Body was found July 3*
Robe, Suit, Dress *had been murdered*
Underwear and Hose *during the night*
Casket
Casket with Copper Lin. *Body arrived*
Style of Casket *Tuesday Night*
No. of Casket *8-PM-7-9-29*
Outside Box *by auto from*
Shipping Case or Vault *Greveland*
Handles
Pillow Set *Body Cremated*
Name Plate *Wed July 10-29*
Cemetery *at Mr.*
Section Lot

I Other Graves

X Grave on this date



Cremation *No casket used*
Single Grave
Opening and Closing Grave *Will Call*
Body Shipped to *for ashes*
R. R. Ticket
Cash advanced
Telegram
Minister
Casket Wagon
Physician
County or City Burial
Automobiles
Baggage or Express Train No.

50 00

50 00

5329

Carry Hand Funeral Home

Name of deceased *Dr. S. F. Roberts*
 Date of Death *Wed 7-10 1929* P. M.
 Cause of death *Apoplexy*
 Place of Death *Astor Hotel* M
 Residence *Osborne* about 2 mo
 Age *about 60* Yrs Mo's Days
 Weight *135* Height, *5* ft. *6* in. Eyes
 Funeral at *Grave*
 Date *Sun - 7-14-29* 192 *10. A* M
 Account charged *County*
 Address
 Account guaranteed
 Address
 Embalming *+ Dressing*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *5-8- Coffin*
 Casket with Copper Lin.
 Style of Casket *Coffin*
 No. of Casket
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Shut*
 Pillow Set
 Name Plate
 Cemetery *Jewish*
 Section Lot E
 I Other Graves
 X Grave on this date *N* *Had no money at all* *S*
 Cremation *Made inter* \$ *25.00*
 Single Grave *coast*
 Opening and Closing Grave
 Body Shipped to *Paid by the*
 R. R. Ticket *Jew Fund*
 Cash advanced
 Telegram
 Minister *Rabi*
 Casket Wagon
 Physician *Dr. Christ* *25.00*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

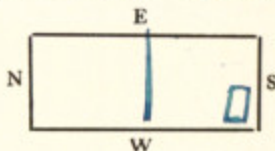
was found dead in Astor Hotel about 3 P.M. had been dead 3 or 4 hrs - said to be a Dr. M.D. had no money and several times lay in the street

5330

Carey Hand Funeral Home

1864-1898-2

Name of deceased Robert Thompson Jr
 Date of Death July-10-1929 8:30 P M
 Cause of death _____
 Place of Death Res -
 Residence Lake Knowles Terrace Winter Park M
 Age 65 Y'rs 11 Mo's 8 Days _____
 Weight 200 Height, 5 ft. 8 in. Eyes _____
 Funeral at Chapel -
 Date Sun July-14 1929 - 2 P M
 Account charged Mrs Robt Thompson
 Address Winter Park Lake Knowles Terrace
 Account guaranteed Estate & Insurance
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-5. Bld C 250 00
 Casket with Copper Lin. ☒
 Style of Casket R-C State
 No. of Casket 8170-1
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes
 Name Plate 7' + a in
 Cemetery Winter Park
 Section 51- Lot B
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave Del Box 10 00
 Body Shipped to _____
 R. R. Ticket Car Minister 5 00
 Cash advanced _____
 Telegram _____
 Minister Rev Fredwell
 Casket Wagon 1-trip 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S - 15 00
 Baggage or Express Train No. _____
7 + a in Sun at grave
320 00



Died Very Sudden

5331

Carey Hand Funeral Home

Name of deceased Burton M. Alleman
 Date of Death July 12 1929 12:45 a M
 Cause of death Angina Pectoris
 Place of Death Res M
 Residence 12 S. Thornton
 Age 47 Y'rs 5 Mo's 6 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date July 1929 M
 Account charged Mrs B. M. Alleman
 Address 12 S. Thornton St City
 Account guaranteed Estate
 Address _____
 Embalming + Dursing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6 Metal Pearl Trim 650.00
 Casket with Copper Lin. Inner
 Style of Casket State N.C. & T.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext. A Sil-Tin
 Pillow Set yes
 Name Plate ☒
 Cemetery Destination
 Section _____ Lot _____
Bury at Littlestown Pa.
 I Other Graves _____
 X Grave on this date _____
 Cremation Exceeds weight 5.27
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Baltimore
 R. R. Ticket + Pullman me 216.72
 Cash advanced _____
 Telegram _____
 Minister Destination
 Casket Wagon (2) Trip 10.00
 Physician Dr. Edwards
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 916.99
Tri July-12-29

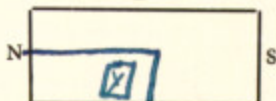
5332

Carey Hand Funeral Home

Name of deceased *Wm Fallon*
 Date of Death *Sat July 13 1929* *11 a* M
 Cause of death
 Place of Death *Tla Sant* M
 Residence *436 Nuth Sumnerin*
 Age *about 60* Y'rs Mo's Days
 Weight *140* Height, *5 ft. 7 in.* Eyes
 Funeral at *Catholic Church*
 Date *Tues July 16 1929* *9-a* M
 Account charged *Mrs Helen Henon*
 Address *436 N. Sumnerin*
 Account guaranteed *estate*
 Address
 Embalming *+ Dressing* *35⁰⁰*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Gray Plunk* *175⁰⁰*
 Casket with Copper Lin. ✓
 Style of Casket *Oct 1/2 Couch*
 No. of Casket *1922 S*
 Outside Box *R+g*
 Shipping Case or Vault ✓
 Handles *Ext - Spt Fin*
 Pillow Set *yes*
 Name Plate *crucifix*
 Cemetery *Greenwood*
 Section *P NW 1/4 Lot 27*
 E

I Other Graves

X Grave on this date



Cremation *Burial Lot* *10⁰⁰*
 Single Grave
 Opening and Closing Grave *T+S* *10⁰⁰*
 Body Shipped to *cloud car* *5⁰⁰*
 R. R. Ticket *P. B. Car* *5⁰⁰*
 Cash advanced *car minister* *5⁰⁰*
 Telegram
 Minister *Father Fox*
 Casket Wagon *1 - Linf.* *5⁰⁰*
 Physician *Dr Andrews*
 County or City Burial
 Automobiles *S & S-* *15⁰⁰*
 Baggage or Express Train No. *Floral Piece* *10⁰⁰*
275⁰⁰

5333

Carey Hand Funeral Home *Murray*

Name of deceased *Lizzie Myrtle Woodward*
 Date of Death *Sat July 13, 1920* *8:30* M
 Cause of death *Pulmonary Tuberculosis*
 Place of Death *Res* M
 Residence *Gatlin Ave* *Son of Calif*
 Age *49* Y'rs *6* Mo's *10* Days
 Weight *130* Height, *5* ft. *5* in. Eyes
 Funeral at *Chapel*

Date *1920* M
 Account charged *Chester Woodward*
 Address *Gatlin Ave* *Oaklands* *71a*
 Account guaranteed *Insurance*

Address
 Embalming *& Dressing* *35.00*

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *6-3* *Guy Doe* *125.00*

Casket with Copper Lin. ☒

Style of Casket *Oct*

No. of Casket *634 - Turner*

Outside Box *Reg*

Shipping Case or Vault ☒

Handles *Ext - Spt Turn*

Pillow Set *yes*

Name Plate *at Rest*

Cemetery *at Indianapolis Ind*

Section ☒ Lot

E

I Other Graves

X Grave on this date

N

S

W

Cremation ☒

Single Grave ☒

Opening and Closing Grave ☒

Body Shipped to *Indianapolis Ind* *74.50*

R. R. Ticket *(2) - 37.25*

Cash advanced ☒

Telegram ☒

Minister ☒

Casket Wagon *2* *hufs* *10.00*

Physician *Dr Ford*

County or City Burial ☒

Automobiles ☒

Baggage or Express Train No. *92* *244.50*

Sat July 20 - 1920

has small Policy with

Prudential *325.00*

5334

Carry Hand Funeral Home

Name of deceased Miss Conger
 Date of Death July 14 1929 4:30 M a
 Cause of death Carbon monoxide Poisoning
 Place of Death O & H M
 Residence Elva Vista
 Age 3 - Y'rs 10 Mo's 4 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at West -
 Date _____ 192 _____ M
 Account charged Geo Conger -
 Address Elva Vista
 Account guaranteed Chas & Co -
 Address People's Bldg
 Embalming no chg
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3-6 H-2-S- 1450
 Casket with Copper Lin. _____
 Style of Casket Large H M
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Small
 Pillow Set ✓
 Name Plate A D
 Cemetery Fruitland
 Section Near Crescent City E
 I Other Graves _____
 X Grave on this date _____
 Cremation Bought Case W
 Single Grave done there
 Opening and Closing Grave our work
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Osincup
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

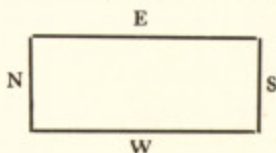
1450

5335 Carry Hand Funeral Home

Name of deceased Mrs Estella Harris
 Date of Death July 14 1929 4 P M
 Cause of death Central Hemiplegia
 Place of Death Res M
 Residence Holden ave -
 Age 57 Y'rs Mo's Days
 Weight 135 Height, 5 ft. 5 in. Eyes
 Funeral at Catholic Church
 Date Tues-July 14 1929 8-am M
 Account charged County
 Address
 Account guaranteed
 Address

Embalming No Chg -
 Robe, Suit, Dress
 Underwear and Hose
 Casket 5-9- Coffin 14 50
 Casket with Copper Lin
 Style of Casket Coffin
 No. of Casket
 Outside Box No
 Shipping Case or Vault
 Handles Bag
 Pillow Set
 Name Plate Catholic
 Cemetery County Home
 Section Lot

I Other Graves
 X Grave on this date



Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Father Fox
 Casket Wagon
 Physician Dr Gray
 County or City Burial
 Automobiles
 Baggage or Express Train No.

14 50

5336

Carey Hand Funeral Home

Name of deceased Joseph Edward Lyon Jr
 Date of Death July 11 1929 M
 Cause of death Accidentally Fell from Ship
 Place of Death Dry Dock in Navy Yard in Brooklyn
 Residence Berwyn Rd - Cnt
 Age 17 - Y'rs Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at
 Date 1929 M
 Account charged Joseph E. Lyon Sr
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket Oct - D. Payer
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Reg -
 Shipping Case or Vault
 Handles Short
 Pillow Set yes
 Name Plate Name
 Cemetery Oak Hill
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave Del Box 5 00
 Opening and Closing Grave 5 00
 Body Shipped to Car Mini
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles S & S - 15 00
 Baggage or Express Train No. 25 00
Body arrived in train
9 L by Express

5337

Carey Hand Funeral Home

Name of deceased Norbert Beaulne
 Date of Death July 16 1929 P. M.
 Cause of death apoplexy
 Place of Death Bridge St. Johns River Cherry Highway
 Residence Indian River City
 Age 46 Y'rs 6 Mo's 22 Days
 Weight 160 Height 5 ft. 7 in. Eyes
 Funeral at Catholic Church
 Date Fri July - 19 1929 9-2 M
 Account charged Mrs Ella Beaulne
 Address Indian River City
 Account guaranteed

Address
 Embalming + Dissolving 35⁰⁰
 Robe, Suit, Dress Robe 6⁰⁰
 Underwear and Hose ✓
 Casket 6-3 Guy Exp. F T 35⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket Spr F Top
 No. of Casket XX
 Outside Box rig
 Shipping Case or Vault ✓
 Handles short
 Pillow Set yes
 Name Plate crucifix
 Cemetery Greenwood
 Section Lot
E

I Other Graves

X Grave on this date

N

S

W

Cremation
 Single Grave White 5⁰⁰
 Opening and Closing Grave 10⁰⁰
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Telegram ✓
 Minister Father Foxbridge
 Casket Wagon Gmb & St Johns River 25⁰⁰
 Physician Shuff Haulle
 County or City Burial ✓
 Automobiles study 15⁰⁰
 Baggage or Express Train No. 131⁰⁰

had Stroke fell in Water
at Bridge St Johns River
Cherry Highway 100⁰⁰

5338

Carey Hand Funeral Home

Name of deceased	Hyatt V. Cherry		
Date of Death	July - 16	1929	8:30 M ^P
Cause of death	Pneumonia		
Place of Death	O. G. H.		M
Residence	Wingerners Fla		
Age	40	Y'rs	1 Mo's 3 Days
Weight	135	Height,	5 ft. 8 in. Eyes
Funeral at	Wingerners		
Date	July 18	1929	4:30 P.M
Account charged	Mrs Hyatt V. Cherry		
Address	Leesburg Fla - Box 46		
Account guaranteed	R. F. A # 2 -		
Address			
Embalming & Dressing		35	00
Robe, Suit, Dress	<input checked="" type="checkbox"/>		
Underwear and Hose	<input checked="" type="checkbox"/>		
Casket	6.3. Guy Cope	100	00
Casket with Copper Lin.	<input checked="" type="checkbox"/>		
Style of Casket	Ext of Cap.		
No. of Casket	634 - Tenn.		
Outside Box	Reg -		
Shipping Case or Vault	<input checked="" type="checkbox"/>		
Handles	Ext - Sft Tin		
Pillow Set	yes		
Name Plate	at Rest		
Cemetery	Berulah Cemetery		
Section		Lot	
		E	
I Other Graves			
X Grave on this date			
	N		S
		W	
Cremation			
Single Grave			
Opening and Closing Grave	Del Box	10	00
Body Shipped to			
R. R. Ticket	Closed Car	5	00
Cash advanced	<input checked="" type="checkbox"/>		
Telegram	<input checked="" type="checkbox"/>		
Minister	Sebastian of W. G.	5	00
Casket Wagon	1 - trip		
Physician	Dr. Edwards		
County or City Burial		20	00
Automobiles	S. & S.		
Baggage or Express Train No.		175	00

5339

Carey Hand Funeral Home

Name of deceased Wm. P. Stock
 Date of Death July 18 1929 9:30 P M
 Cause of death Endocarditis
 Place of Death City San M
 Residence 1st - 7
 Age 59 Y'rs 7 Mo's 4 Days
 Weight 170 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Fri July - 19 1929 7:30 P M
 Account charged Mrs Wm. P. Stock
 Address 1st - 7th
 Account guaranteed Moose Insurance
 Address City
 Embalming Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket No Casket used
 Casket with Copper Lin.
 Style of Casket Series 730 Fri
 No. of Casket Night July - 19 - 29
 Outside Box
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set Sun July - 21 - 29
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date N S
 W
 Cremation Cremation 50 00
 Single Grave Coffee urn 10 00
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Day, E. E. E. E. E.
 Casket Wagon (1) inf. 5 00
 Physician
 County or City Burial 100 00
 Automobiles
 Baggage or Express Train No. 1000
No Chg for Min & music
Moose in Chg of Ser

5340

Carey Hand Funeral Home

Name of deceased Mrs Ethel Bunt Morrison
 Date of Death July 15 1929 M
 Cause of death Cancer of Uterus
 Place of Death St Landudale M
 Residence St Landudale
 Age 36 Y'rs 6 Mo's 3 Days
 Weight 115 Height, 5 ft. 5 in. Eyes
 Funeral at St Landudale
 Date _____ 192____ M
 Account charged J. F. Karnath
 Address 5, D. J. St Landudale
 Account guaranteed OK -
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived by
 Casket with Copper Lin. Auto
 Style of Casket 4- A M Thus July
 No. of Casket 18- 1929
 Outside Box Body cremated
 Shipping Case or Vault 8- a m
 Handles July 18- 1929
 Pillow Set _____
 Name Plate Crem containing ashes
 Cemetery Delwood X
 Section J. F. Karnath Lot _____
 I Other Graves Funeral Society
 X Grave on this date N St Landudale
 W Fla
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____ 50.00
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
No Casket used

5341

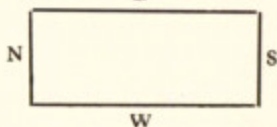
Carey Hand Funeral Home

Name of deceased Robt John Heininger
 Date of Death July 18 1929. M
 Cause of death acute Parenchymatous Nephritis
 Place of Death Res M
 Residence 1211 - E. Glen ave
 Age 28 Y'rs — Mo's 14 Days
 Weight 180 Height, 5 ft. 8 in. Eyes
 Funeral at Catholic Church
 Date Sat. July - 20 - 1929. 9-a M
 Account charged Robt L. Heininger
 Address 1211 - E. Glen ave
 Account guaranteed

Address
 Embalming Yes Swissing 35.00
 Robe, Suit, Dress Yes 1.50
 Underwear and Hose Yes
 Casket 6-3 Grey Plush 200.00
 Casket with Copper Lin.
 Style of Casket Oct - 4 Couch
 No. of Casket Belmont
 Outside Box Reg - Bellaire
 Shipping Case or Vault
 Handles Ext - Spt - Fin
 Pillow Set Yes
 Name Plate Crucifix
 Cemetery Oak Hill
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation
 Single Grave Del By Tent & etc 10.00
 Opening and Closing Grave
 Body Shipped to Cav for Minister 5.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Father Fox 5.00
 Casket Wagon (1) trip
 Physician Dr Spius
 County or City Burial
 Automobiles S & S - 15.00
 Baggage or Express Train No. 271 50

5342

Carey Hand Funeral Home

Name of deceased Mildred H. Marlowe
 Date of Death Thurs 7-18 1929 7- M P
 Cause of death Valvular Heart Disease
 Place of Death Overstreet Camp in Lake Butler
 Residence 21- S. Lake street
 Age 17 Y'rs 8 Mo's 23 Days
 Weight 95 Height, 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date Sun. July - 20 1929 330 P. M
 Account charged John H. Marlowe
 Address Colorado R.F.D. # 3- 427
 Account guaranteed Insurance Sun Set Dr
 Address
 Embalming Yussing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Grey Plush- 175. 00
 Casket with Copper Lin.
 Style of Casket Oct- 1/2 Couch-
 No. of Casket 1922- 8-
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext. Spt-Fin
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section m Lot 76
Head of Grave East E
 I Other Graves N S
 X Grave on this date
 Cremation Burial Lot 275 00
 Single Grave
 Opening and Closing Grave T & S 10 00
 Body Shipped to Car Minister 5 00
 R. R. Ticket Closed Car 5 00
 Cash advanced P. B. Car 5 00
 Telegram
 Minister Rev. Famer
 Casket Wagon 1- trip 10 00
 Physician In Chapel
 County or City Burial
 Automobiles S & S 15 00
 Baggage or Express Train No. 5 35 00

Died Sudden at Shrine
 Picnick at Overstreet Camp in Lake Butler
 had been in poor Health for long time

5343

Carey Hand Funeral Home

Name of deceased Mrs. Laura Russell Garnier
 Date of Death July 18 1929 M
 Cause of death Chloroform Inhalation Nephritis
 Place of Death Res M
 Residence Tampa Fla
 Age 88 Y's Mo's Days 50
 Weight 160 Height, 5 ft. 6 in. Eyes gray
 Funeral at Tampa
 Date July-18- 1929- M
 Account charged B. Marion Reed
 Address F.D. Tampa Fla-
 Account guaranteed _____
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Flat Top
 Casket with Copper Lin. Body covered
 Style of Casket Plain 82
 No. of Casket Free morning
 Outside Box July-19-29-
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 12-Norm
 Name Plate Free July-19-29
 Cemetery _____
 Section Hill Call for ashes
Coffin Can E
 I Other Graves N
 X Grave on this date S

W

 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon 50.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
B. Marion Reed
F.D. of Tampa in Chg

5344

Carey Hand Funeral Home

Griffin

Name of deceased *Jessie M Donald*
 Date of Death *Sat July 20* 192*9*
 Cause of death *Cerebral Hemorrhage*
 Place of Death *Res Telephone Building*
 Residence *Winter Garden*
 Age *42* Y'rs *7* Mo's *11* Days
 Weight *150* Height, *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Mon July 22* 192*9* *3-P*
 Account charged *Walter M Griffin*
 Address *Winter Garden*
 Account guaranteed *Insurance*
 Address
 Embalming *& Dressing* 35 ⁰⁰
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 1/2 Couch Stil G.P.* 185 ⁰⁰
 Casket with Copper Lin.
 Style of Casket *Oct 1/2 Couch*
 No. of Casket *1922 S-*
 Outside Box
 Shipping Case or Vault *air Seal* 150 ⁰⁰
 Handles *Ext Spt Fin*
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *S* Lot *33*
 E
 I Other Graves
 X Grave on this date
 Cremation *Burial Lot* 175 ⁰⁰
 Single Grave
 Opening and Closing Grave *T D* 10 ⁰⁰
 Body Shipped to *Car Munster* 5 ⁰⁰
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Sebastian J W. G.*
 Casket Wagon *& Res* 10 ⁰⁰
 Physician *Dr Wheeler*
 County or City Burial
 Automobiles *S & S-* 15 ⁰⁰
 Baggage or Express Train No. 585 ⁰⁰

was traffic manager of
 the telephone co at
 Winter Garden

5345

Cremation

Carry Hand Funeral Home

Name of deceased Fanny B. Anderson
 Date of Death July 19 1929 M
 Cause of death Acute Cardiac Dilatation
 Place of Death Res. M
 Residence Ft. Lauderdale
 Age 56 Y'rs 9 Mo's 1 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Ft. Lauderdale
 Date July 1929 M
 Account charged G. B. Anderson
 Address Ft. Lauderdale Fla.
 Account guaranteed Cluck.
 Address _____

Embalming _____
 Robe, Suit, Dress Cremation 50 00
 Underwear and Hose _____
 Casket urn. 35 00

Casket with Copper Lin. _____
 Style of Casket FANNY PECK ANDERSON
 No. of Casket ENGRAVED - 1892
 Outside Box Body arrived
 Shipping Case or Vault by Seaboard
 Handles Monday 6:30 P.M.
 Pillow Set July 22nd 1929
 Name Plate _____
 Cemetery Body Cremated
 Section _____

Lot Monday 7 P.M.
July 22nd
 I Other Graves _____ N _____ S
 X Grave on this date _____ W

Cremation _____
 Single Grave M. Anderson
 Opening and Closing Grave _____
 Body Shipped to 10th ashes
 R. R. Ticket With him on
 Cash advanced Tuesday
 Telegram Morning 9 A.M.
 Minister July 23rd 1929
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

8500

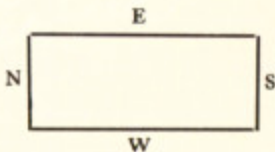
5346

Carey Hand Funeral Home

Name of deceased Adam Michalowski
Date of Death July 23 1929 4 P. M
Cause of death Peritonal peritonitis
Place of Death C. G. N. Y. M
Residence Islands Fla R.F.D. - Box 265
Age 60 Y's Mo's Days
Weight _____ Height, _____ ft. _____ in. Eyes _____
Funeral at July 24 Grave
Date July 24 1929 9:30 A M
Account charged Ceremony
Address _____
Account guaranteed _____
Address _____
Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket C-3 Coffin 14.50
Casket with Copper Lin. _____
Style of Casket Coffin
No. of Casket _____
Outside Box Reg-
Shipping Case or Vault _____
Handles Ball
Pillow Set ✓
Name Plate emerald
Cemetery Greenwood
Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
Single Grave White
Opening and Closing Grave Del Box
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister Father Murphy
Casket Wagon _____
Physician Dr. M. E. Ewan
County or City Burial _____
Automobiles 5 + 5 -
Baggage or Express Train No. _____
Family Pd. 25.00
County Pd. 14.50

5.00
10.00

10.00
39.50

5347

Carey Hand Funeral Home

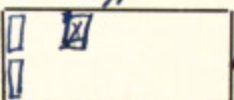
Name of deceased Mrs May A Robinson
 Date of Death July 24 1929 8-a M
 Cause of death Val Heart Disease & Senility
 Place of Death Res M
 Residence Winter Garden
 Age 81 - Y'rs 11 Mo's 26 Days
 Weight 125 Height, 5 ft. 7 in. Eyes
 Funeral at Dest
 Date 192 M
 Account charged Joe Robinson San
 Address Winter Garden
 Account guaranteed
 Address
 Embalming & Dressing 35 00
 Robe, Suit, Dress Robe 7 50
 Underwear and Hose 2 50
 Casket 6-3- Gray Cup 75. 00
 Casket with Copper Lin.
 Style of Casket Sgt. Felt Top
 No. of Casket 72
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext Ends Sft Tr
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Dest
 Section Family Lot Bought Casket
and done there
 I Other Graves ☐ N ☐ S
 X Grave on this date own Works W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Keniston Ala
 R. R. Ticket by auto
 Cash advanced
 Telegram
 Minister
 Casket Wagon & Res 10 00
 Physician Dr Wheatley
 County or City Burial
 Automobiles 13000
 Baggage or Express Train No.
Mail Statement to
Marion L Robinson
305- Jefferson ave
Pomona Calif

5348

Carry Hand Funeral Home

Vol 11, Sheet 10 - Memorials

Name of deceased Edna G. Ogren
Date of Death July 22 1929 M
Cause of death Toxemia
Place of Death Cleveland, O. M
Residence Cleveland
Age 32 Y'rs 10 Mo's 15 Days
Weight 100 Height, 5 ft. 5 in. Eyes
Funeral at Res - Gallaway Maitland
Date July 25 1929 2:30 P. M
Account charged Samuel Ogren
Address Cleveland, O.
Account guaranteed
Address
Embalming
Robe, Suit, Dress
Underwear and Hose
Casket Guy Box 3rd
Casket with Copper Lin.
Style of Casket out-
No. of Casket
Outside Box 119-
Shipping Case or Vault
Handles
Pillow Set
Name Plate
Cemetery Maitland
Section Lot

S  N
E

I Other Graves
X Grave on this date
Cremation
Single Grave
Opening and Closing Grave Del Bur 10 00
Body Shipped to
R. R. Ticket
Cash advanced
Telegram
Minister Rev. Visser 5 00
Casket Wagon 1 - inf.
Physician H. at Cleveland
County or City Burial
Automobiles 5 + 5- 15 00
Baggage or Express Train No. 30 00

Body arrived train 91 - Thurs
July - 25
Saw at Res of mother Mrs Gallaway

5349

Carry Hand Funeral Home

Name of deceased Earnest Vernon Beck
 Date of Death July 25 1929 8-P.M.
 Cause of death Enteric colitis

Place of Death Res- M
 Residence Pine Castle

Age 1 Y'rs 7 Mo's 3 Days

Weight _____ Height, _____ ft. _____ in. Eyes _____

Funeral at Pine Castle Church Atlanta ave

Date Sat. July - 27 1929 3-P.M.

Account charged J. A. Beck Father

Address Pine Castle Fla

Account guaranteed _____

Address _____

Embalming + Dressing 25.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket ☒

Casket with Copper Lin. ☒

Style of Casket 3-O-W L.S. 20.00

No. of Casket _____

Outside Box Reg-

Shipping Case or Vault ☒

Handles Small

Pillow Set ☒

Name Plate O.D.

Cemetery Greenwood

Section B N. W 1/4 Lot 76

Sandus Lot E

I Other Graves ☐

X Grave on this date ☐

Cremation _____

Single Grave _____

Opening and Closing Grave 1st Box 5.00

Body Shipped to ☒

R. R. Ticket ☒

Cash advanced ☒

Telegram ☒

Minister Rw Byrd

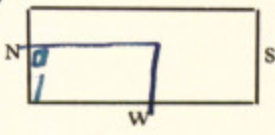
Casket Wagon No Chg

Physician Dr Beardall

County or City Burial ☒

Automobiles closed car 5.00

Baggage or Express Train No. 55.00



5350

Carey Hand Funeral Home

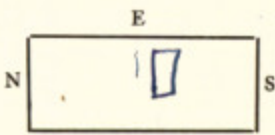
Caldwell

Name of deceased Clementine Virginia
Date of Death July 26 1929
Cause of death Heart Dilatation
Place of Death Res -
Residence Gatten Ave
Age 87 Y'rs 8 Mo's 6 Days
Weight 140 Height 5 ft. 5 in. Eyes
Funeral at Chapel
Date Sat July 27 1929 4-P. M
Account charged Duke Haullett
Address Miami Fla
Account guaranteed Insurance
Address
Embalming + Dressing
Robe, Suit, Dress
Underwear and Hose
Casket 6-3- Grey Plush
Casket with Copper Lin.
Style of Casket Oct 1/2 Couch
No. of Casket Hudson 4056
Outside Box Reg
Shipping Case or Vault
Handles Ext Spt Fin
Pillow Set yes
Name Plate
Cemetery Greenwood
Section m Lot 110

35.00

175.00

I Other Graves
X Grave on this date



Cremation Burial Lot
Single Grave
Opening and Closing Grave T. & D.
Body Shipped to Pd Minister
R. R. Ticket Car for Minister
Cash advanced Minister
Telegram
Minister John Bagley Day
Casket Wagon
Physician Dr. M. O. Quar
County or City Burial
Automobiles S & S

250.00

10.00
5.00
5.00
10.00

5.00

15.00

Baggage or Express Train No.
Family will sell
Most 1/2 of Lot

510.00

5357

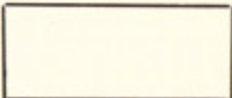
Carey Hand Funeral Home

Name of deceased *Infant of Mr & Mrs B F. Bethune*
 Date of Death *Mon July 29* 192 *9* M
 Cause of death _____
 Place of Death *Res* M
 Residence *East Robt*
 Age *#* Y'rs *#* Mo's *8* Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Grave*
 Date _____ 192 _____ M
 Account charged *B F. Bethune*
 Address *Delcande B F. S -*
 Account guaranteed *Cash -*
 Address _____
 Embalming ☒
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *2-0 H. L. S -* 5 50
 Casket with Copper Lin. ☒
 Style of Casket *sgn of m*
 No. of Casket ☒
 Outside Box *No Box used*
 Shipping Case or Vault ☒
 Handles ☒
 Pillow Set ☒
 Name Plate ☒
 Cemetery *Greenwood*
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation ☒
 Single Grave *Baby Grave* 2 50
 Opening and Closing Grave 2 00
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister ☒
 Casket Wagon *no chq*
 Physician *D. Redding*
 County or City Burial ☒
 Automobiles ☒
 Baggage or Express Train No. ☒
Ford

10 00

5352

Carey Hand Funeral Home

Name of deceased *Infant of Mrs Francis Stott*
Date of Death *July 30 1929* *9:45 P. M.*
Cause of death _____
Place of Death *Res* *M*
Residence *Jellwood*
Age *Yrs* *Mo's* *6* Days
Weight _____ Height, _____ ft. _____ in. Eyes _____
Funeral at *Res* _____
Date *Wed-July 31 - 1929* *P. M.*
Account charged *Francis Stott*
Address *Jellwood*
Account guaranteed *Let -*
Address _____
Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *2-0-H-L-S-* *12 50*
Casket with Copper Lin. _____
Style of Casket *Spr*
No. of Casket *✓*
Outside Box *Reg -*
Shipping Case or Vault _____
Handles *small -*
Pillow Set *✓*
Name Plate *A. D.*
Cemetery *Apoka*
Section _____ Lot _____
E
I Other Graves _____
X Grave on this date _____
N  S
W
Cremation *Spr flower* *2 50*
Single Grave _____
Opening and Closing Grave _____
Body Shipped to *Bought Casket*
R. R. Ticket _____
Cash advanced *Don thru our*
Telegram _____
Minister *work have Permit*
Casket Wagon *for same*
Physician *Dr Canoll*
County or City Burial _____ *15 00*
Automobiles _____
Baggage or Express Train No. _____

5354

Carey Hand Funeral Home

Name of deceased *Mrs Grace M Price*
 Date of Death *July 27 1929* M
 Cause of death *Cardiac Failure*
 Place of Death *Alabam Miami Fla* M
 Residence *Alabam Fla*
 Age *41* Y'rs ☒ Mo's *1* Days
 Weight *85* Height, *5* ft. *10* in. Eyes *Blue*
 Funeral at *Miami*
 Date *1929* M
 Account charged *H. L. Philbrick F. D.*
 Address *Miami Fla*
 Account guaranteed *Let*
 Address
 Embalming *Body arrived S. A. L.*
 Robe, Suit, Dress *by Ex. pr. Tuesday*
 Underwear and Hose *July 30 - 29 6:30 PM*
 Casket
 Casket with Copper Lin. *Body cremated*
 Style of Casket *9-a M July 31-*
 No. of Casket
 Outside Box *ashes returned*
 Shipping Case or Vault *to*
 Handles *H. L. Philbrick F. D.*
 Pillow Set *Miami Fla*
 Name Plate *Thurs - Aug - 1 - 1929*
 Cemetery
 Section *und coffin can* Lot
 E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

50 00

50 00

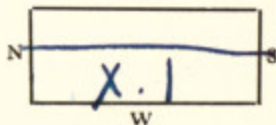
Aug 1 - 1929

Carey Hand Funeral Home

Name of deceased Chas T. Nason
 Date of Death Aug-1- 1929 8:10 M a
 Cause of death apoplexy
 Place of Death Res M
 Residence Cheney Highway Orlando R.T. # 4
 Age 77 Y's 4 Mo's 15 Days
 Weight 155 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sat Aug 3 1929 4 P M
 Account charged Roger S Nason
 Address Lake Wales Fla
 Account guaranteed Estate
 Address
 Embalming + Dressing
 Robe, Suit, Dress Guy Suit
 Underwear and Hose
 Casket 6-3 Guy Plush
 Casket with Copper Lin. ☒
 Style of Casket Ext 1/2 Couch S
 No. of Casket 1922
 Outside Box Rtg
 Shipping Case or Vault ☒
 Handles Ext Spt-Twin
 Pillow Set yes
 Name Plate ☒
 Cemetery Greenwood
 Section J W 1/2 Lot 204
 E

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave Tt set -Body Shipped to Car for Minister

R. R. Ticket

Cash advanced MusicTelegram Cash to MinisterMinister Rw GreenCasket Wagon 1-TripPhysician Dr Redding

County or City Burial

Automobiles S & S-

Baggage or Express Train No.

35.00

2.50

185.00

10.00

5.00

10.00

5.00

5.00

15.00

272.50

5356

Carey Hand Funeral Home

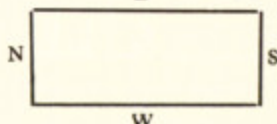
Colard

Name of deceased Frank McKinney
 Date of Death Aug-1- 1929 1¹⁵ M
 Cause of death Myocardial Infarction
 Place of Death O. G. W. M
 Residence Graveland
 Age 30 Y's Mo's Days
 Weight 150 Height, 5 ft. 7 in. Eyes
 Funeral at Graveland
 Date Thurs - Aug-1- 1929 5 P M
 Account charged J. Ray Arnold
 Address Graveland Tenn
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 5-9 Coffin
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot
 E

I Other Graves

X Grave on this date



Cremation
 Single Grave Colard
 Opening and Closing Grave
 Body Shipped to Colard man Employed
 R. R. Ticket by the J. Ray Arnold
 Cash advanced Lumber Co
 Telegram Graveland
 Minister Got his leg hurt in Saw mill
 Casket Wagon Leg amputated
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

13 50

5 00
6 50

25 00

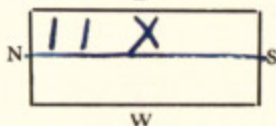
5357

Carey Hand Funeral Home

Name of deceased *Mrs. Jennie Pinehart*
 Date of Death *Aug-1-* 192*9* *1.45* M *P*
 Cause of death *Cerebral Hemorrhage*
 Place of Death *Res* M
 Residence *513 - East Hillcrest*
 Age Y's Mo's Days
 Weight *145* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Sat- Aug-3-* 192*9* - *2.30 P.* M
 Account charged *Jos J. Gannon*
 Address *St Clair Mich*
 Account guaranteed *W. Emin Draft*
 Address
 Embalming *+ Dressing*
 Robe, Suit, Dress *White*
 Underwear and Hose
 Casket *6-3- Guy. Cup.*
 Casket with Copper Lin.
 Style of Casket *Spr. @ T. Guy Cup*
 No. of Casket *22*
 Outside Box *N-19-*
 Shipping Case or Vault
 Handles *Short Spt for*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *B E 1/2* Lot *34*

I Other Graves

X Grave on this date



Cremation

Single Grave *Paid for music*Opening and Closing Grave *T & S*

Body Shipped to

R. R. Ticket *one closed car*Cash advanced *car for mi*Telegram *120 + 52*Minister *Rev. Farn*Casket Wagon *1 - trip.*Physician *Dr. 8 miles*

County or City Burial

Automobiles *S & S*

Baggage or Express Train No.

35 00
 16 00
 2 00
 100 00

5 00
 10 00

5 00
 5 00

5 00

15 00

200 00

Mr Jos J. Gannon

St Clair Mich

paid 200.00

174
for telegram

5358

Carry Hand Funeral Home

Name of deceased *Mrs Emma B Dunlap*
 Date of Death *Aug 1- 1929* *10:30* *M P*
 Cause of death *Cerebral Hemorrhage*
 Place of Death *Fla Sant* *M*
 Residence *Chicago Ills*
 Age *82* Y'rs *1* Mo's *21* Days
 Weight *120* Height, *5* ft. *6* in. Eyes
 Funeral at *Dest*
 Date *1929* *M*
 Account charged *Mrs Francis Rice Smith*
 Address *Fla Sant City*
 Account guaranteed
 Address
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3- Grey Plush* *185.00*
 Casket with Copper Lin. ✓
 Style of Casket *Ext 1/2 Couch*
 No. of Casket *1922 S.*
 Outside Box *Reg -*
 Shipping Case or Vault ✓
 Handles *Ext Spt - rrr*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Chicago*
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Chicago Ills*
 R. R. Ticket _____
 Cash advanced *Express 43.52* *87.04*
 Telegram *1-* *.72*
 Minister _____
 Casket Wagon *2-lup* *10.00*
 Physician *Dr Christ*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *86* *317.76*
Sat Aug 3-29

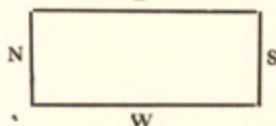
5359

Carey Hand Funeral Home

Name of deceased Mrs Susie M Turner
 Date of Death Aug 3 1929 4 A M
 Cause of death apoplexy
 Place of Death Res M
 Residence 527 Lexington St
 Age 75 Y'rs 2 Mo's 6 Days
 Weight 125 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sun Aug 4 1929 4-P M
 Account charged Mrs Mabel Canigan
 Address 527 Lexington St.
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 1/2 Couch 175.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2 Couch
 No. of Casket 1922-5
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext Spt Fin
 Pillow Set yes
 Name Plate ✓
 Cemetery West
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation Musie 10.00
 Single Grave Cash & Minister 5.00
 Opening and Closing Grave
 Body Shipped to Townsend Mass
 R. R. Ticket
 Cash advanced Express 102.78
 Telegram 1- 72-72 1.44
 Minister Rev Rice
 Casket Wagon 2 wps 10.00
 Physician Dr Redding
 County or City Burial
 Automobiles

Baggage or Express Train No. 82

Sun Night Aug-4-29

Pa & E G Wilson F.D. at

Townsend Mass.

\$339.22

39.00
378.22

5360

Carey Hand Funeral Home

Name of deceased *Herbert Fletcher*
 Date of Death *aug 2* 192*9* M
 Cause of death *Exhaustive Psychosis*
 Place of Death *State Hospital* M
 Residence *Tampa Fla*
 Age *30* Y'rs *11* Mo's *20* Days
 Weight *140* Height, *6* ft. *0* in. Eyes *Gray*
 Funeral at *in Parlor 7th Room*
 Date *Sun Aug - 4 -* 192*9* *230 P.* M
 Account charged *Mrs Matilda Fletcher*
 Address *Tampa Fla 919 Coral st*
 Account guaranteed *OK -*

Address _____
 Embalming *Cremation* 50 ⁰⁰
 Robe, Suit, Dress *Pillow of Tears* 10 ⁰⁰
 Underwear and Hose _____

Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *Body arrived from*
 Outside Box *Chattahoochee State*
 Shipping Case or Vault *A C L Train*
 Handles *85- 4-P.M.*
 Pillow Set *Sat - aug - 3 - 29 -*
 Name Plate _____
 Cemetery *Body cremated Monday*
 Section *9-A.M - aug* Lot *5-29*
 E

I Other Graves

X Grave on this date

N

S

W

Cremation *Coffin Can*
 Single Grave *Ashes Expressed*
 Opening and Closing Grave *K*
 Body Shipped to *Mrs Matilda Fletcher*
 R. R. Ticket *919 Coral st*
 Cash advanced *Tampa Fla -*
 Telegram *Tues Aug - 6 - 29 -*
 Minister *Max Reeves of Tampa*
 Casket Wagon *read from the Bible*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

60 ⁰⁰

use in State Hospital only
2 or 3 days -

5361

Carey Hand Funeral Home

Name of deceased *Miss Flora Schwanitz*
 Date of Death *Sat - aug 3, 1929* M
 Cause of death *Railway Strains*
 Place of Death *Neely Hospital* M
 Residence *E. Rob Ave*
 Age *49* Y's *7* Mo's *7* Days
 Weight *165* Height, *5* ft. *6* in. Eyes *Blue*
 Funeral at *Chapel*
 Date *Wed - aug - 7, 1929* *4 P.* M
 Account charged *Mrs. Henryetta M. Schwanitz*
 Address *East Rob Ave City*
 Account guaranteed *Estate*
 Address
 Embalming *+ Dressing* 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *No Casket used*
 Casket with Copper Lin. *Service Charge* 50 00
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles *Body cremated*
 Pillow Set *Wed - Aug - 7 - 5-PM*
 Name Plate
 Cemetery *Will call for ashes*
 Section Lot
 E
 I Other Graves
 X Grave on this date N S
 W
 Cremation *Cremation* 50 00
 Single Grave *Coffin can* 10 00
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket *Cash & Stolly* 10 00
 Cash advanced
 Telegram *Stolly* C S Reader
 Minister *Stolly* C S Reader
 Casket Wagon 5 00
 Physician *Dr. Bullock* 750 00
 County or City Burial
 Automobiles
 Baggage or Express Train No. 160 00

5392 Carey Hand Funeral Home

Name of deceased *Mrs Davis Anna Hodges*
 Date of Death *Aug 5 - 1929* 12 35 M P
 Cause of death *Cerebral apoplexy*
 Place of Death *Hwy Sant* M
 Residence *Baynton Fla* 13 M - Jn P. Brnks
 Age *66* Y'rs Mo's Days
 Weight *160* Height, *5* ft. *6* in. Eyes
 Funeral at *Sest*

Date *1929* M

Account charged *Mr Barney Hodges*

Address *Baynton Fla*

Account guaranteed *Cash + Bk*

Address

Embalming *+ Dressing* 35 00

Robe, Suit, Dress

Underwear and Hose

Casket *6-7- G. Bnd C* 250 00

Casket with Copper Lin.

Style of Casket *Slip lid*

No. of Casket *800 Chalt*

Outside Box *Reg*

Shipping Case or Vault

Handles *Ext 0 Set Fin*

Pillow Set *yes*

Name Plate *Mother*

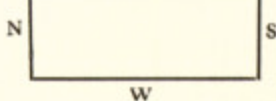
Cemetery *at Baynton*

Section Lot

E

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to *Baynton Fla*

R. R. Ticket *By auto*

Cash advanced

Telegram

Minister

Casket Wagon *(1)* 5 05

Physician *Dr Neely*

County or City Burial

Automobiles *Stacy & Baynton* 60 00

Baggage or Express Train No.

Pay made by 350 00

5363

Carey Hand Funeral Home

Name of deceased John Wm Kitchen
 Date of Death Aug- 1929 M
 Cause of death apoplexy
 Place of Death St Petersburg M
 Residence St Petersburg
 Age 77 Y'rs 10 Mo's 1 Days
 Weight 190 Height 6 ft. 6 in. Eyes
 Funeral at St Petersburg
 Date 1929 M
 Account charged Walter H. H. H. H.
 Address F.S. St Petersburg Fla
 Account guaranteed let-
 Address
 Embalming Cremation 50 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket no Casket used
 Casket with Copper Lin.
 Style of Casket Body covered
 No. of Casket 1 auto 2-8-29
 Outside Box Mon Aug. 5-29
 Shipping Case or Vault
 Handles Body cremated
 Pillow Set 9- a' for Truss
 Name Plate Aug- 6- 29-
 Cemetery
 Section Lot
 E

I Other Graves

X Grave on this date

N

S

W

Cremation Ashes Expressed
 Single Grave to Walter H. H. H.
 Opening and Closing Grave Home
 Body Shipped to Wed Aug 7-29
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

50 00

5364

Carey Hand Funeral Home

Name of deceased *Mrs Nellie Montgomery*
 Date of Death *aug 5* 192*9* M
 Cause of death *Pelegrin -*
 Place of Death *Res* M
 Residence *Tavarese*
 Age *64* Y's *-* Mo's *-* Days *23*
 Weight *119* Height, *5* ft. *7* in. Eyes *Blue*
 Funeral at *Res-*
 Date *Mon- aug- 5-* 192*9* P M
 Account charged *J. J. Montgomery*
 Address *Tavarese*
 Account guaranteed *Ch-*
 Address _____
 Embalming *Cremation* 50 00
 Robe, Suit, Dress *Copper Lin* 10 00
 Underwear and Hose _____
 Casket *Auto Res* 35 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *Body arrived*
 Outside Box *4-P M aug- 5-29*
 Shipping Case or Vault _____
 Handles *Body cremated 5-PM*
 Pillow Set *aug-5-29-*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date *Copper* _____
 _____ N _____ S
 _____ W
 Cremation *Ashes Delivered to*
 Single Grave *Mrs J. J. Montgomery*
 Opening and Closing Grave _____
 Body Shipped to *Aug- 6-29-*
 R. R. Ticket *he took same to*
 Cash advanced *Chicago, Ia*
 Telegram *intermediate*
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$95 00

5365

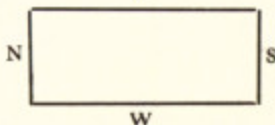
Carey Hand Funeral Home

Name of deceased James Britchfield
 Date of Death Aug 5 1929 M
 Cause of death Res
 Place of Death M
 Residence Plymouth 2-Mi-Nath
 Age 80 Y'rs 11 Mo's 22 Days
 Weight 110 Height, 5 ft. 6 in. Eyes
 Funeral at Grave
 Date Tue Aug-6- 1929 4-P. M
 Account charged Mrs Walter N. Shopke
 Address Plymouth Fla-
 Account guaranteed Estate
 Address

Embalming
 Robe, ~~Suit~~, Dress 10 00
 Underwear and Hose
 Casket 6-0- Gray exp. - 50 00
 Casket with Copper Lin.
 Style of Casket Sp. Flat 1st.
 No. of Casket 12
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext Ends Sft Fin
 Pillow Set yes
 Name Plate ☒
 Cemetery Bay Ridge
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation ☒
 Single Grave ☒
 Opening and Closing Grave ☒
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister

Casket Wagon No Chg
 Physician Carol of Apollo
 County or City Burial
 Automobiles S & S-

Baggage or Express Train No Low
No money why of Price 15 00
\$75 00

5366

Carey Hand Funeral Home

Name of deceased Frank Gibson Hawley
 Date of Death aug-6 1929 2:15 M
 Cause of death Chol Nephritis
 Place of Death Res M
 Residence 127 N. Sumner
 Age 76 Y'rs 11 Mo's 19 Days
 Weight 145 Height, 5 ft. 10 in. Eyes Blue
 Funeral at Chapel
 Date Thurs- aug 8- 1929 4P M
 Account charged Mrs G. B. Hawley
 Address 127 N. Sumner St
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket No Casket used
 Casket with Copper Lin. ☒
 Style of Casket Cremation 50.00
 No. of Casket _____
 Outside Box Copper Lin 10.00
 Shipping Case or Vault C. Wagon 5.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery ashes Buried in
 Section J- Lot 13
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Body Cremated
 Single Grave Fri aug-9-29
 Opening and Closing Grave _____
 Body Shipped to Service Org 50.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Stothy C. S. Reader
 Casket Wagon No Chg-
 Physician Dr. Esenbach 100.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
Revised conditions Family
has no Funds

5367

Carey Hand Funeral Home

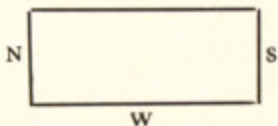
the ceremony was across St. Johns River was thrown in River & around

Name of deceased Maxwell Johnson
Date of Death Aug 5 1929 M
Cause of death accidental Drowning
Place of Death St. Johns River Near Chalubata M
Residence Orlando - 415 Sun Set Park
Age about 27 Y'rs Mo's Days
Weight 145 Height, 5 ft. 7 in. Eyes
Funeral at best

Date 1929 M
Account charged Web City Undertakings Co
Address Web City Mo
Account guaranteed Western Union Draft

Address
Embalming & care of Body 35 00
Robe, Suit, Dress ☒
Underwear and Hose ☒
Casket 6-3-5 gray cup 115 00
Casket with Copper Lin. ☒
Style of Casket Oct 3 - P. Top
No. of Casket 1402 5 - 35 00
Outside Box Lined
Shipping Case or Vault ☒
Handles Shat Sft Fir
Pillow Set
Name Plate at Rest
Cemetery best

Section _____ Lot _____
E
I Other Graves
X Grave on this date



Cremation ☒
Single Grave ☒
Opening and Closing Grave ☒
Body Shipped to Web City Mo
R. R. Ticket
Cash advanced Express 4322
Telegram 324 572 - 127 - 72
Minister C. H. To Ex ofu
Casket Wagon To Chalubata
Physician Sheriff of Seminole Co
County or City Burial

Automobiles 292 39
Express Train No. 82 2 39
Fri Night 8-9-29 \$290.00

5368

Carey Hand Funeral Home

Name of deceased Jessie Tyner
 Date of Death Aug 6 1929 9:15 P M
 Cause of death _____
 Place of Death Res. M
 Residence Kissimmee
 Age 62 Y'rs 3 Mo's 11 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Res in Kissimmee
 Date Wed Aug-7- 1929 2-P M
 Account charged Mrs Jessie Tyner
 Address Kissimmee Fla Box 53
 Account guaranteed Estate
 Address _____

Embalming + Dressing 25 00
 Robe, Suit, Dress Blue 30 00
 Underwear and Hose ✓
 Casket 6-3- Gray cup 125 00

Casket with Copper Lin. ✓
 Style of Casket Oct- 3-P. Top
 No. of Casket 1402- 5-
 Outside Box Reg-

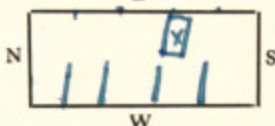
Shipping Case or Vault ✓
 Handles Shat Spt 5m

Pillow Set Yls
 Name Plate at Rest
 Cemetery Greenwood

Section A Lot 81

Joe Johns 25

I Other Graves
 X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave See 10 00
 Body Shipped to ✓
 R. R. Ticket ✓ Closed Car 5 00
 Cash advanced ✓

Telegram ✓
 Minister From Kissimmee

Casket Wagon ✓

Physician Dr

County or City Burial _____

Automobiles 5 + 5 -

Baggage or Express Train No. _____

John in Chg

15 00

\$210 00

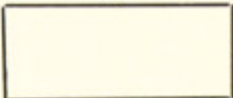
5369

Carey Hand Funeral Home

Name of deceased *Henry Hubert Pigott*
 Date of Death *aug 10* 192*7* M
 Cause of death *Cancer of Rectum*
 Place of Death *St Petersburg Fla* M
 Residence *St Petersburg*
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192*7* M
 Account charged *John S Rhoades F.D.*
 Address *St Petersburg Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 50 ⁰⁰
 Robe, Suit, Dress _____
 Underwear and Hose *Body arrived*
 Casket *by auto 5-P m*
 Casket with Copper Lin. *thurs aug*
 Style of Casket *8-1929*
 No. of Casket *cremated at 530*
 Outside Box _____
 Shipping Case or Vault *Ashes Returned*
 Handles *to John S Rhoades F.D.*
 Pillow Set *St Petersburg Fla*
 Name Plate *Sat aug-10-29*
 Cemetery *by EX*
 Section _____ Lot _____
 E
 I Other Graves _____ N S
 X Grave on this date _____
 W
 Cremation *Body had been in*
 Single Grave *Vault at*
 Opening and Closing Grave *Rhoades*
 Body Shipped to *Place in*
 R. R. Ticket *St Petersburg*
 Cash advanced *series Aug-1927*
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____ 50 ⁰⁰
 Baggage or Express Train No. _____

5370

Carey Hand Funeral Home

Name of deceased *Willie. Harris*
 Date of Death *aug 8* 192*9* *8:45* M *2*
 Cause of death *Asphyxiation from Pressure of Cord*
 Place of Death *Res.* M
 Residence *8083* *McFall St*
 Age *✓* Y'rs *✓* Mo's *✓* Days
 Weight Height, ft. in. Eyes
 Funeral at *grave*
 Date *192* M
 Account charged *City* *No Chg*
 Address *by contract*
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2-0 - H m*
 Casket with Copper Lin.
 Style of Casket *SG*
 No. of Casket
 Outside Box *✓*
 Shipping Case or Vault *✓*
 Handles *✓*
 Pillow Set *✓*
 Name Plate
 Cemetery *Greenwood*
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation
 Single Grave *stand*
 Opening and Closing Grave *No Chg*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician *Dr H m Wells*
 County or City Burial *8800*
 Automobiles
 Baggage or Express Train No.

Smith & Smart got the
Call & turned to us as City
Burial

5371

Carey Hand Funeral Home

Name of deceased *Infant of Thigpen*
 Date of Death *Sun - Aug 1924* *1-a* M
 Cause of death _____
 Place of Death *Res* M
 Residence *Acree -*
 Age *2* Y'rs *—* Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Grave*
 Date _____ 192 _____ M
 Account charged *Thigpen*
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket *2-0- H 25* *12 50*

Casket with Copper Lin. _____

Style of Casket *Sgt H. M.*

No. of Casket _____

Outside Box *Reg -*

Shipping Case or Vault _____

Handles *small*

Pillow Set _____

Name Plate _____

Cemetery *Bullock*

Section _____ Lot _____

E

I Other Graves _____

X Grave on this date _____

N

S

W

Cremation *Bought Casket*Single Grave *done there own*Opening and Closing Grave *Wak*Body Shipped to *have Permit*R. R. Ticket *for same*

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

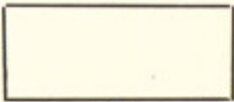
Automobiles _____

Baggage or Express Train No. _____

12 50

5372

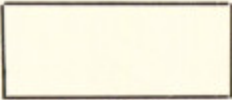
Carey Hand Funeral Home

Name of deceased *Infant of S. F. Demick*
 Date of Death *Mon Aug 12* 192*9* *14³* M *P*
 Cause of death _____
 Place of Death *Ft. Sant-* M
 Residence *Pine Castle*
 Age ☒ Y'rs ☒ Mo's ☒ Days
 Weight ☒ Height, ☒ ft. ☐ in. Eyes _____
 Funeral at *Home*
 Date *Mon Aug 12* 192*9* *4 P* M
 Account charged *S. F. Demick*
 Address *Pine Castle Fla*
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *200 - H L S* 12 00
 Casket with Copper Lin. ☒
 Style of Casket *Sgt H M*
 No. of Casket ☒
 Outside Box *Reg -*
 Shipping Case or Vault ☒
 Handles *small*
 Pillow Set ☒
 Name Plate ☒
 Cemetery *Greenwood*
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave *Baby Grave* 2 50
 Opening and Closing Grave 2 00
 Body Shipped to *grave marker* 50
 R. R. Ticket _____
 Cash advanced *auto No Chg*
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Indur-*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$17 00

5373

Carey Hand Funeral Home

Name of deceased *Rw Edw E. Coopthwaith*
 Date of Death *aug 9* 192*9* M
 Cause of death *Cholera Nephritis*
 Place of Death *St Petersburg Fla* M
 Residence *St Petersburg Fla*
 Age *83* Y'rs. *7* Mo's *28* Days
 Weight *200* Height, *6* ft. *0* in. Eyes *Gray*
 Funeral at *St Petersburg*
 Date *1929* M
 Account charged *John S Rhoades*
 Address *F. D. St Petersburg Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Flat Top Ex-Size*
 Casket with Copper Lin. _____
 Style of Casket *Body covered*
 No. of Casket *by auto 1:30 PM*
 Outside Box *men aug-12-*
 Shipping Case or Vault _____
 Handles *Body cremated*
 Pillow Set *tuesday aug 13*
 Name Plate *G. A. M.*
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation *Ashes Expressed to*
 Single Grave *John S Rhoades*
 Opening and Closing Grave _____
 Body Shipped to *F. D.*
 R. R. Ticket *St Petersburg Fla*
 Cash advanced _____
 Telegram *Wed-aug-14-1929*
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00

5374

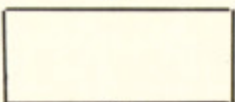
Carey Hand Funeral Home

Name of deceased Mrs. Jella Bula Moore
 Date of Death Aug 11 1929 M
 Cause of death Neurosthesia
 Place of Death Kissimmee M
 Residence Kissimmee
 Age 68 Y'rs 10 Mo's 6 Days
 Weight 85 Height, 5 ft. 4 in. Eyes blue
 Funeral at Kissimmee
 Date 1929 M
 Account charged Grissom Funeral Home
 Address Kissimmee Fla
 Account guaranteed ok
 Address
 Embalming Cremation 50 00
 Robe, Suit, Dress
 Underwear and Hose Copper Lin 10 00
 Casket
 Casket with Copper Lin. Body arrived
 Style of Casket by auto 8-a-m
 No. of Casket Thurs - aug - 13 - 29
 Outside Box Body cremated at 8:30
 Shipping Case or Vault Thurs. aug - 13 - 29
 Handles
 Pillow Set Ashes Expressed
 Name Plate Kissimmee F.H.
 Cemetery Kissimmee Fla
 Section Wed - aug - 14 - 1929 Lot E
 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial 60 00
 Automobiles
 Baggage or Express Train No.

Extra
 Kissimmee
 8 miles

5375

Carey Hand Funeral Home

Name of deceased *Dr. Rufus Robt Kime*
 Date of Death *Aug 13* 192*9* *245* M *a*
 Cause of death *Heart Failure*
 Place of Death *Res* M
 Residence *611 E. Wash st*
 Age *72* Y'rs *6* Mo's *2* Days
 Weight *135* Height, *5* ft. *9* in. Eyes *Blue*
 Funeral at
 Date *1929* M
 Account charged *Lhas D. Kime*
 Address *808 Woodward ave -*
 Account guaranteed *Insurance*
 Address
 Embalming *Care of Body* 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *No casket used*
 Casket with Copper Lin. ✓
 Style of Casket ✓ *Cremation* 50 00
 No. of Casket ✓
 Outside Box ✓ 40 00
 Shipping Case or Vault *urn* 5 00
 Handles
 Pillow Set *Casket wagon*
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation *Body Brought to F. H.*
 Single Grave *9 a.m. - Tue Aug-13-29*
 Opening and Closing Grave
 Body Shipped to *Body cremated*
 R. R. Ticket *Wed Aug-14-29 -*
 Cash advanced *11 - a.m.*
 Telegram *Will call for ashes*
 Minister
 Casket Wagon
 Physician *Dr. Childs*
 County or City Burial
 Automobiles \$130 00
 Baggage or Express Train No. 12 50
Disinfecting of Home
Body in Bad Shape Cancer of 4 250
Neck & Head -

5326

Carey Hand Funeral Home

Name of deceased Almus W. Hill
 Date of Death Wed Aug 14 1929 10 am M
 Cause of death Electrocuted accidentally
 Place of Death B.E. Co Lata Luseum M
 Residence 2038 Miller ave N. Park-
 Age 41 Y'rs 1 Mo's 0 Days
 Weight 170 Height, 5 ft. 10 in. Eyes
 Funeral at Chapel
 Date Fri Aug - 14 1929 4P M
 Account charged Mrs Almus W Hill
 Address 2038 Miller St N. Park
 Account guaranteed Insurance
 Address ✓
 Embalming + Dressing +
 Robe, Suit, Dress Wrapping for Vault
 Underwear and Hose Shirts Collar Band & H. N.
 Casket 6-3 Metal
 Casket with Copper Lin. Inner
 Style of Casket Star A Cap
 No. of Casket 1291- Wrinklett
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext - 0 Sil Tin
 Pillow Set yes
 Name Plate Name & Date 1888
 Cemetery West 1929
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N Vault S
 9
 W
 Cremation Spa of Flowers
 Single Grave Muse
 Opening and Closing Grave Rev Sultan
 Body Shipped to EATSON Penn
 R. R. Ticket (2) 4108
 Cash advanced Pullman
 Telegram _____
 Minister Dean Adeock
 Casket Wagon 2- Wg.
 Physician Dr Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00
 5.00
 375.00

5.00
 10.00
 5.00

82.16
 12.00
 4.88

10.00

Body in Vault for funeral

5377

Carey Hand Funeral Home

Name of deceased Geritdina Latour
 Date of Death aug-13 1929 M
 Cause of death Septicemia
 Place of Death Miami M
 Residence Miami Fla
 Age 43 Y'rs Mo's _____ Days _____
 Weight 260 Height, 5 ft. 8 in. Eyes _____
 Funeral at Miami
 Date _____ 192 _____ M
 Account charged H. H. Combs ca
 Address Miami Fla
 Account guaranteed ca
 Address _____
 Embalming Cremation 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3. caps & -
 Casket with Copper Lin. _____
 Style of Casket Body moved
 No. of Casket by Express Train 85
 Outside Box Thurs- aug-15-29
 Shipping Case or Vault _____
 Handles Body Cremated 8-P M
 Pillow Set Thurs aug-15-29
 Name Plate _____
 Cemetery Ashes Returned to
 Section H. H. Combs Lot F. D.
Miami Fla E
 I Other Graves _____
 X Grave on this date _____
Vault Returned
by Freight Pupaich W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket 2 4.00
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50 00

5378

Carey Hand Funeral Home

Name of deceased *Mrs. Cass Hendry*
 Date of Death *aug-17* 192*9* *P* M
 Cause of death *Chg - Bright tumor*
 Place of Death *1007 Home. Bainville Fla* M
 Residence *Orlando*
 Age *91* Y's Mo's Days
 Weight *140* Height, *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Mon aug-20* 192*9* *10 a* M
 Account charged *P. H. Laughlock*
 Address *E. Jackson*
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing* 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *5-9 gray cup* 115 00
 Casket with Copper Lin.
 Style of Casket *out-3-P.T.*
 No. of Casket *1312*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Shat Spt Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *J.O.O.F.* Lot *18*
 E

I Other Graves

X Grave on this date

N

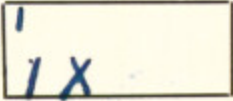
S

W

Cremation *auto - P. B.* 5 00
 Single Grave
 Opening and Closing Grave *etc* 10 00
 Body Shipped to
 R. R. Ticket *music* 10 00
 Cash advanced
 Telegram
 Minister
 Casket Wagon *to J.O.O.F. Bainville* 75 00
 Physician
 County or City Burial
 Automobiles *S & S* 15 00
 Baggage or Express Train No. 245 00
P. F. Laughlock adm't
will pay acct

5379

Carey Hand Funeral Home

Name of deceased *Wm J. Thurman*
 Date of Death *8-19* 192*9* *8:30* M *2*
 Cause of death *Angina Pectoris*
 Place of Death *Res-* M
 Residence *Altamont Springs*
 Age *72* Y's *11* M's *2* Days
 Weight *170* Height, *5* ft. *8* in. Eyes
 Funeral at *Chapel*
 Date *Thurs Aug-22-* 192*9* *10:30* M *2*
 Account charged *Mrs W. J. Thurman*
 Address *Altamont Springs*
 Account guaranteed *Estate*
 Address
 Embalming & Dressing *35.00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Gum Metal-* *400.00*
 Casket with Copper Lin. *Inner*
 Style of Casket *State B. Co.*
 No. of Casket *3246*
 Outside Box *Reg G. Metal Fin*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes buy 1854*
 Name Plate *Name - 1929*
 Cemetery *Greenwood*
 Section *2* Lot *104*
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation *Car - P. B* *5.00*
 Single Grave *Car Minister* *5.00*
 Opening and Closing Grave *T & S* *10.00*
 Body Shipped to *closed car* *5.00*
 R. R. Ticket
 Cash advanced *Minister* *5.00*
 Telegram *Music* *10.00*
 Minister *R. W. J. D. Day*
 Casket Wagon *R. Res* *5.00*
 Physician *Dr. Bank-*
 County or City Burial
 Automobiles *S & S-* *15.00*
 Baggage or Express Train No. *495.00*

Did sudden while at work in the yard

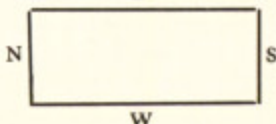
5380

Carey Hand Funeral Home

Name of deceased *Mrs. Ottilia Augusta Dillman*
 Date of Death *Aug 19* 192*9* *10 25* M *a*
 Cause of death *apoplexy*
 Place of Death *Res* M
 Residence *55- E. Amelia*
 Age *67* Y's *7* Mo's *3* Days
 Weight *135* Height, *5* ft. *6* in. Eyes
 Funeral at *Dest*
 Date *Fri 8-23-29* 192 M
 Account charged *Edward W. Yander*
 Address *500 E. Concord*
 Account guaranteed *Estate*
 Address
 Embalming *+* *Dressing* 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *4-3 S. Bld-e-* 225 00
 Casket with Copper Lin. ✓
 Style of Casket *Oct- O.T.H.*
 No. of Casket *S-1418*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext Spt Fin*
 Pillow Set *yes*
 Name Plate *Mother*
 Cemetery *Dest*
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Madison Wis*R. R. Ticket *Direct*

Cash advanced ✓

Telegram _____

Minister _____

Casket Wagon *2 Tups*Physician *Dr Ford*

County or City Burial ✓

Automobiles _____

Baggage or Express Train No. *82**Tuesday Night 8-20-29*

10 00

270 00

5381

Carey Hand Funeral Home

Name of deceased *Richard A. Durant*
 Date of Death *Aug 18* 1929 M
 Cause of death *Dysentery*
 Place of Death *Sumter S.C.* M
 Residence *Orlando - 1412 - Edwards St*
 Age *1* Y's *10* Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at *Lakeland*
 Date *Tues Aug 28* 1929 *4-P* M
 Account charged *R. A. Durant*
 Address *Orlando Fla.*
 Account guaranteed
 Address

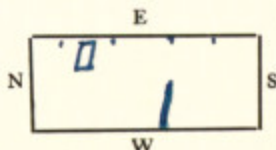
Embalming *Body died in Sumter*
 Robe, Suit, Dress *S.C. only sent a*
 Underwear and Hose *per day*

Casket
 Casket with Copper Lin. *Body arrived*
 Style of Casket *trans 85 a.c.z.*
 No. of Casket *Mon - Aug - 19 - 29*

Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *P* Lot *24*
 E

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *T & J*Body Shipped to *Carpa Min*

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon *1-trip*

Physician

County or City Burial

Automobiles *closed car*

Baggage or Express Train No.

7 50

5 00

5 00

5 00

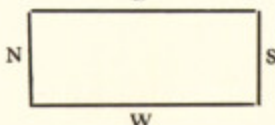
22 50

5382 Carry Hand Funeral Home

Name of deceased *Mr Natha Albert Lingson*
 Date of Death *Aug-21* 192*9* *12⁰⁰* *A M*
 Cause of death *Senility*
 Place of Death *Res- of Son -* *M*
 Residence *Apoka*
 Age *98* Y'rs *9* Mo's *5* Days
 Weight *125* Height, *5* ft. *8* in. Eyes
 Funeral at *Dest-*
 Date *Thurs-Aug-22-* 192*9* *11-A M*
 Account charged *Mrs. John L. Albritton*
 Address *Apoka Fla*
 Account guaranteed
 Address
 Embalming *& Dressing*
 Robe, Suit, Dress *buy* *17 1/2*
 Underwear and Hose
 Casket *6-3 buy Cope*
 Casket with Copper Lin.
 Style of Casket *Oct Oval Top*
 No. of Casket *630 Gen*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext Sft Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *at Lak Como*
 Section *Family Lot* Lot

35⁰⁰
 15⁰⁰
 2⁵⁰
 125⁰⁰

I Other Graves
 X Grave on this date



Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Lak Como - by auto*
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon *& Res -*
 Physician *Dr Canoll*
 County or City Burial
 Automobiles *Study & Lak Como*
 Baggage or Express Train No.

10⁰⁰

75⁰⁰

262⁵⁰
 94 2⁵⁰

Pay in Chg

\$260⁰⁰

5383

Carry Hand Funeral Home

Colad

Name of deceased Jacob Graham
 Date of Death Dec 22 1924 4 M
 Cause of death _____
 Place of Death Res M
 Residence Winter Garden
 Age 41 Y'rs 2 Mo's 17 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at same
 Date _____ 192 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Coffin
 Casket with Copper Lin. _____
 Style of Casket Coffin
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

E

I Other Graves

X Grave on this date

N

S

W

Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Com Graham of
Winter Garden called

14.50

14.50

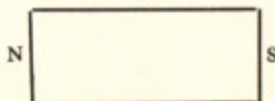
5384

Carry Hand Funeral Home

Name of deceased H. Lee Anstey
 Date of Death Aug- 15 1929 M
 Cause of death Septemia Carbuncles in Chur
 Place of Death Miami M
 Residence _____
 Age 65 Y'rs Mo's Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192 _____ M
 Account charged H. A. Combs & Co
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 50 ⁰⁰
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body unlined
 Style of Casket by Express train
 No. of Casket 89- Fri Aug 23
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 8-6 pm Sat Aug 24-
 Pillow Set _____
 Name Plate Ashes Returned to
 Cemetery H. A. Combs & Co
 Section Miami Lot _____
 E

I Other Graves

X Grave on this date



Cremation Body received in
 Single Grave Maxwell Vault
 Opening and Closing Grave _____
 Body Shipped to Vault Returned
 R. R. Ticket by Freight Prepaid
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50 ⁰⁰

5385 Carey Hand Funeral Home Coland

Name of deceased Dave Filmore
 Date of Death aug-23 1924 9—P. M
 Cause of death O. G. H.
 Place of Death _____ M
 Residence Winter Garden & Oakland
 Age 30 Y's _____ Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Coffin 14 50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg-
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 Wick _____
 Cremation Yes Butler at _____
 Single Grave Oakland in Charge
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 50

14 50

5386

Carry Hand Funeral Home

Name of deceased *Robt L. Rhodes*
 Date of Death *Aug-23* 192*9* *9:25 P* M
 Cause of death _____
 Place of Death *Res* M
 Residence *Res Grand + 17th*
 Age *64* Y'rs *8* Mo's _____ Days _____
 Weight *140* Height, *6* ft. *0* in. Eyes _____
 Funeral at *Chapel*
 Date *Sat Aug 24* 192*9* *5-P* M
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3 - Coffin*
 Casket with Copper Lin. *✓*
 Style of Casket *Coffin*
 No. of Casket _____
 Outside Box *Reg -*
 Shipping Case or Vault _____
 Handles *Bals -*
 Pillow Set *✓*
 Name Plate *Patrick*
 Cemetery *Patrick*
 Section _____ Lot _____

E

I Other Graves

X Grave on this date

N

S

Cremation *Family Very Poor*
 Single Grave *count has been*
 Opening and Closing Grave *Helping them*
 Body Shipped to *for several weeks*
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Childs*
 County or City Burial _____
 Automobiles *Study*
 Baggage or Express Train No. _____

1450

\$ 1450

Miss Jackson
County Nurse

5387

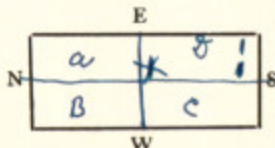
Carey Hand Funeral Home

Name of deceased Miss Florence E Ammons
 Date of Death Sat 8-24 1929 5-a M
 Cause of death _____
 Place of Death @ G. H. M
 Residence Winter Park
 Age 43 Y'rs 7 Mo's 15 Days
 Weight 125 Height 5 ft. 5 in. Eyes _____
 Funeral at Baptist Church Winter Park
 Date Sun Aug 25 1929 3-P M
 Account charged Mrs L. J. Douglass
 Address Mr B. E. Ammons
 Account guaranteed Winter Park
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress White Rob
 Underwear and Hose _____
 Casket 5-9- H. L. S.
 Casket with Copper Lin. ✓
 Style of Casket Oct 3-P. T
 No. of Casket 8170 Tampa
 Outside Box Rig-
 Shipping Case or Vault ✓
 Handles Shat White Corn
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Winter Park
 Section S- Lot _____

35.00
 2.50
 2.50
 125.00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave Del BoxBody Shipped to Car for Miami

R. R. Ticket

Cash advanced

Telegram

Minister Rev SuttonCasket Wagon 1- tripPhysician Dr. Neal

County or City Burial

Automobiles S & S-

Baggage or Express Train No.

10.00
 5.00

5.00

15.00

20 5.00

5388 Carey Hand Funeral Home

Name of deceased Henry Burney
 Date of Death aug 16 1929 M
 Cause of death _____
 Place of Death West Cen ave M
 Residence West Cen ave
 Age 43 Y'rs 4 Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at same
 Date Sat aug 24 1929 M
 Account charged City
 Address see Contract
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Coffin
 Casket with Copper Lin. _____
 Style of Casket Stone & Butler
 No. of Casket got the call
 Outside Box No Relative's Body
 Shipping Case or Vault lined mbr
 Handles to us for City Burial
 Pillow Set Sat Aug-24 1929
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

E

I Other Graves _____
 X Grave on this date _____

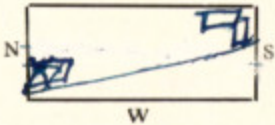
N
S
W

Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

0000

5389

Carry Hand Funeral Home

Name of deceased *Wm Arthur Hannah*
 Date of Death *Aug 25* 1929 *1115* M *2*
 Cause of death *Res*
 Place of Death *Res* M
 Residence *534 N. Summerlin*
 Age *✓* Y's *✓* Mo's *✓* Days
 Weight *✓* Height, *✓* ft. *✓* in. *✓* Eyes
 Funeral at *Grave*
 Date *Mon Aug - 26* 1929 *2-0* M
 Account charged *Nancy B Hannah*
 Address *534 N. Summerlin*
 Account guaranteed *Wm. Wm. United Market*
 Address *will pay by the Wm.*
 Embalming *Care of Body* 10 00
 Robe, Suit, Dress
 Underwear and Hose *✓*
 Casket *2-0-4 L S.* 30 00
 Casket with Copper Lin. *✓*
 Style of Casket *Oct-A T.*
 No. of Casket *203 Chatt*
 Outside Box *✓*
 Shipping Case or Vault *in Seal* 75 00
 Handles *small*
 Pillow Set *✓*
 Name Plate *QD*
 Cemetery *Greenwood*
 Section *L. E 1/2* Lot *9*
Head of Grave North
 I Other Graves
 X Grave on this date


Cremation
 Single Grave
 Opening and Closing Grave *Del V.* 6 00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Mrs W.R. Link*
 Casket Wagon
 Physician *Dr. Lawrence*
 County or City Burial *✓*
 Automobiles *Closed Car* 5 00
 Baggage or Express Train No. *126* 00

5390

Carey Hand Funeral Home

Name of deceased Mrs. Polly Ann Parker
 Date of Death Aug 26 1929 8:50 P M
 Cause of death Heart attack
 Place of Death Res M
 Residence Bithlo
 Age 43 Y'rs = Mo's 11 Days
 Weight 120 Height, 5 ft. 5 in. Eyes
 Funeral at Grave
 Date Mon Aug 27 1929 4-P M
 Account charged E. G. Stickland
 Address Bithlo Fla -
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress White 12 50
 Underwear and Hose ✓
 Casket 6-3 Cope 95 00
 Casket with Copper Lin. ✓
 Style of Casket Oct- Oval Top
 No. of Casket 630 Tenn
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Ext 5 ft 5 in
 Pillow Set yes
 Name Plate at Rest
 Cemetery Not Christmas
 Section Lot

E

I Other Graves

X Grave on this date

N

S

W

Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr Martin J. Ovide
 County or City Burial
 Automobiles S + S - & auto truck 27 50
 Baggage or Express Train No. 135 00

will pay 15.00 P. Mo

5391

Carey Hand Funeral Home

Name of deceased *Refus Johnson*
 Date of Death *Aug 22* 192*9* *2* *6-P* M
 Cause of death *Accidental Drowned*
 Place of Death *Lake near Clairconia* M
 Residence *Winter Park*
 Age *about 35* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Grave*
 Date *Aug-28-* 192*9* *a* M
 Account charged *County & a. e. L.*
 Address
 Account guaranteed
 Address
 Embalming *Can of Bod* 10 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3- Coffin* 25 00
 Casket with Copper Lin.
 Style of Casket *Slaid Coffin*
 No. of Casket
 Outside Box *Reg-*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *County Home*
 Section Lot
 E

I Other Graves

X Grave on this date

N

S

W

Cremation *No Relatives & No*Single Grave *money-*

Opening and Closing Grave

Body Shipped to *C. H. & Co.*R. R. Ticket *Y. etc*

Cash advanced

Telegram

Minister

Casket Wagon *& Clairconia*Physician *Shuf. Kaul*

County or City Burial

Automobiles

Baggage or Express Train No.

County will Pay 1450*a. e. L.* 2350*Dis. Court* 1700

10 00

25 00

10 00

10 00

55 00

and for
 7.00 for

5392 Carey Hand Funeral Home

Name of deceased *Wm R. Wilhite*
 Date of Death *Wed Aug 28* 1929. *P* M

Cause of death *Senility*
 Place of Death *Res* M

Residence *514 N. Oakland Hughes*
 Age *72* Y's *4* Mo's *10* Days

Weight *145* Height, *5* ft. *6* in. Eyes

Funeral at *Chapel*
 Date *Fri Aug 30* - 1929. *4-P* M

Account charged *Wm R. Wilhite*
 Address *John A Wilhite Son 522 N. Hughes*

Account guaranteed *Estates* *514 N. Hughes*
 Address

Embalming *+ Dressing* 35 ⁰⁰

Robe, Suit, Dress ☒
 Underwear and Hose ☒

Casket *6-3 Metal* 400 ⁰⁰

Casket with Copper Lin. *Sonner*
 Style of Casket *R. Cox State H. Cap*

No. of Casket *19* *Garden St Louis*
 Outside Box *Reg -*

Shipping Case or Vault ☒
 Handles *Ex B. Metal Tin*

Pillow Set *yes*
 Name Plate *at Rest*

Cemetery *Greenwood*
 Section *m* Lot *75*

Head of Grave East E
 I Other Graves N ☐ S

X Grave on this date

Cremation *Burial Lot* 250 ⁰⁰

Single Grave *car masonry* 5 ⁰⁰

Opening and Closing Grave *unit* 10 ⁰⁰

Body Shipped to *N. P. B. Car* 5 ⁰⁰

R. R. Ticket *P. B. Car* 5 ⁰⁰

Cash advanced *Cloud Car* 1.85

Telegram *3-* 5 ⁰⁰

Minister *Rw Chisholm* 10 ⁰⁰

Casket Wagon *1- trip* 15 ⁰⁰

Physician *Dr. Edwards* 15 ⁰⁰

County or City Burial *music* 15 ⁰⁰

Automobiles *5 & 5* 15 ⁰⁰

Baggage or Express Train No. *87* 46 ⁸⁵

John A Wilhite - Son 746 ⁸⁵

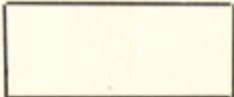
Will look after acct

5393

Carry Hand Funeral Home

Name of deceased *Mrs. Nathalia Magerham*
 Date of Death *Aug 26* 192*9* M
 Cause of death *Endocarditis* *Sindulst*
 Place of Death *Res -* M
 Residence *Key West Fla*
 Age *83* Y'rs Mo's Days
 Weight *100* Height, *5* ft. *6* in. Eyes
 Funeral at *Res -*
 Date 192 M
 Account charged *Frank Sawyer*
 Address *Key West Fla*
 Account guaranteed *Estate*
 Address
 Embalming *Cremation* 50 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body moved*
 Casket with Copper Lin.
 Style of Casket *H-P M Thurs*
 No. of Casket *Aug-29- Thurs 85*
 Outside Box *ly Bagage -*
 Shipping Case or Vault
 Handles *Body cremated at 4 30*
 Pillow Set *Thurs Aug-29-29*
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation *Ashes Delivered to*
 Single Grave *Dr. Hansen who*
 Opening and Closing Grave *Came to*
 Body Shipped to *Orlando with the*
 R. R. Ticket *Body-*
 Cash advanced
 Telegram *Ashes to be scattered in*
 Minister *the Gulf-*
 Casket Wagon
 Physician 50 00
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5394 Carry Hand Funeral Home

Name of deceased *Mrs. Nina Pratt*
 Date of Death *Aug 30* 1929 *12¹⁵* M ^a
 Cause of death *Post operation & Shock*
 Place of Death *G. S.* M
 Residence *1021 West Jackson*
 Age *36* Y'rs *10* Mo's *24* Days
 Weight *145* Height, *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Sat Aug 31* 1929 *3 P.* M
 Account charged *Chas Pratt*
 Address *1021 West Jackson*
 Account guaranteed *mtg on Profit at Ft Wayne*
 Address
 Embalming *4 Dressing*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 Sil Plush*
 Casket with Copper Lin. ☒
 Style of Casket *Ext 1/2 Couch*
 No. of Casket *1922 - 5 -*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext S/T 7 in*
 Pillow Set *just*
 Name Plate
 Cemetery *Mt Verde*
 Section _____ Lot _____
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave *Del Box* *15.00*
 Body Shipped to ☒
 R. R. Ticket ☒ *music* *5.00*
 Cash advanced ☒ *New Butler* *5.00*
 Telegram ☒ *Cafeteria* *5.00*
 Minister _____
 Casket Wagon *1 trip* *5.00*
 Physician *Dr Fred D. Edwards*
 County or City Burial _____
 Automobiles *5 + 5 -* *25.00*
 Baggage or Express Train No. _____
Amb Sevier *5.00*

288.00

5395 Carry Hand Funeral Home

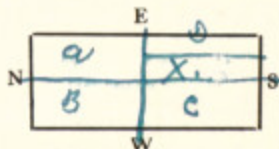
Name of deceased *Mrs Elizabeth Howard*
 Date of Death *Aug 30* 192*9* *5 15* M *a*
 Cause of death *Res*
 Place of Death *Res* M
 Residence *Winter Park*
 Age *22* Y's *5* Mo's *1* Days
 Weight *110* Height *5* ft. *5* in. Eyes
 Funeral at *Esplanade Church W. Park*
 Date *Sun Sept 1* 192*9* *5 P.* M
 Account charged *Geo Howard*
 Address *Winter Park*
 Account guaranteed *Esplanade*
 Address
 Embalming *+ Dressing*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 Guy Doe*
 Casket with Copper Lin.
 Style of Casket *Oct 3 P. T. J.*
 No. of Casket *1402-5*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext Spt Tin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Winter Park*
 Section *10* *W 1/2* Lot *D*

35 00

150 00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *Del Box*

Body Shipped to

R. R. Ticket *Car for minister*

Cash advanced

Telegram

Minister *Rev John B Day*

Casket Wagon *1 trip*

Physician *Dr Notardt*

County or City Burial

Automobiles *S & S*

Baggage or Express Train No.

10 00

5 00

2 50

5 00

15 00

222 56

5396 Carey Hand Funeral Home

Name of deceased *Mr Alexander Kendrick*
 Date of Death *Aug 30* 1929 *5:15* M *a*
 Cause of death *Chole Myocarditis*
 Place of Death *Res* M
 Residence *304 East Smith ave*
 Age *77* Yrs *—* Mo's *28* Days
 Weight *150* Height *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Sat Aug 31* 1929 *10:30* M *a*
 Account charged *Mrs Alexandria Kendrick*
 Address *304 East Smith ave*
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3 Gray Cup.* ¹²⁵
 Casket with Copper Lin.
 Style of Casket *Oct-3-P. Top*
 No. of Casket *1402-5-*
 Outside Box *Rig*
 Shipping Case or Vault
 Handles *Ext Sp. Tin*
 Pillow Set *yes*
 Name Plate *F. + A. M.*
 Cemetery *West*
 Section Lot

I Other Graves

X Grave on this date

N

E

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Sat Aug 31-29

35 00

135 00

10 00

180 00

92

5397

Carey Hand Funeral Home

Name of deceased *Mrs. Ansel H. Buncle*
 Date of Death *Aug 31* 192*9* *9:50* M
 Cause of death *Probably Blue Myocarditis*
 Place of Death *Res* M
 Residence *611- E. Concord*
 Age *64* Y'rs *11* Mo's *1* Days
 Weight *135* Height, *5* ft. *7* in. Eyes
 Funeral at *Dest*
 Date *192* M
 Account charged *Mrs. A. H. Buncle*
 Address *611- E. Concord Ave*
 Account guaranteed *Estate*
 Address
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3- Grey Doe* 145.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct- 3-P. Top*
 No. of Casket *1401- 5-*
 Outside Box *Reg-*
 Shipping Case or Vault ✓
 Handles *Ext Spt. Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Dest*
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation *Cash Advance* 50.00
 Single Grave *Grave in trunk* .50
 Opening and Closing Grave
 Body Shipped to *Kennedy N. Y.*
 R. R. Ticket *1- Return*
 Cash advanced *1- caps* 144.69
 Telegram *Pullman*
 Minister _____
 Casket Wagon *(2)* 10.00
 Physician *Dr. Mallard*
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. *92* 384.69
Monday Sept- 2- 29 385.19

5398

Carey Hand Funeral Home

Name of deceased *Miss Elizabeth Coulson Treat*
 Date of Death *Sept 2* 1929 *8:10* M P
 Cause of death *Coronary Sclerosis*
 Place of Death *Res* M
 Residence *Maitland*
 Age *67* Y's *10* Mo's *26* Days
 Weight Height, ft. in. Eyes
 Funeral at *Res in Maitland*
 Date *Wed Sept - 4* 1929 *4-P* M
 Account charged *Miss Anna B Treat*
 Address *Maitland* *Mail State*
 Account guaranteed *Winter Park Box 1085*
 Address *State*
 Embalming *+ Dressing* 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Gray B.C.* 200 00
 Casket with Copper Lin. ✓
 Style of Casket *Oct - D - 9 ft.*
 No. of Casket *1910 - Tampa*
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles *Ext Spt 4 in*
 Pillow Set *yes*
 Name Plate
 Cemetery *Cremation*
 Section *Body Cremated* Lot
8-A-M Thus Sept 5 E
 I Other Graves 1929 N S
 X Grave on this date
 Cremation *Cremation* 50 00
 Single Grave *urn* 30 00
 Opening and Closing Grave
 Body Shipped to *Name + Sub Eng*
 R. R. Ticket *1861 - 1929* 5 00
 Cash advanced *Car fare*
 Telegram
 Minister *Rev Cobb* 10 00
 Casket Wagon *2 hrs.*
 Physician
 County or City Burial
 Automobiles *5 + 5 -* 15 00
 Baggage or Express Train No. *Sept - 7 - 1929* 345 00
urn Expended to
Forest Home Cemetery
Milwaukee Wis

5399

Carey Hand Funeral Home

Coland

Name of deceased Lucy Johnson
 Date of Death Sept 4 1929 2-P M
 Cause of death acute dilatation of heart
 Place of Death Res - M
 Residence Apofka
 Age 44 Y's Mo's Days
 Weight 135 Height, 5 ft. 6 in. Eyes
 Funeral at grave
 Date Thurs - Sept. 5 1929 10 M a
 Account charged County
 Address Had insurance of 90.00
 Account guaranteed
 Address Carolina Insurance Co -

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 5-9- Coffin
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate apofka -
 Cemetery
 Section Lot
 E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave did sudden while at work at her home

Opening and Closing Grave

Body Shipped to Count work -R. R. Ticket Series at home

Cash advanced

Telegram Auto

Minister

Casket Wagon

Physician Witherby - J. P.

County or City Burial

Automobiles

Baggage or Express Train No.

Ins - 60 90.00
acet 25.00
Paid to Family 65.00

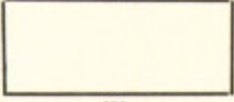
14 50

10 50

25 00

5400

Carey Hand Funeral Home

Name of deceased Mrs Alice Arnold
 Date of Death Sept-5 1929 5-a M
 Cause of death Suicide by taking Bychloride Tablets
 Place of Death O. G. St. M
 Residence 606 West Pine
 Age 47 Y'rs Mo's Days
 Weight 125 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Fri Sept-6- 1929 3 P. M
 Account charged J. S. Arnold
 Address 606 West Pine St
 Account guaranteed
 Address wil Pay 15.00 Pr mo
 Embalming Yes 35.00
 Robe, Suit, Dress Yes
 Underwear and Hose Yes
 Casket 5-9-6 50.00
 Casket with Copper Lin. Yes
 Style of Casket Sgt Flat 17.
 No. of Casket old
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Shat
 Pillow Set Yes
 Name Plate Yes
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave White 5.00
 Opening and Closing Grave 9 & 5 10.00
 Body Shipped to She took Bychloride
 R. R. Ticket Tablets
 Cash advanced Guarantee
 Telegram _____
 Minister _____
 Casket Wagon one trip 5.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____
Amk Surie 5.00

8125.00

Son
 Fred Arnold
 Ocala
 Fla

5401

Carey Hand Funeral Home

Name of deceased *Mrs Matilda S Root*
 Date of Death *Sept 5* 192*8* M
 Cause of death *Probably Stroke*
 Place of Death *Res* M
 Residence *Lake Wales Fla*
 Age *67* Y's *2* Mo's *5* Days
 Weight *125* Height *5* ft. *4* in. Eyes
 Funeral at *Lake Wales*
 Date *1928* M
 Account charged *Frank J Root*
 Address *Lake Wales Fla*
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress *Eng of Hon*
 Underwear and Hose
 Casket *Coffin Case*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box *Body arrived by*
 Shipping Case or Vault *Express*
 Handles *Tran 82*
 Pillow Set *Sat morning Sept-7-*
 Name Plate *1928*
 Cemetery *Body cremated 9. A.M.*
 Section *Sat Sept 7- Lot 1928*

E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

50.00
5.00

55.00

5402 Carey Hand Funeral Home

Name of deceased *Mr James K Mac Gill*
 Date of Death *Sept 4 1929* M
 Cause of death *Angina Pectoris*
 Place of Death *Res* M
 Residence *Palatka Fla*
 Age *80* Y's *8* Mo's *10* Days
 Weight *160* Height *5* ft. *7* in. Eyes *Blue*
 Funeral at *Palatka*
 Date *1929* M
 Account charged *Ronald F. Mac Gill*
 Address *Palatka Fla*
 Account guaranteed *Cash*
 Address
 Embalming *Cremation* *50 00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body moved by*
 Casket with Copper Lin.
 Style of Casket *Express Train*
 No. of Casket *83 - Sat - Sept 7-29*
 Outside Box
 Shipping Case or Vault *Family Drive*
 Handles *through in auto*
 Pillow Set
 Name Plate *Body cremated*
 Cemetery *1130 a.m. Sat*
 Section *Sept- 7 - Lot 29*
 E

I Other Graves

X Grave on this date

N

S

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Rev John B Day

had committee service in Chapel

50 00

5403 Carey Hand Funeral Home

Name of deceased Mr Amory Louing Brown
 Date of Death Sat Sept 7 1929 6 am M
 Cause of death suicide
 Place of Death Res - M
 Residence Pine Castle South of Town
 Age 62 Y'rs 0 Mo's 16 Days
 Weight 225 Height, 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sun Sept 8 1929 3-P M
 Account charged Ethel Brown Daughter
 Address Atlanta Ga
 Account guaranteed OK
 Address
 Embalming Yes
 Robe, Suit, Dress Blk
 Underwear and Hose
 Casket 6-3 1/2 Bld-C
 Casket with Copper Lin. ☒
 Style of Casket R.C. Skete
 No. of Casket 10-10-16- Ch -
 Outside Box Reg -
 Shipping Case or Vault ☒
 Handles Ext. Oil. Tin
 Pillow Set yes
 Name Plate
 Cemetery macon Ga
 Section _____ Lot _____

50.00
 30.00
 2.50
 285.00

I Other Graves

X Grave on this date

N

E

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Sunday Night Sept 8-1929

40.86
 4.50

10.00

\$ 422.86

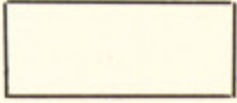
Mr Shot his Wife then
 Shot him Self - she was Taken
 to the Hospital line about 1:30

5404 Carey Hand Funeral Home

Name of deceased Beulah Brown
 Date of Death Sat Sept 7 1929 7 A M
 Cause of death Sun shot wound in Breast + Abdomen
 Place of Death O. G. H. M
 Residence Prine Castle
 Age 34 Y's 9 Mo's 23 Days
 Weight 225 Height, 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun Sept 8 1929 3 P M
 Account charged Mrs H. H. Burchett
 Address Angelot addition Mother
 Account guaranteed mtg
 Address

Embalming Yes 50.00
 Robe, Suit, Dress Cape D. C. - Green 39.00
 Underwear and Hose 6.00
 Casket 4-3 B. Brd - C 285.00

Casket with Copper Lin. ☒
 Style of Casket R. Co. State
 No. of Casket 16-10-16-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext O. S. Fm
 Pillow Set yes
 Name Plate yes
 Cemetery Plainville Mich
 Section _____ Lot _____
 E

I Other Graves _____
 X Grave on this date _____
 N  S
 W

Cremation _____
 Single Grave Music note 5.00
 Opening and Closing Grave _____
 Body Shipped to Plainville Mich
 R. R. Ticket _____
 Cash advanced Express 87.00
 Telegram (1) .72
 Minister Rev Bishop
 Casket Wagon 2-tw 10.00
 Physician Dr Gray
 County or City Burial _____
 Automobiles Amb Service 5.00

Baggage or Express Train No. 82 487.72
Sun Night Sept 8-1929

was shot by her husband
Loring Brown He was rushed to
hospital line about 1 hr
he died sudden

She was shot 3- through Breast - left + through Abdomen

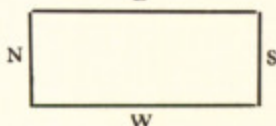
5405 Carey Hand Funeral Home

Name of deceased *Harry Jasper Neal*
 Date of Death *Sun Sept 8* 192*9* *12³⁰ a* M
 Cause of death
 Place of Death *O. G. H.* M
 Residence *Pine Castle*
 Age *25* Y'rs *11* Mo's *8* Days
 Weight *135* Height, *5* ft. *9* in. Eyes
 Funeral at *Chapel*
 Date *Mon Sept 9* 192*9* *4 P* M
 Account charged *Mrs Harry J. Neal*
 Address *Pine Castle 712*
 Account guaranteed *Insurance*
 Address

Embalming *+ Dressing*
 Robe, Suit, Dress *Suit*
 Underwear and Hose
 Casket *6-3* *Suit* *eye*
 Casket with Copper Lin. ☒
 Style of Casket *sq. O.T.*
 No. of Casket *86 Temp.*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Shot Gun Fin*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section Lot
 E

I Other Graves

X Grave on this date



Cremation
 Single Grave *White*
 Opening and Closing Grave *7 & 8*
 Body Shipped to *Cloud Car*
 R. R. Ticket
 Cash advanced *Car min*
 Telegram
 Minister *Rev Byrd*
 Casket Wagon *(1)*
 Physician *Dr Beardall*
 County or City Burial
 Automobiles *S & S*
 Baggage or Express Train No. *amb Source*

5.00
 10.00
 5.00
 5.00

5.00

15.00

5.00

204.50

5406

Carey Hand Funeral Home

Name of deceased *Isaac Hunt Graves*
Date of Death *Mon Sept 9 1929* *12 10* *Mon*
Cause of death *Carcinoma of Stomach*
Place of Death *Res* *M*
Residence *Osceola*
Age *74* Y's *1* Mo's *26* Days
Weight *140* Height, *5* ft. *6* in. Eyes
Funeral at *Osceola Cemetery*
Date *Wed Sept - 11 -* *1929* *10 A* *M*
Account charged *Mrs I H. Graves*
Address *Osceola*
Account guaranteed *Estate*
Address
Embalming *& Dressing*
Robe, Suit, Dress *alt B.C.*
Underwear and Hose *✓*
Casket *6-3 b. Plush*
Casket with Copper Lin. *✓*
Style of Casket *Oct 1/2 C -*
No. of Casket *St Louis*
Outside Box *✓*
Shipping Case or Vault *air Seal*
Handles *Ext - 3 Sil Tin*
Pillow Set *yes - good*
Name Plate *Name & Date 1855-1929*
Cemetery *Osceola*
Section _____ Lot _____
E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

35 00

35 00

265 00

140 00

10 00

5 00

20 00

510 00

was old res - 1/2 Osceola 60 yrs

5407

Carey Hand Funeral Home

Coland

Name of deceased Arthur RouseDate of Death Sept-10 1929 M

Cause of death _____

Place of Death Res Polk. St MResidence 841 -Age about 25 Y'rs Mo's _____ Days _____

Weight _____ Height, _____ ft. _____ in. Eyes _____

Funeral at HomeDate _____ 1929 MAccount charged City - see Contract

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 5-9- Coffin

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box Reg -

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Greenwood

Section _____ Lot _____

E

I Other Graves

X Grave on this date

N

S

W

Cremation _____

Single Grave Coland

Opening and Closing Grave _____

Body Shipped to Smith & SmartR. R. Ticket got this call

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician Dr Beardsall

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

0000

5408

Carey Hand Funeral Home

Coland

Name of deceased *Infant of Ruby West*Date of Death *Sept 12* 192*9* MCause of death *Still Born*Place of Death *Res -* M

Residence

Age Y'rs Mo's Days

Weight Height, ft. in. Eyes

Funeral at

Date 192 M

Account charged *City* *see Contract*

Address

Account guaranteed

Address

Embalming

Robe, Suit, Dress

Underwear and Hose

Casket *2-0-*

Casket with Copper Lin.

Style of Casket

No. of Casket

Outside Box

Shipping Case or Vault

Handles

Pillow Set

Name Plate *Greenwood*

Cemetery

Section *Single Grave* Lot*Coland* E

I Other Graves

X Grave on this date

N S

W

Cremation *Smith & Smart*Single Grave *got the call*

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician *Dr McElroy*

County or City Burial

Automobiles

Baggage or Express Train No.

0000

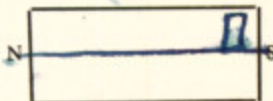
5409

Carey Hand Funeral Home

Name of deceased *Charles Albert Johnson*
 Date of Death *Sept 15* 1929 *4:30* M
 Cause of death *Cancer of Stomach*
 Place of Death *Res* M
 Residence *1418 Clausen st*
 Age *67* Yrs *5* Mo's *16* Days
 Weight *135* Height *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Wed Sept 18* 1929 *4 P* M
 Account charged *Mrs Chas A Johnson*
 Address *1418 Clausen st*
 Account guaranteed *Insurance*
 Address
 Embalming *Y Dussing* 35⁰⁰
 Robe, Suit, Dress ✓
 Underwear and Hose 2⁰⁰
 Casket *6-3 Gray crepe* 115⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket *Oct 3-P. 9-1*
 No. of Casket *8170 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Shat Spt Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *P E 1/2* Lot *27*
 E

I Other Graves

X Grave on this date

Lot Bought DirectCremation *auto P. B.* 5⁰⁰Single Grave *closed ear Family* 5⁰⁰Opening and Closing Grave *7+5* 10⁰⁰

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Godding* 5⁰⁰Casket Wagon *1-*Physician *Dr Andrus*

County or City Burial

Automobiles *S & S* 15⁰⁰

Baggage or Express Train No.

192⁰⁰

5410

Carey Hand Funeral Home

Name of deceased *Mrs Francis Osgood Grover*
 Date of Death *Sept 15 1929* *8:30* *MA*
 Cause of death *Endocarditis*
 Place of Death *Res 569 Osceola ave* *M*
 Residence *Winter Park*
 Age *89* Y'rs *3* Mo's *15* Days
 Weight *125* Height, *5* ft. *7* in. Eyes
 Funeral at *Res*
 Date *Mon Sept 16* *1929* *4 P. M*
 Account charged *Edwin O Grover*
 Address *569 Osceola ave Winter Park*
 Account guaranteed
 Address
 Embalming *+ Dressing* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 G. Bld C-* *185.00*
 Casket with Copper Lin.
 Style of Casket *Oct 3-P. T. H.*
 No. of Casket *S-1418*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext O. Set Fin*
 Pillow Set *yes*
 Name Plate *None*
 Cemetery *Best*
 Section _____ Lot _____

E

I Other Graves

X Grave on this date

N

S

W

Cremation _____

Single Grave _____

Opening and Closing Grave

Body Shipped to *Oberlin Ohio*R. R. Ticket *2-*Cash advanced *1-Lower*

Telegram

Minister *Rev Vincent*Casket Wagon *2 trip*Physician *Dr Bulk-*

County or City Burial

Automobiles *S & S*Baggage or Express Train No. *82**Mon Night Sept 16-29*

Edwin O Grover
Pf at Rollins College

103.13

~~98.79~~

10.00

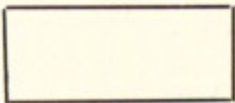
15.00

~~349.79~~

348.13

5411

Carry Hand Funeral Home

Name of deceased *Mrs. Maude Eastman*
 Date of Death *Sept 12* 192*9* M
 Cause of death *Paralysis of Respiratory Center*
 Place of Death *West Palm Beach* M
 Residence *West Palm Beach*
 Age *67* Y's *3* Mo's *20* Days
 Weight *130* Height, *5* ft. *0* in. Eyes *Blue*
 Funeral at *W. P. Beach*
 Date *1929* M
 Account charged *Myzell Mortuaries*
 Address *West P. Beach*
 Account guaranteed
 Address
 Embalming *Cremation* 50 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body arrived*
 Style of Casket *a g l Thain*
 No. of Casket *# 85*
 Outside Box *Sunday - Sept - 15 - 29*
 Shipping Case or Vault
 Handles
 Pillow Set *Body Cremated*
 Name Plate *5 - P.M. Sept - 15 - 29*
 Cemetery
 Section _____ Lot _____
 _____ E
 I Other Graves N  S
 X Grave on this date
 Cremation *Ashes Returned* W
 Single Grave *To*
 Opening and Closing Grave
 Body Shipped to *Myzell F. H.*
 R. R. Ticket *West Palm Beach*
 Cash advanced
 Telegram
 Minister *Monday Night by Ex*
 Casket Wagon *train 82*
 Physician
 County or City Burial 50 00
 Automobiles
 Baggage or Express Train No.

5412 Carey Hand Funeral Home

Name of deceased Wm E. Gore Jr.
Date of Death Sept 15 1929 M
Cause of death Cerebral Hemorrhage
Place of Death St Augustine Fla M
Residence Jacksonville Fla
Age 39 Y's Mo's Days
Weight 190 Height, 5 ft. 9 in. Eyes
Funeral at Chapel F. Home
Date Sept 16 1929 4:30 M
Account charged Mrs Wm E. Gore Jr.
Address Jacksonville Fla 849
Account guaranteed Insurance King St
Address
Embalming ☒
Robe, Suit, Dress Gray Serge best 48 00
Underwear and Hose ☒
Casket Rear State no
Casket with Copper Lin. ☒
Style of Casket ☒
No. of Casket ☒
Outside Box
Shipping Case or Vault air Seal 150 00
Handles Ext O.S. Fin
Pillow Set yes
Name Plate name
Cemetery Greenwood
Section mn Lot 91
Head of Grave N.E. Corner Lot E
East
I Other Graves
X Grave on this date
Cremation Car P B 5 00
Single Grave Car H P B 5 00
Opening and Closing Grave etc 10 00
Body Shipped to Car Minister 5 00
R. R. Ticket 10 00
Cash advanced none
Telegram
Minister Rev Rice 5 00
Casket Wagon 1-wif
Physician
County or City Burial
Automobiles SAS 15 00
Baggage or Express Train No. 253 00
Body arrived train 91
Mon - Sept - 16
Large Funeral

5413

Carey Hand Funeral Home

Name of deceased *Infant of H & E Crossley*
 Date of Death *Sept 16* 192*9* M
 Cause of death *Malformation of colon*
 Place of Death *Res* M
 Residence *318 Evans ave*
 Age *✓* Y'rs *✓* Mo's *6* Days
 Weight *✓* Height, ft. in. Eyes
 Funeral at *✓*
 Date *192* M
 Account charged *H & E Crossley*
 Address *318 Evans ave*
 Account guaranteed *Cash*
 Address
 Embalming *Cremation* 10 *00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set *Body cremated*
 Name Plate *1 Plm Fur*
 Cemetery *Sept 17-29*
 Section Lot
 E

I Other Graves

X Grave on this date

N

S

W

Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician *Dr. Haines*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Dr. Haines & Dr. Croncup
Autopsy

10 *00*

5414

Cary Hand Funeral Home

Name of deceased Mrs. Harriet ParkerDate of Death Tues Sept 12 1929 7 a MCause of death NephritisPlace of Death Res - MResidence Maitland R.F.D. #1 - Near Golden RodAge 78 Y'rs 4 Mo's 15 DaysWeight 90 Height, 5 ft. 5 in. EyesFuneral at ResDate Wed Sept 18 1929 3 P MAccount charged G. E. ParkerAddress Maitland R.F.D. #1 -Account guaranteed Estate

Address

Embalming + Dressing 35 00Robe, Suit, Dress ✓Underwear and Hose ✓Casket 6-3 - In G. Plush 175 00Casket with Copper Lin. ✓Style of Casket Oct O.T. 1/2 CouchNo. of Casket 1922 SOutside Box R-19Shipping Case or Vault ✓Handles Ext Spt FinPillow Set yesName Plate MotherCemetery Oviedo

Section _____ Lot _____

E

I Other Graves

X Grave on this date

N  S

W

Cremation Spa Flowers 10 00

Single Grave

Opening and Closing Grave T+D 10 00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev. VincentCasket Wagon 2 4 10 00Physician Dr. Notard

County or City Burial

Automobiles S & S - 20 00

Baggage or Express Train No.

260 00

5415 Carey Hand Funeral Home Colard

Name of deceased John Ford
 Date of Death Sept 17 1929 - 11 A M
 Cause of death _____
 Place of Death County Home M
 Residence County Home
 Age 68 Y'rs Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date Two Sept-17-29 192 2-P M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Coffin
 Casket with Copper Lin. _____
 Style of Casket Coffin
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

N E S W

Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician D. Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 50

14 50

OK. by J. F. Harris

5416

Carey Hand Funeral Home

Name of deceased *Infant of Mrs. H. B. Le Grande*
 Date of Death *Sept 17* 192*9* - *6:30 P* M
 Cause of death *Pneumonia*
 Place of Death *O B H* M
 Residence *120 Vanderbilt Ave*
 Age *1* Y's *✓* Mo's *✓* Days *✓*
 Weight *120* Height, *30* ft. *10* in. Eyes *Blue*
 Funeral at *192* M
 Date *Sept 18* 192*9* M
 Account charged *Mrs. B. Le Grande*
 Address *120 Vanderbilt Ave*
 Account guaranteed *✓*
 Address *120 Vanderbilt Ave*
 Embalming *Embalmed* 10 *00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *✓*
 Casket with Copper Lin. *Body embalmed*
 Style of Casket *Hard Sept 18-1929*
 No. of Casket *1130 A.M.*
 Outside Box *Will call for ashes*
 Shipping Case or Vault *✓*
 Handles *✓*
 Pillow Set *✓*
 Name Plate *✓*
 Cemetery *✓*
 Section *✓* Lot *✓*
 E *✓*
 N *✓*
 S *✓*
 W *✓*

I Other Graves

X Grave on this date

N

S

W

Cremation *✓*
 Single Grave *✓*
 Opening and Closing Grave *✓*
 Body Shipped to *✓*
 R. R. Ticket *✓*
 Cash advanced *✓*
 Telegram *✓*
 Minister *✓*
 Casket Wagon *✓*
 Physician *Dr. Neal*
 County or City Burial *✓*
 Automobiles *Comb. Sense*
 Baggage or Express Train No. *✓*

10.00

5.00

15.00

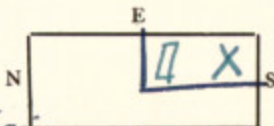
Will Pay acct this
 20.00

5417

Carey Hand Funeral Home

Name of deceased *Miss Elizabeth A Baker*
 Date of Death *Sept 17* 1929 M
 Cause of death *Hypostatic Pneumonia*
 Place of Death *State Hospital* M
 Residence *Marland* *Fla*
 Age *82* Y'rs Mo's Days
 Weight *120* Height, *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Thurs Sept 19* 1929 *3 P* M
 Account charged *Estate*
 Address
 Account guaranteed *Estate*
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Buy Joe*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box *Buy*
 Shipping Case or Vault
 Handles *short*
 Pillow Set
 Name Plate *yes*
 Cemetery *Greenwood*
 Section *SE 1/4 A* Lot *26*

I Other Graves



X Grave on this date

Body arrived here
85-20-X. Had Sept 18-29

Cremation

Single Grave

Opening and Closing Grave *9 & 5*

Body Shipped to

R. R. Ticket *car for men*Cash advanced *closed car*

Telegram

Minister *Rev Cobb*Casket Wagon *1 - inj.*

Physician

County or City Burial

Automobiles *6 & 5*

Baggage or Express Train No.

Statement

Bessie E Baker
1500 Mass ave
Washington ave

10 00

5 00

5 00

5 00

15 00

\$ 40 00

5418

Carey Hand Funeral Home

Coland

Name of deceased *Shirley Jones*Date of Death *Wed Sept 18 1929* *1030* M PCause of death *shot by Policeman*Place of Death *705 Murphy St* MResidence *is Roomed*Age *25* Y's Mo's DaysWeight *150* Height, *5* ft. *6* in. Eyes

Funeral at

Date *192* MAccount charged *John was arrested by*Address *Lt. Blivins and was shot*Account guaranteed *by Blivins and died in*Address *C. G. H. a hr later*

Embalming

Robe, Suit, Dress *Body turned over*

Underwear and Hose

Casket *H. Smith & Smart*Casket with Copper Lin. *Coland T. D.*

Style of Casket

No. of Casket

Outside Box

Shipping Case or Vault

Handles *in the scuffle Jones shot*Pillow Set *Lt. Blivins in the Leg*

Name Plate

Cemetery

Section

Lot

E

I Other Graves

X Grave on this date

*Sept 24-29**Smith & Smart Return*Cremation *Body for County Burial*Single Grave *at County Home*

Opening and Closing Grave

Body Shipped to *County Burial* *1450*

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial *1450*

Automobiles

Baggage or Express Train No.

5419

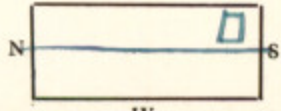
Carey Hand Funeral Home

Name of deceased Thomas W. Woodside
 Date of Death Sept 19 1929 A M
 Cause of death Nephritis
 Place of Death Res. M
 Residence 17 S. Osceola St
 Age 76 Y'rs 8 Mo's 24 Days
 Weight 170 Height, 6 ft. 0 in. Eyes
 Funeral at Congregational Church
 Date Sept 21st 1929 4 P. M
 Account charged Mrs Thos Woodside
 Address 17 S. Osceola St

Account guaranteed _____
 Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-5. Bld-8. 225 00
 Casket with Copper Lin. ✓
 Style of Casket B. C. State
 No. of Casket 10-10-16
 Outside Box ✓
 Shipping Case or Vault air Seal 125 00
 Handles Exp. Seal
 Pillow Set yes
 Name Plate _____
 Cemetery Winter Park
 Section Blk 24 E 1/2 Lot C

E

I Other Graves _____
 X Grave on this date _____



Cremation Clowed car to Church ✓
 Single Grave _____
 Opening and Closing Grave etc 10 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev. Vincent
 Casket Wagon _____
 Physician Dr. Andrews
 County or City Burial _____
 Automobiles SYS 15 00
 Baggage or Express Train No. 41000

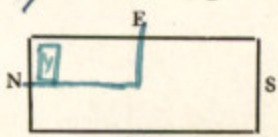
Mrs Woodside was Missionary
in Africa for 30 yrs

5420 Carey Hand Funeral Home

Name of deceased *Mrs Mary Jane Rackley*
 Date of Death *Sept 17 1929* 8:45 P M
 Cause of death *Pneumonia*
 Place of Death *Int Vernon Ga* M
 Residence *Pine Castle Fla*
 Age *72* Y'rs Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at *Chapel*
 Date *Sept 19* 1929 3 P M
 Account charged *Mrs Lula Rackley*
 Address *St Augustine Fla*
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *B - N.E. 1/4* Lot *115*

I Other Graves
 X Grave on this date
Burial Lot



Cremation *Burial Lot* 15 00
 Single Grave
 Opening and Closing Grave *etc* 10 00
 Body Shipped to *Cav min* 5 00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev. Thomas* 5 00
 Casket Wagon *(1)*
 Physician *Dr. Hunt M. Vernon*
 County or City Burial
 Automobiles *5 Y S* 15 00
 Baggage or Express Train No. 50 00

Body arrived train 91 -
Thurs - 9-19-29