

8-22-1930

Memoranda Book 063: Carey Hand Funeral Home records, August 22, 1930 to October 24, 1930

Carey Hand Funeral Home

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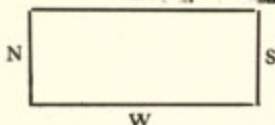
5504

Carey Hand Funeral Home

Name of deceased *Miss Margaret L Fleming*
 Date of Death *Feb 8-22* 19*20* *a* M
 Cause of death *Myocarditis*
 Place of Death *Heighty Port* M
 Residence *St Cloud*
 Age *62* Y'rs *11* Mo's *12* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 19*20* M
 Account charged *Miss Clara M Fleming*
 Address *St Cloud Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *Y* *Dussing* 35 00
 Robe, Suit, Dress *Cumulation* 50 00
 Underwear and Hose _____
 Casket *W. & Shure Chg* 35 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 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 *(1)* 5 00
 Physician *Dr. Neely*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *125 00*

5505 Carey Hand Funeral Home

Name of deceased *Infant of J. Lomphkin*
 Date of Death *8-21* 192*0* P. M
 Cause of death *Prematurity*
 Place of Death *Res* M
 Residence *210-5-Paramore*
 Age *4* Y'rs *4* Mo's *4* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192*0* M
 Account charged *City No Chg*
 Address _____
 Account guaranteed *Cremated*
 Address *As he*
 Embalming *Scattered*
 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 _____
 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 _____
 Casket Wagon _____
 Physician *Dr. Hankins*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____



5506

Carey Hand Funeral Home

Name of deceased *Infant of John B Phillips*
 Date of Death *8 22 1920* *8 A M*
 Cause of death *Toxemia & clamping*
 Place of Death *C. G. H.* *M*
 Residence *624 9th Ave st*
 Age *—* Y'rs *—* Mo's *1* Days *—*
 Weight *—* Height, *—* ft. *—* in. Eyes *—*
 Funeral at *—*
 Date *—* *192* *M*
 Account charged *John B Phillips*
 Address *624 9th Ave st*
 Account guaranteed *—*
 Address *—*
 Embalming *Cremation* *7 50*
 Robe, Suit, Dress *—*
 Underwear and Hose *with other suit*
 Casket *Peoples Army Co*
 Casket with Copper Lin. *—*
 Style of Casket *—*
 No. of Casket *—*
 Outside Box *ashes in Small Box*
 Shipping Case or Vault *will call for*
 Handles *—*
 Pillow Set *—*
 Name Plate *—*
 Cemetery *—*
 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 *—*
 Casket Wagon *—* *7 50*
 Physician *Dr Christ Collins*
 County or City Burial *—* *5 00*
 Automobiles *8-20- amt*
 Baggage or Express Train No. *—* *12 50*

5507

Carey Hand Funeral Home

Name of deceased *Mamtha Ansley G. Dudley*Date of Death *Aug-18* 19*30* MCause of death *Senile myocarditis*Place of Death *Res* MResidence *Lakeland Fla*Age *87* Y's Mo's Days

Weight Height, ft. in. Eyes

Funeral at

Date *192* MAccount charged *Tutch Funeral Home*Address *Lakeland Fla*

Account guaranteed

Address

Embalming *Cremation* 50.00

Robe, Suit, Dress

Underwear and Hose

Casket *Br. Flush O. O. T.*

Casket with Copper Lin.

Style of Casket *Body and*No. of Casket *train 92*Outside Box *Aug 22-1930*

Shipping Case or Vault

Handles *Body Cremated*Pillow Set *6-2 in Sat*Name Plate *Aug-23-30*

Cemetery

Section *Coffin Case* Lot

E

I Other Graves

X Grave on this date

N S

W

Cremation *Imm Expressed to*Single Grave *Tutch Funeral*Opening and Closing Grave *Home*Body Shipped to *Lakeland Fla*

R. R. Ticket

Cash advanced *Sun Aug-24-30*

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

5508 Carey Hand Funeral Home

Name of deceased *Marce J. Tyler*
 Date of Death *Aug 22* 1930 - *P. M*
 Cause of death *Large Carcinoma Cyst*
 Place of Death *Philad. Pa.* *M*
 Residence *300 East Paw av*
 Age *52* Yrs *1* Mo's *10* Days
 Weight *125* Height, *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Wed-8-27-* 1930 *2 P. M*
 Account charged *Marce A Tyler*
 Address *300 E. Paw ave*
 Account guaranteed
 Address
 Embalming *Dissection* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 In Box* *125.00*
 Casket with Copper Lin.
 Style of Casket *Oct 6 Top*
 No. of Casket *Tampa*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext S/H Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Greenwood Oak Hill*
 Section Lot

I Other Graves

X Grave on this date

N

S

Cremation *on Stimbury Lot*

Single Grave *W*

Opening and Closing Grave *T & S*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Kelly S.D. Advent*

Casket Wagon *(1)*

Physician *L L Andrews*

County or City Burial

Automobiles *S & S -*

Baggage or Express Train No.

Wakes at Capulin trade

190.00

5509

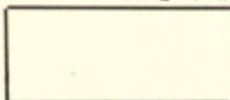
Carey Hand Funeral Home

Name of deceased Mrs Dona Traugh
 Date of Death Aug 23 1920 224 M A
 Cause of death Cancer of Liver
 Place of Death Res - M
 Residence Serena Park
 Age 53 Y'rs 7 Mo's 19 Days
 Weight 125 Height, 5 ft. 5 in. Eyes
 Funeral at Advent Church -
 Date Sun 8-24-30 192 10 A M
 Account charged John Traugh
 Address Serena Park Orlando
 Account guaranteed Mrs Graham Fla Sant
 Address % Mrs Munn
 Embalming & Dressing 35⁰⁰
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gr Doe 125⁰⁰
 Casket with Copper Lin. ☒
 Style of Casket Oct Oct
 No. of Casket Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext Spl Fin
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Greenwood
 Section _____ Lot _____
 _____ E _____

I Other Graves

X Grave on this date

N



W

Cremation _____

Single Grave WhiteOpening and Closing Grave T & S

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician Dr Wiscott

County or City Burial _____

Automobiles S & S

Baggage or Express Train No. _____

5⁰⁰
10⁰⁰15⁰⁰190⁰⁰

John Traugh
Orlando R.F.D 3-

note at Carpenter trade

5510 Carey Hand Funeral Home

Name of deceased Oscar Hall

Date of Death Aug 22 1930 4 P. M

Cause of death Acute Myocarditis

Place of Death Lumber Camp, S.E. of Conway

Residence Okla.

Age 61 Y'rs 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. Coffin

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 _____

_____ N _____ S

_____ W

Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician Dr. Calahan 14.50

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

5511

Carry Hand Funeral Home

Name of deceased *Cha Chaffin Estel*
 Date of Death *Sun 8-24 1930 - 127 A* M
 Cause of death *Memie - Cerna*
 Place of Death *Res* M
 Residence *414 - Sow Gola Dr -*
 Age *71 -* Y's *7 -* Mo's *7* Days
 Weight *150* Height, *5* ft. *8* in. Eyes
 Funeral at *Chapel*
 Date *Tues - Aug - 26 1930 4-P* M
 Account charged *Mrs Mary Estel Sr*
 Address *414 S. Gola Drive*
 Account guaranteed *Estel*
 Address

Embalming + Dressing *35.00*

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket *6-3 - Sil Gr Doe* *150.00*

Casket with Copper Lin. ✓

Style of Casket *Oct - 3 - P. T*

No. of Casket *1401 -*

Outside Box ✓

Shipping Case or Vault *Gr Seal* *140.00*

Handles *Ext - O. Sil Tin*

Pillow Set *yes*

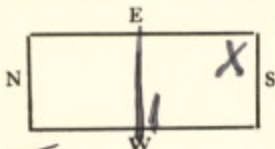
Name Plate *Walker*

Cemetery *Greenwood*

Section *J. S. 1/2* Lot *143*

I Other Graves

X Grave on this date



Cremation *Spr Flowers* *7.00*

Single Grave *Munie* *10.00*

Opening and Closing Grave *7.00* *10.00*

Body Shipped to *Closed* *5.00*

R. R. Ticket *P. B Car* *5.00*

Cash advanced *Car min* *5.00*

Telegram

Minister *P. C* *5*

Casket Wagon *1*

Physician *Osenbaugh*

County or City Burial

Automobiles *Sr S* *15.00*

Baggage or Express Train No. *388.00*

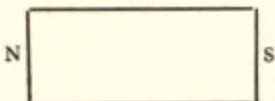
5512 **Carey Hand Funeral Home**

Cremation

Name of deceased *Lewis C. Kenton*
 Date of Death *Aug 22 1923* *10:30 AM*
 Cause of death *Heart Failure acute*
 Place of Death *Res* M
 Residence *Foley Ala*
 Age *74* Y'rs *9* Mo's *5* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Foley Ala*
 Date *Aug 1923* M
 Account charged *Mrs L. C. Kenton*
 Address *Foley Ala*
 Account guaranteed *Check*
 Address _____
 Embalming *Cremation* 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body arrived*
 Casket with Copper Lin. *on train*
 Style of Casket *91-at 1:30 P.M.*
 No. of Casket *Monday Aug*
 Outside Box *25-1930*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *Body was*
 Name Plate *Cremated 6 A.M.*
 Cemetery *Tuesday*
 Section *Aug 26* Lot _____
 E

I Other Graves

X Grave on this date



Cremation *Copper Ashes*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *August N.*
 R. R. Ticket *Miller*
 Cash advanced *Foley Ala*
 Telegram _____
 Minister *Wed Aug 27-30*
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50 00

5513

Carry Hand Funeral Home

Colored

Name of deceased *Infant of Sam C. Singleton*
 Date of Death *Aug 23* 19*30* *9:30a* M
 Cause of death *Prematurity Still Born*
 Place of Death *Res* M
 Residence *542 W. Washington*
 Age *—* Y'rs *—* Mo's *—* Days
 Weight *—* Height, *—* ft. *—* in. Eyes *—*
 Funeral at *—*

Date *—* 192 *—* M

Account charged *City*

Address *—*

Account guaranteed *—*

Address *—*

Embalming *—*

Robe, Suit, Dress *—*

Underwear and Hose *—*

Casket *—* 14.00

Casket with Copper Lin. *—*

Style of Casket *—*

No. of Casket *—*

Outside Box *—*

Shipping Case or Vault *—*

Handles *—*

Pillow Set *—*

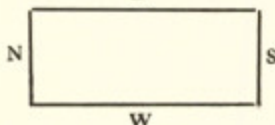
Name Plate *—*

Cemetery *Greenwood*

Section *—* Lot *—*

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 *—* 14.00

Physician *Dr. Beaudall*

County or City Burial *—*

Automobiles *—*

Baggage or Express Train No. *—*

Smith & Smart Called

Name of deceased *Emillie Frichter*
 Date of Death *Aug 25* 1930 *M*
 Cause of death *Carcinoma of Rectum*
 Place of Death *Res* *M*
 Residence *Tampa Fla*
 Age *73* Y'rs *9* Mo's *18* Days
 Weight *130* Height, *5* ft. *11* in. Eyes *Gray*
 Funeral at *Tampa*
 Date *Aug* 1930 *M*
 Account charged *B. Marion Reed*
 Address *Tampa Fla*
 Account guaranteed
 Address
 Embalming *Cremation* *5000*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body arrived*
 Casket with Copper Lin *on train 82*
 Style of Casket *Tues - 1:25 a.m.*
 No. of Casket *1930 - Aug 26*
 Outside Box
 Shipping Case or Vault
 Handles *Body Cremated*
 Pillow Set *Tues Aug 26*
 Name Plate *at 4 P.M.*
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date N W
S
 Cremation *Ashes to be*
 Single Grave *sent to*
 Opening and Closing Grave
 Body Shipped to *B. Marion*
 R. R. Ticket *Reed - Fla*
 Cash advanced *Tampa Fla*
 Telegram
 Minister
 Casket Wagon
 Physician *A. P. Stone - Tampa*
 County or City Burial *Fla*
 Automobiles
 Baggage or Express Train No.

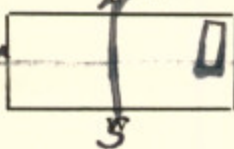
5000

5515 Carey Hand Funeral Home

Name of deceased Howard Bookout
 Date of Death Aug 28 1930 1-a M
 Cause of death _____
 Place of Death Res - M
 Residence 710 W. Columbia ave
 Age 47 Y'rs 1 Mo's 31 Days
 Weight 150 Height, 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Fri Aug-29 1930 - 4-P M
 Account charged Mrs Howard Bookout
 Address 710 W Columbia
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- br Bnd e - 325 00
 Casket with Copper Lin. ☒
 Style of Casket Upright 1/2 Couch
 No. of Casket 3518 1/2 - S -
 Outside Box Rtg
 Shipping Case or Vault ☒
 Handles Ext O Sil Tin
 Pillow Set yes - Guy
 Name Plate _____
 Cemetery Greenwood
 Section V E 1/2 Lot 51

I Other Graves

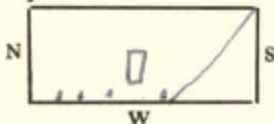
X Grave on this date



Cremation _____
 Single Grave Burial Lot 112 50
 Opening and Closing Grave 7 & 5 10 00
 Body Shipped to Clou car 5 00
 R. R. Ticket P. B car 5 00
 Cash advanced Car fare 5 00
 Telegram _____
 Minister Rev Kelly S. D. A. 5 00
 Casket Wagon (11) Tolson
 Physician Dr. Tolson
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. 51750

5516 Carey Hand Funeral Home

Name of deceased Jas Childs McKenzie
 Date of Death Aug-28 1930 M
 Cause of death Cholera Tonsillitis
 Place of Death 39th St. M
 Residence 115 E Lusene Circle
 Age 3 Y'rs 4 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res
 Date Aug 30 1930 10 A. M
 Account charged Ainsworth McKenzie
 Address 115 E Lusene Circle
 Account guaranteed James Knox
 Address 115 E Lusene Circle
 Embalming + Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 4-0 H. Plush 75 00
 Casket with Copper Lin. ☒
 Style of Casket Ext H Top. Deep Side
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Shut
 Pillow Set Yes A.D.
 Name Plate _____
 Cemetery Greenwood
 Section A Lot 133
on James Knox Lot E
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave T & S 7 50
 Body Shipped to _____
 R. R. Ticket Closed 5
 Cash advanced Car Min 5
 Telegram _____
 Minister Rev Brier
 Casket Wagon to Chgo
 Physician Dr. Edwards
 County or City Burial _____
 Automobiles Closed car 5 00
 Baggage or Express Train No. 732.50



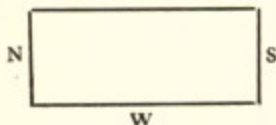
5817

Carey Hand Funeral Home

Name of deceased *Crisler Stephenson*
 Date of Death *Aug 29 1923* *1 P.* M
 Cause of death *Operation for Circumcision*
 Place of Death *Fla Saint* M
 Residence *St Petersburg Fla*
 Age *8* Y'rs *1* Mo's *22* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Destination.*
 Date _____ 192 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose *8 3/4*
 Casket *St. Peterburg*
 Casket with Copper Lin. *St. Peterburg*
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Destination*
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *St Petersburg*
 R. R. Ticket *By auto*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon *No Chg*
 Physician *R. L. Andrews.*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

5518

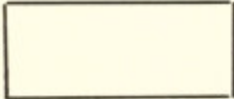
Carey Hand Funeral Home

Name of deceased John Traugh
 Date of Death Aug 31 1930 3 P. M
 Cause of death Heart Failure Ch's Myo
 Place of Death Res. M
 Residence Lake Mann Dr Seena Park
 Age 60 Y's 2 Mo's 25 Days
 Weight 180 Height, 6 ft. 0 in. Eyes —
 Funeral at Chapel
 Date Sept 2nd 1930 4 P. M
 Account charged Estate
 Address —
 Account guaranteed Martha - Graham
 Address Chander to Sta Sant
 Embalming & Dressing 35.00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6-3 Guy & Co 125.00
 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 —
 N — S
 W
 Cremation —
 Single Grave White 9 + 5 5.00
 Opening and Closing Grave — 10.00
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Telegram —
 Minister Rev Kelly
 Casket Wagon —
 Physician Dr Wiscott
 County or City Burial —
 Automobiles S + S 15.00
 Baggage or Express Train No. 790.00

Died Sudden as he step from
 his Auto
 Married his Wife Aug - 24 - 30

5519

Carry Hand Funeral Home

Name of deceased *Mrs. Aurelia R. Stinson*
 Date of Death *Sept 1 1930* *noon* M
 Cause of death *acute appendicitis*
 Place of Death *O. G. N.* M
 Residence *607 Shady Lane*
 Age *33* Y's Mo's Days
 Weight *125* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Tues Sept 2 1930* *10:30* M A
 Account charged *Arthur J. Stinson*
 Address *607 Shady Lane City*
 Account guaranteed
 Address
 Embalming *Yussing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 Oct Q Top Sil & Plat* *190.00*
 Casket with Copper Lin. ☒
 Style of Casket *Oct 1/2 Coach*
 No. of Casket *1922 - S*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext Sft Fin*
 Pillow Set *yes*
 Name Plate *Name*
 Cemetery *Chickasaw Ga*
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Lastma Ga*
 R. R. Ticket *Express* *25.30*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon *(2)* *10.00*
 Physician *Dr. Edwards*
 County or City Burial _____
 Automobiles _____
~~Baggage~~ Express Train No. *92* *260.30*
Tues-Sept 2-30
amr to Chg

5520

Carey Hand Funeral Home

Name of deceased *Miss Ruth Burnett*
 Date of Death *Sept 1 1930 11:30a M*
 Cause of death *Pharyngeal Abscess*
 Place of Death *O. G. H. M*
 Residence *Winter Garden.*
 Age *16* Y'rs *2* Mo's *10* Days
 Weight *60* Height, *5 ft. 4 in.* Eyes
 Funeral at *Grave - Oakland*
 Date *Sept 2nd 1930 4 P. M*
 Account charged *Green Burnett*
 Address *Winter Garden*
 Account guaranteed *Ralph Sadler*
 Address *Winter Garden*
 Embalming & Dressing *35 00*
 Robe, Suit, Dress *15 00*
 Underwear and Hose *2 00*
 Casket *5-9- buy Joe* *50 00*
 Casket with Copper Lin. *✓*
 Style of Casket *Spr Flat T*
 No. of Casket *✓*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Shut Spt Fin*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Oakland.*
 Section _____ Lot _____
 _____ E _____
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W _____
 Cremation _____
 Single Grave *Del Box to Cemetery* *10 00*
 Opening and Closing Grave *✓ etc*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Trum H. G.*
 Casket Wagon *1-* *5 00*
 Physician *Dr. Christ*
 County or City Burial _____
 Automobiles *S & S-* *20 00*
 Baggage or Express Train No. *737 00*

People Very Poor
Sadler ok acct

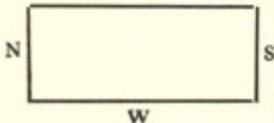
5524

Carey Hand Funeral Home

Name of deceased J. N. Patricks
 Date of Death 9-2- 1930 5 P M
 Cause of death suicide shot through head
 Place of Death 1007 C. H. Patricks Family Road
 Residence Winter Garden Road Patricks Subst
 Age 57 Y's 11 Mo's 15 Days
 Weight 150 Height, 5 ft. 9 in. Eyes
 Funeral at grave
 Date Wed-9-3- 1930 2-P M
 Account charged Hangan Patricks
 Address
 Account guaranteed Hangan Patricks
 Address Orlando Fla
 Embalming +
 Robe, Suit, Dress blk
 Underwear and Hose
 Casket 6-3 by doe
 Casket with Copper Lin. ✓
 Style of Casket Ext Q Top
 No. of Casket 8174 - Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext Spt Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery Patricks
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave Final set

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Walter KnightCasket Wagon (1)Physician Schuff Raul

County or City Burial _____

Automobiles S & S-

Baggage or Express Train No. _____

35.00
10.00

100.00

10.00

5.00

15.00

125.00

5522 Carry Hand Funeral Home

Name of deceased *Infant of Hm Harvey*
 Date of Death *9-3-1930* *4 30* *MA*
 Cause of death *Premature Birth*
 Place of Death *O. G. H.* *M*
 Residence *West Palm Beach*
 Age *—* Y's *—* Mo's *4* Days *—*
 Weight *—* Height, *—* ft. *—* in. Eyes *—*
 Funeral at *—*
 Date *—* 192 *—* *M*
 Account charged *Hm Harvey*
 Address *West Palm Beach*
 Account guaranteed *Cash*
 Address *—*
 Embalming *—*
 Robe, Suit, Dress *—*
 Underwear and Hose *—*
 Casket *2-D H. L. S.* *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 *O. D.*
 Cemetery *Vascoossee*
 Section *—* Lot *—*
 E
 I Other Graves *—*
 X Grave on this date *—*
 Cremation *Family took*
 Single Grave *Body with them*
 Opening and Closing Grave *& same*
 Body Shipped to *there own*
 R. R. Ticket *work*
 Cash advanced *Permit filed*
 Telegram *for same*
 Minister *—*
 Casket Wagon *& Care of Body* *2 50*
 Physician *Dr. Christ*
 County or City Burial *—*
 Automobiles *—* *15 00*
 Baggage or Express Train No. *—*

552)

Carey Hand Funeral Home

Name of deceased *Mrs. Florence Mc Duff*
 Date of Death *Sept 3* 1930 *8:25* P M
 Cause of death *Senility*
 Place of Death *Res -* M
 Residence *E. Glen ave Aut. Camp*
 Age *77* Y'rs *11* Mo's *22* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Chapel F. Home*
 Date *Sept 6* 1930 *4 P* M
 Account charged _____

Address _____

Account guaranteed _____

Address _____

Embalming *& Dressing*Robe, Suit, Dress ☒Underwear and Hose *White Shawl*Casket *6-3- In Plush*Casket with Copper Lin. ☒Style of Casket *Set 1/2 Couch*No. of Casket *1920* *Decorative*Outside Box *Reg*Shipping Case or Vault ☒Handles *Ext - Spt Fin*Pillow Set *yes*

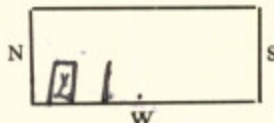
Name Plate _____

Cemetery *Guernwood*Section *m* Lot *63*

E

I Other Graves

X Grave on this date

Carey Hand
Lot

Cremation _____

Single Grave _____

Opening and Closing Grave *7 & set*Body Shipped to *(2) Cloud Cars*R. R. Ticket *C - min*Cash advanced *C - P. B*Telegram *music*Minister *Rev Rice*Casket Wagon *1 -*Physician *Dr Redding*

County or City Burial _____

Automobiles *S & S -*

Baggage or Express Train No. _____

200 ⁰⁰

5524

Carey Hand Funeral Home

Name of deceased Henry Thomas Bronson
 Date of Death Sept 4 1930 8:30 MA
 Cause of death Cancer of Stomach
 Place of Death Res - M
 Residence 1117 Virginia Drive
 Age 70 Y'rs 3 Mo's 22 Days
 Weight 125 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Fri Sept 5 - 1930 3 P. M
 Account charged Mrs Henry T. Bronson
 Address 1117 Virginia Drive
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 Br Cup 65.00
 Casket with Copper Lin. ✓
 Style of Casket Spr Flat Top
 No. of Casket X
 Outside Box Reg
 Shipping Case or Vault
 Handles Shat Spt Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section Lot
_____ E
 I Other Graves N S
 X Grave on this date W
 Cremation
 Single Grave White 5.00
 Opening and Closing Grave 7 & 8 10.00
 Body Shipped to Closed car 5.00
 R. R. Ticket Car man 5.00
 Cash advanced none 5.00
 Telegram
 Minister Rev. Sutton 5.00
 Casket Wagon (1)
 Physician Dr Beardsall
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. \$150.00

5525

Carry Hand Funeral Home

Name of deceased Mrs. Catherine Peterson
Date of Death Sept 11 1930 about Aug 29 M ¹⁴³
Cause of death Exhaustion
Place of Death Woods - Near New Smyrna M
Residence Ocala
Age 80 Y'rs 11 Mo's _____ Days _____
Weight _____ Height, _____ ft. _____ in. Eyes _____
Funeral at Calvary Church
Date Mon Sept 9 1930 8 am M
Account charged Chas Underhill
Address _____
Account guaranteed _____
Address _____
Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6-3-3 by Gre 250 00
Casket with Copper Lin. yes
Style of Casket Oct 3-P.T
No. of Casket 1401-5-
Outside Box R-9
Shipping Case or Vault _____
Handles Ext Spt Fin
Pillow Set ✓
Name Plate Cause
Cemetery _____
Section _____ Lot _____
E
I Other Graves _____
X Grave on this date _____
N S
W
Cremation Long Distance Phoe
Single Grave to Brooklyn N Y 6.00
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket Bought Direct
Cash advanced by Robison at
Telegram New Smyrna 15.00
Minister Fallen 7th
Casket Wagon & other sur 50.00
Physician Cramer at N. Smyrna
County or City Burial _____
Automobiles _____
Baggage or Express Train No. 82 32.00
Wed-Night 9-10-30

5526

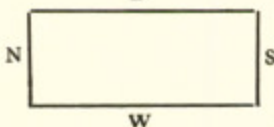
Carey Hand Funeral Home

Name of deceased Claud C. Sims
 Date of Death Sat Sept 5 1930 3 P M
 Cause of death Cancer of Throat
 Place of Death Winter Garden M
 Residence Tampa
 Age 46 Yrs 7 Mo's 24 Days
 Weight 125 Height, 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sat Sept - 6 - 1930 530 P. M
 Account charged Phill Peters
 Address Winter Garden
 Account guaranteed

Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- In Bnd-C- 185.00
 Casket with Copper Lin. ✓
 Style of Casket Ext 3-P.T.
 No. of Casket S 1450
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext 0 Sil Tin
 Pillow Set yes
 Name Plate ✓
 Cemetery Osceola
 Section _____ Lot _____

I Other Graves

X Grave on this date



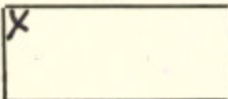
Cremation _____
 Single Grave _____
 Opening and Closing Grave Del Bur 10.00
 Body Shipped to _____
 R. R. Ticket (1) closed Can 5.00
 Cash advanced _____
 Telegram _____
 Minister Rev Hodnet
 Casket Wagon (1) 10.00
 Physician Dr Lawrence
 County or City Burial _____
 Automobiles 8.00 15.00
 Baggage or Express Train No. 260.00

Left side of Throat in
bad shape

5527

Carey Hand Funeral Home

Name of deceased Infant of Mr & Mrs Joseph Raper
Date of Death Sat Sept 6 1920 M
Cause of death Still Born
Place of Death O G H. M
Residence 481- Boone st
Age # Y'rs # Mo's # Days
Weight L Height, L ft. L in. Eyes L
Funeral at —
Date Sun Sept 7 - 1920 10 A M
Account charged Joseph Raper
Address 481- Boone st -
Account guaranteed alph Bamby
Address 481 Boone st
Embalming —
Robe, Suit, Dress —
Underwear and Hose —
Casket 2-0-H 25-
Casket with Copper Lin. L
Style of Casket sq
No. of Casket —
Outside Box Reg
Shipping Case or Vault L
Handles small
Pillow Set L
Name Plate —
Cemetery Greenwood
Section A Lot 173
H L Soline
Lot
I Other Graves —
X Grave on this date —

N  S
W

Cremation —
Single Grave —
Opening and Closing Grave del B u
Body Shipped to —
R. R. Ticket —
Cash advanced auto No Chg
Telegram L
Minister L
Casket Wagon L
Physician Dr M Euan
County or City Burial —
Automobiles —
Baggage or Express Train No. —

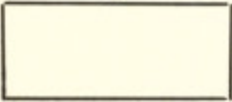
12 50

2.50

15 00

5528

Carey Hand Funeral Home

Name of deceased Wm. A. Rice
 Date of Death Sun 9-7-1930 3:30 M A
 Cause of death Gastric Cancer
 Place of Death Spies San't M
 Residence Mailland
 Age 69 Y'rs 6 Mo's 23 Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Dist
 Date Wed-9-10-30 1930 P M
 Account charged John W. Rice (Brother)
 Address Mailland
 Account guaranteed Estate
 Address Geo-Strickland
 Embalming + Dressing 35.00
 Robe, Suit, Dress Blk Wd - C. 32.50
 Underwear and Hose 2.50
 Casket 6-3 Gr Bid-C- 250.00
 Casket with Copper Lin. ✓
 Style of Casket R. Cox State
 No. of Casket 10-10-16-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext O. S. L. Fin
 Pillow Set yes
 Name Plate
 Cemetery Dist
 Section Lot
 E
 N  S
 W
 I Other Graves
 X Grave on this date
 1- E Return
 1- X -
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Chilans Ind 108.85
 R. R. Ticket 2 + Pull 20.00
 Cash advanced 2.24
 Telegram (3) 92-97-55
 Minister ✓
 Casket Wagon (2) 10.00
 Physician Dr Spies
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92 461.09
Mar Sept 8-30

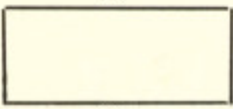
5529

Carey Hand Funeral Home

Name of deceased Capt. Frank J. Bowen
 Date of Death 9-4-1930 M
 Cause of death central apoplexy
 Place of Death Res M
 Residence Jacksonville
 Age 59 Y's 7 Mo's _____ Days _____
 Weight _____ Height, 6 ft. 0 in. Eyes brn
 Funeral at Jacksonville - 9 15 -
 Date 9-5-30 192 P M
 Account charged Moulton & Kyle
 Address F. D. Jacksonville Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body - arrived
 Outside Box Train 73 - Mon
 Shipping Case or Vault Moving
 Handles Sept-8-1930 by Ex
 Pillow Set Body cremated
 Name Plate 6-a m
 Cemetery Tur. 9-9-30
 Section Coffin Can Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Fun. Returned
 Single Grave to Moulton & Kyle
 Opening and Closing Grave _____
 Body Shipped to Wed-9-10-30
 R. R. Ticket by Ex from
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 50.00
 Automobiles _____
 Baggage or Express Train No. _____

5330

Carey Hand Funeral Home

Name of deceased Mr. Char. R. Carter
 Date of Death Sept. 6 1930 11 P. M.
 Cause of death Cancer Stomach
 Place of Death N.Y. Res. of Mrs. Daugherty
 Residence Carter street Deland -
 Age 75 Y'rs 11 Mo's 15 Days
 Weight 160 Height 6 ft. 0 in. Eyes
 Funeral at Chapel
 Date Tues 9-9-30 192 4-P. M.
 Account charged Mrs. H. H. Rawls -
 Address 6210 Cen ave Tampa Fla
 Account guaranteed Estate
 Address
 Embalming Yes in N.Y. 135.00
 Robe, Suit, Dress and this expense
 Underwear and Hose Express
 Casket 6-3-5 Brd - C - 250.00
 Casket with Copper Lin.
 Style of Casket Septic
 No. of Casket
 Outside Box
 Shipping Case or Vault Maxwell 75.00
 Handles Ext - 3
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section L - Lot
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation P. B. Car 5.00
 Single Grave Car 5.00
 Opening and Closing Grave 7 + 5 10.00
 Body Shipped to
 R. R. Ticket telegrams
 Cash advanced
 Telegram
 Minister Rev Boyd 5.00
 Casket Wagon (1)
 Physician
 County or City Burial
 Automobiles \$ v \$ 15.00
 Baggage or Express Train No. 50006
arrived train 91 - Tues 9-9-30

National Casket Co. of N.Y.
Handled all details there
for us -

5531

Carey Hand Funeral Home

Name of deceased Mrs Sarah Gilbert
 Date of Death Sept 9 1930 11 A M
 Cause of death _____
 Place of Death Res M
 Residence E. Rob ave
 Age _____ Y's _____ Mo's _____ Days _____
 Weight 80 Height, 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Wed- 9-10-30 192 4-P. M
 Account charged Estate

Address _____
 Account guaranteed Estate
 Address 10 N. B. O'Neal
 Embalming & Dressing 35.00
 Robe, Suit, Dress 2.50
 Underwear and Hose 250.00
 Casket 6-3- Br Bd-e
 Casket with Copper Lin. ✓
 Style of Casket Exple H. Cap.
 No. of Casket 3518 S-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext O. Sil
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section A- Lot 136
Olivia Carter Lot E

I Other Graves

X Grave on this date

N

X	11
---	----

W

S

Cremation Car P. B. 5.00
 Single Grave Car Mini 10.00
 Opening and Closing Grave 9 & 5
 Body Shipped to _____ 5.00
 R. R. Ticket Clond-e.
 Cash advanced _____
 Telegram _____
 Minister adcock 5.00
 Casket Wagon (1)
 Physician Dr McEuan
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 332 50

Name of deceased _____
Date of Death Sept 10 1930 M
Cause of death _____
Place of Death C. S. H. M
Residence _____

Age _____ Y'rs _____ Mo's _____ Days _____

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

Funeral at _____

Date _____ 192 M

Account charged No Charge

Address People Veng Pon

Account guaranteed _____

Address _____

Embalming Cremation

Robe, Suit, Dress _____

Underwear and Hose Permit filed

Casket for same

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

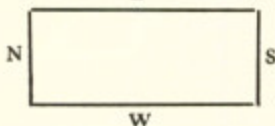
Cemetery _____

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 _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

5533 Carry name funeral home
Name of deceased Mrs Luella Johnson
Date of Death Sept 11- 1930 5 A M
Cause of death Carcinoma
Place of Death O. G. N M
Residence Winter Garden

Age 53 Yrs 2 Mo's 24 Days
Weight 125 Height, 5 ft. 6 in. Eyes

Funeral at Chapel
Date Fri 9-12-30 1930 10 30 A M

Account charged John H. Johnson
Address Winter Garden P.O. Box 81

Account guaranteed Mrs J 6-Mo-Note
Address

Embalming ☒ Dressing 35.00

Robe, Suit, Dress Pants 22.50
Underwear and Hose 2.50

Casket 6-3 Gray cup 125.00
Casket with Copper Lin.

Style of Casket, Out Oval Top
No. of Casket 8174 -

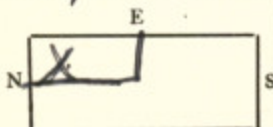
Outside Box Reg -

Shipping Case or Vault
Handles Ext 3 ft Fir

Pillow Set yes
Name Plate at Rest

Cemetery Greenwood
Section A NE 1/4 Lot 26

I Other Graves
X Grave on this date



Cremation Burial Lot 12.50

Single Grave
Opening and Closing Grave 7 ft 5 10.00

Body Shipped to
R. R. Ticket Car Min 5.00

Cash advanced

Telegram
Minister Rev Knight 3.00

Casket Wagon (1)
Physician Dr. G. A. Neal

County or City Burial 15.00

Automobiles 5 x 5
Baggage or Express Train No. 217.50

has small insurance 222.50
gave 6-Mo Note for acct

Name of deceased Rosecoe W. Buses
 Date of Death Sept-13 1930 Young & A M
 Cause of death illuminating Gas Suicide
 Place of Death Res- M
 Residence 301 Lake View Drive
 Age 46 Y's 6 Mo's 15 Days
 Weight 160 Height, 6 ft. 0 in. Eyes
 Funeral at Chapel
 Date Sun 9-14- 1930 3 P M
 Account charged W. W. Forbes Tr. D.
 Address Kansas Ills
 Account guaranteed W. W. Draft
 Address Cooper, Alta Ban Co.
 Embalming + Dressing
 Robe, Suit, Dress ✓
 Underwear and Hose No Chg
 Casket 6-3- Guy cup
 Casket with Copper Lin. ✓
 Style of Casket Oct 3-P. 9
 No. of Casket 1402-S-
 Outside Box Reg-
 Shipping Case or Vault ✓
 Handles Ext-
 Pillow Set yes
 Name Plate
 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 Kansas IllsR. R. Ticket (2) R.R. TicketsCash advanced Express 7760 XTelegram 108-107Minister McNairCasket Wagon (2)Physician Judge Cox

County or City Burial

Automobiles

Baggage or Express Train No. 92Sun 9-14-30

was found dead in Bath Room
about 8-9 a.m. 9-13-30 \$260.00
by Mr Rhodes-

35.00

135.00

5.00

76.40

2.15

10.00

264.75

1.20

263.55

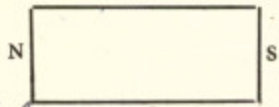
263.55

Carey Hand Funeral Home

Name of deceased Geo O Eaton
 Date of Death Sept 12 1930 M
 Cause of death Bright Disease
 Place of Death Ft Myers M
 Residence Ft Myers
 Age 82 Yrs 4 Mo's Days
 Weight 235 Height, 6 ft. 0 in. Eyes
 Funeral at Ft Myers
 Date _____ 192____ M
 Account charged A R Bell
 Address Ft Myers
 Account guaranteed OK
 Address _____
 Embalming Cremation 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Cape
 Casket with Copper Lin. Body covered
 Style of Casket Ham 92-415 PM
 No. of Casket Sat Sept 13- 1930
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles 9-13-30- 11-PM
 Pillow Set _____
 Name Plate Ashes Delivered
 Cemetery A R Bell
 Section Sum 9-1430 Lot _____

I Other Graves

X Grave on this date



Cremation Engelhart W.D.
 Single Grave of Ft Myers
 Opening and Closing Grave _____
 Body Shipped to m Charge
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50 00

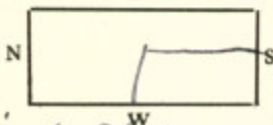
5336

Cary Hand Funeral Home

Name of deceased *Green D Tuulock*
 Date of Death *Sun Sept 14 1930* *6:30 A M*
 Cause of death *Epilepsy died sudden*
 Place of Death *Res* *M*
 Residence *311 Long st*
 Age *68* Y'rs *—* Mo's *16* Days
 Weight *140* Height, *5 ft. 6* in. Eyes
 Funeral at *Chapel*
 Date *Mon Sept 15 1930* *4 P M*
 Account charged *Marvin Tuulock*
 Address *525 Carter st*
 Account guaranteed *6 Mo Note*
 Address
 Embalming & *Dressing* *25 00*
 Robe, Suit, Dress *2 50*
 Underwear and Hose & *Shirt* *115. 00*
 Casket *5-9- Guy cup*
 Casket with Copper Lin.
 Style of Casket *Set 3-P. Typ*
 No. of Casket *1312*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext - Spt Turn*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *22 S.W. 1/4 Lot 26*
E

I Other Graves

X Grave on this date



Cremation *Burial Lot* *12. 50*
 Single Grave
 Opening and Closing Grave *T & D* *10. 00*
 Body Shipped to *Car minister* *5. 00*
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *J. S Bookhart* *5 00*
 Casket Wagon *(1)*
 Physician *Dr. M. Andrews*
 County or City Burial
 Automobiles *S-S-* *15 00*
 Baggage or Express Train No. *4* *190.00*

Marvin Tuulock
works for Kwik second hand
Auto. at Chevrolet Place

5337

Carey Hand Funeral Home

Name of deceased *Andrew J. Hunter*
 Date of Death *Sun 9-14 1930* - *6 A* M
 Cause of death *myocarditis*
 Place of Death *Res -* M
 Residence *Gotha -*
 Age *60* Y's *9* Mo's *27* Days
 Weight *150* Height *6* ft. *0* in. Eyes
 Funeral at *Chapel*
 Date *Tuesday 9-16 1930* - *3 P.* M
 Account charged *Mrs Andrew J Hunter*
 Address *Gotha Fla.*
 Account guaranteed *Estate*
 Address

Embalming + Dressing *35 00*

Robe, Suit, Dress

Underwear and Hose

Casket *6-3 In Doe* *150 00*

Casket with Copper Lin.

Style of Casket *Ext 3-P. Top*

No. of Casket *1401 S*

Outside Box *Reg*

Shipping Case or Vault

Handles *Ext Spt Top*

Pillow Set *yes*

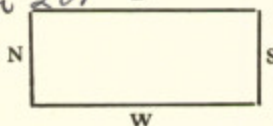
Name Plate *T. & A M*

Cemetery *Oak Hill*

Section Lot

on
Human Burial Lot *E*
 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 *Robinson Picture* *5. 00*

Cash advanced *none* *5. 00*

Telegram

Minister *Rev E Fisher of Gotha* *5. 00*

Casket Wagon *C/D*

Physician *Dr Lawrence*

County or City Burial

Automobiles *S & S* *15 00*

Baggage or Express Train No. *225 00*

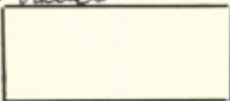
T. & A M in
Charge at Grave

Name of deceased *Sarah M. Allister*
Date of Death *Jan 9-14* 19*30* M
Cause of death *acute dilatation of heart*
Place of Death *Res* M
Residence *Cherry Highway 8 Miles East*
Age *69* Y'rs *2* Mo's *15* Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at *Home*
Date *Sept 15* 19*30* *2 P.* M
Account charged *Sidney M. Allister*
Address *Orlando R. F. D. #4*
Account guaranteed _____
Address _____
Embalming *+ Dressing*
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *6-3- Coffin*
Casket with Copper Lin. _____
Style of Casket *People Deny* 1450
No. of Casket *Pool*
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery *Shandy*
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. Redding* 1450
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

Name of deceased Leonard A. Raggen
 Date of Death Sept 13 1930 M
 Cause of death Coronary Thrombosis
 Place of Death St Petersburg Fla M
 Residence 761 - 51st ave St Petersburg
 Age 65 Y's 2 Mo's 4 Days
 Weight 140 Height, 5 ft. 9 in. Eyes Blue
 Funeral at St Petersburg Fla
 Date Sept 1930 M
 Account charged Walter Baynard Co.
 Address St Petersburg Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 5000
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body Arrived
 Casket with Copper Lin. Monday
 Style of Casket 1:25 a.m. Sept
 No. of Casket 15th by train
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles Sept 15 - 11:30 a.m.
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Ashes were sent
 Single Grave by express to
 Opening and Closing Grave Walters
 Body Shipped to Baynard Co
 R. R. Ticket St Petersburg
 Cash advanced Fla Sept 15
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. A. J. Wood
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

5540

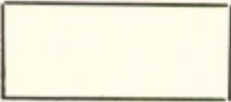
Carey Hand Funeral Home

Name of deceased Cecil Howard Coats Jr
 Date of Death Sept 14 1930 M
 Cause of death Still Born
 Place of Death Jacksonville Fla M
 Residence _____
 Age ✓ Y's ✓ Mo's ✓ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192 M
 Account charged Cecil Howard Coats Jr
 Address Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming Baly Expressed to
 Robe, Suit, Dress Buchanan Ga
 Underwear and Hose Sat Nov- 22-30
 Casket Consigned to Mrs Blyth Hunt
 Casket with Copper Lin Buchanan Ga
 Style of Casket _____
 No. of Casket Lining of O.S. Box 10. 00
 Outside Box _____ 18. 62
 Shipping Case or Vault Express
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
In Vault
☐ I Other Graves
☐ X Grave on this date

 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Buchanan Ga
 R. R. Ticket Express
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 28. 62
 Automobiles _____
 Baggage or Express Train No. _____

Body arrive by Express
 train 23-9-16-30.
 Heritage & Williams in Charge
 at Jacksonville

5541

Carry Hand Funeral Home

Name of deceased *Mega Heckatt*
 Date of Death *Sept 19* 192*30* M
 Cause of death _____
 Place of Death *Ras* M
 Residence *Leesburg*
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 192 _____ M
 Account charged _____
 Address _____
 Account guaranteed *Ch*
 Address _____
 Embalming *Cremation* 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-State*
 Casket with Copper Lin. _____
 Style of Casket *Body arrived*
 No. of Casket *1230 P.M. 9-16-30*
 Outside Box *by auto*
 Shipping Case or Vault *L.C. Page*
 Handles *F.D. of Leesburg*
 Pillow Set *in charge*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date *Copper Can*
 N  S
 W
 Cremation _____
 Single Grave *Fun Express*
 Opening and Closing Grave _____
 Body Shipped to *L.C. Page*
 R. R. Ticket *F.D. Leesburg*
 Cash advanced _____
 Telegram *Sat 9-20-30*
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 50.00
 Automobiles _____
 Baggage or Express Train No. _____

Name of deceased *Benjamin Drew*
 Date of Death *Sept 17 1930* 12 30 *MA*
 Cause of death *Cerebral Hemorrhage*
 Place of Death *Res-* *M*
 Residence *524 S. Delaney St*
 Age *86* Yrs *6* Mo's *126* Days
 Weight *160* Height *5* ft. *9* in. Eyes
 Funeral at *Chapel*
 Date *Thurs Sept 18 1930* 4 P. *M*
 Account charged *Mrs B. Drew*
 Address *524 S. Delaney St*
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing* 35 *00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-Metal & M. Tin* 550 *00*
 Casket with Copper Lin. *Inner*
 Style of Casket *R. Co. State*
 No. of Casket *Estate*
 Outside Box
 Shipping Case or Vault *Inc. Closing* 150 *00*
 Handles *Ext. G. M. Tin*
 Pillow Set *yes* *Sept 18 1930*
 Name Plate *Name* 1930
 Cemetery *West*
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation *Excess Baggage* 5.84
 Single Grave *Musie* 10. *00*
 Opening and Closing Grave
 Body Shipped to *Fitzgerald Ga*
 R. R. Ticket *10.50* 63.42
 Cash advanced *5 covers for* 15.00
 Telegram *65* .65
 Minister *Rev. Rice* 10.00
 Casket Wagon *(2)*
 Physician *Dr. Christ*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *82*
Thurs Night 9-18-30

83921

5544

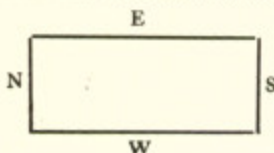
Cremation
Carry Hand Funeral Home

Name of deceased Libbie Phillips
 Date of Death Sept 14 1920 M
 Cause of death Angina Pectoris
 Place of Death Miami Fla M
 Residence Miami Fla
 Age 67 Y'rs 3 Mo's _____ Days _____
 Weight 160 Height, 5 ft. 5 in. Eyes _____
 Funeral at Miami
 Date _____ 192 _____ M
 Account charged W L Phillips
 Address 45 Miami
 Account guaranteed Ch
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body removed
 Casket with Copper Lin. Wed
 Style of Casket train 91-130-P.M.
 No. of Casket _____
 Outside Box Body Cremated
 Shipping Case or Vault Wed-9-17-30
 Handles 4-P.M.
 Pillow Set Express To
 Name Plate W L Phillips
 Cemetery Miami 82. This Night
 Section 9-18-30 Lot _____

Coffee Can

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 _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00

3545

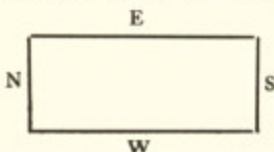
Carey Hand Funeral Home

Name of deceased *Sydney M. Allister*
 Date of Death *Sept 18* 192*30* *12:30 P.* M
 Cause of death *Diabetes*
 Place of Death *C. G. H.* M
 Residence *Orlando R. F. H. 124*
 Age *65* Y'rs *3* Mo's *18* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Catholic Church*
 Date *Sept 20* 192*30* 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 _____
 No. of Casket _____
 Outside Box *Reg -*
 Shipping Case or Vault _____
 Handles *Reg -*
 Pillow Set _____
 Name Plate _____
 Cemetery *Shawdy Cemetery*
 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. Neal*
 County or City Burial _____
 Automobiles *Sturdy*
 Baggage or Express Train No. _____

1450

1450

7.00 20
of 10 6.10
per sack
total 60.20

The Star Inn Logon may pay this

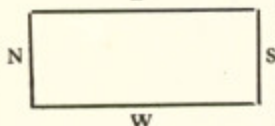
5546

Carey Hand Funeral Home

Name of deceased *Margaret E. Osteen*
 Date of Death *Thurs 9-18 1920* P M
 Cause of death *Cardiac Exhaustion*
 Place of Death *Vla Sant -* M
 Residence *Ft Christmas*
 Age *22* Y's *8* Mo's *19* Days
 Weight *135* Height, *5* ft. *3* in. Eyes
 Funeral at *Grave Ft Wamas*
 Date *Sept 19 1920 4 P.* M
 Account charged *N. B. Osteen*
 Address *Ft Christmas*
 Account guaranteed
 Address
 Embalming *Yes*
 Robe, Suit, Dress *White Silk*
 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 *Reg*
 Shipping Case or Vault *✓*
 Handles *Short*
 Pillow Set *yes*
 Name Plate
 Cemetery *Ft Christmas*
 Section Lot
 E

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *Del by vote*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *R. W. E. Lee Smith*Casket Wagon *(1)*Physician *Dr. Wescott*

County or City Burial

Automobiles *S. S.*

Baggage or Express Train No.

People Kenyon
or old acct just
Sept. 1927

35 00
 20 00
 2 50
 125 00

5 00

10 00

5 00

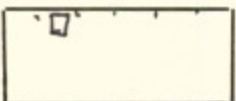
20 00

2 22 50
 3 5 00

787 50

5547

Carey Hand Funeral Home

Name of deceased Baby Aulls
 Date of Death Sept 18 1930 M
 Cause of death Prematurity
 Place of Death Portsmouth Va M
 Residence Portsmouth Va
 Age 2 Y'rs 2 Mo's 2 Days
 Weight 3 lbs Height ft. in. Eyes
 Funeral at Oceanside
 Date Sept 1930 M
 Account charged Dr. Ernest C. Aulls
 Address Portsmouth Va
 Account guaranteed L. S. Aulls
 Address 819 E. Anderson St.
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box air seal cover 75 00
 Shipping Case or Vault Body
 Handles arrived Sept 19
 Pillow Set 3:30 a.m.
 Name Plate
 Cemetery Greenwood
 Section V Lot 48
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation Burial Lot 225 00
 Single Grave
 Opening and Closing Grave etc 5 00
 Body Shipped to 10. 00
 R. R. Ticket Surfer Chg
 Cash advanced
 Telegram
 Minister
 Casket Wagon (1) 5 00
 Physician R. M. Cox
 County or City Burial
 Automobiles closed car 5 00
 Baggage or Express Train No. 325 00

5548

Cremation Carry Hand Funeral Home

Name of deceased Susan P. Hathaway
 Date of Death Sept 15 1923 M
 Cause of death Angina Pectoris
 Place of Death Punta Gorda M
 Residence Punta Gorda
 Age 77 Y'rs 8 Mo's 26 Days
 Weight 135 Height, 5 ft. 3 in. Eyes Blue
 Funeral at Punta Gorda
 Date Sept 18 1923 M
 Account charged Milton A. Hathaway
 Address Punta Gorda
 Account guaranteed check
 Address _____
 Embalming Cremation 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Express
 Outside Box Friday
 Shipping Case or Vault a.m.
 Handles Sept 19th 1930
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Sat - a.m.
 Section Sept 20th Lot 1930

E

I Other Graves

X Grave on this date

N

S

W

Cremation Ashes to be
 Single Grave expressed to
 Opening and Closing Grave Jas. R.
 Body Shipped to McClelland
 R. R. Ticket 7.00 - Punta
 Cash advanced Gorda Fla
 Telegram Sept -
 Minister _____
 Casket Wagon _____
 Physician Jas. A. Steeley
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00

5549

Carey Hand Funeral Home

Name of deceased *Mrs Emma Ruch*
 Date of Death *Sept 20 1923* *11:30 P.* M
 Cause of death *Diabetes mellitis*
 Place of Death *Res.* M
 Residence *Kissimmee Fla*
 Age *51* Y's *5* Mo's *✓* Days
 Weight *145* Height, *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Sept 1923* *P.* M
 Account charged *Mrs R. Ruch*
 Address *4 Vine St - Kissimmee Fla*
 Account guaranteed

Address
 Embalming *Emb.* 35.00
 Robe, Suit, Dress *White Silk* 34.00
 Underwear and Hose
 Casket *6-2* *Gr Plush* 190.00

Casket with Copper Lin. ✓
 Style of Casket *Oct. 1/2 Couch*
 No. of Casket *1920* *Decorative*
 Outside Box *Reg*

Shipping Case or Vault ✓
 Handles *Ext. Q. Set Fin*
 Pillow Set *yes*

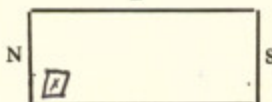
Name Plate
 Cemetery *Greenwood*
 Section *P.* Lot *129*

Bought
Loyal Jordan Lot

E

I Other Graves

X Grave on this date



Cremation *Burial Lot* 100.00

Single Grave

Opening and Closing Grave *7 & 8* 10.00

Body Shipped to *(2) Cloud Cove* 10.00

R. R. Ticket *P. B. Car* 5.00

Cash advanced *Car min* 5.00

Telegram

Minister *Rev Traff* 10.00

Casket Wagon *(1)*

Physician *Dr. Guger*

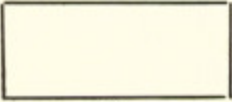
County or City Burial

Automobiles *S & S* 15.00

Baggage or Express Train No. 414.00

will pay by the mo

1350 Carry Hand Funeral Home

Name of deceased Alexander W. Zell
 Date of Death Sept 28 1923 0 8 P. M
 Cause of death Acute dilatation of heart
 Place of Death Res. M
 Residence 516 Bathurst St
 Age 31 Y'rs 7 Mo's 20 Days
 Weight 150 Height, 5 ft. 8 in. Eyes
 Funeral at Chapel
 Date Tues 9-23-30 192 11-A M
 Account charged Mrs Albert Zell
 Address 516 Bathurst St City
 Account guaranteed Insurance
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress Shirt 2.50
 Underwear and Hose Col 25 to 26 2.25
 Casket 6-3 Gr 13rd-E- 225.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-OT
 No. of Casket S-1418
 Outside Box 1304
 Shipping Case or Vault ✓
 Handles Ext O. Sil Fin
 Pillow Set yes
 Name Plate Name & Date 1899 5.00
 Cemetery West
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation Spr. Flowers 5.00
 Single Grave Auto 5.00
 Opening and Closing Grave
 Body Shipped to Lyons Minn
 R. R. Ticket 3 + 9.15 \$309.15
 Cash advanced
 Telegram 156-156-156-25-25 5.18
 Minister Rev Geo Traff.
 Casket Wagon (2) 10.00
 Physician Dr. Namer
 County or City Burial music 2.50
 Automobiles
 Baggage or Express Train No. 92 29743
Tues Sept 23-30

3351

Carry Hand Funeral Home

Name of deceased *Infant* *Page*
 Date of Death *9-22-1920* M
 Cause of death *Still Born*
 Place of Death *O & H* M
 Residence *31 Pushing Place*
 Age ☒ Y's ☒ Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Home*
 Date *Tues-9-23-1920* A M
 Account charged *Vern C. Page*
 Address *31 Pushing Place*
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2-0 H X-5-* 12 50
 Casket with Copper Lin.
 Style of Casket *Sgt. H. M.*
 No. of Casket
 Outside Box *Reg*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *J. E 1/2* Lot *40*
 E

I Other Graves

X Grave on this date

Jessie Page Infant
Lot

Cremation

Single Grave

Opening and Closing Grave *del* 2 00

Body Shipped to

R. R. Ticket *Auto & Sew-* 2 50

Cash advanced

Telegram

Minister

Casket Wagon

Physician *Dr Collins*

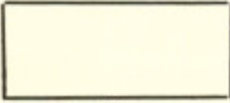
County or City Burial

Automobiles

Baggage or Express Train No.

17.00

5352 Carry Hand Funeral Home

Name of deceased Ernest Howard
 Date of Death Sept 19 1923 M
 Cause of death Echo Nephritis
 Place of Death Cleawater M
 Residence Cleawater
 Age 73 Y'rs Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at Cleawater
 Date Sept 19 1923 M
 Account charged C. N. Alexander
 Address Cleawater Fla
 Account guaranteed Chk
 Address
 Embalming Cremation 50.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket Rein.
 Casket with Copper Lin. Body only
 Style of Casket 5-P.M. 9-21-30
 No. of Casket by auto
 Outside Box
 Shipping Case or Vault Body cremated
 Handles 6-P.M. 9-22-30
 Pillow Set
 Name Plate urn returned to
 Cemetery C. N. Alexander 9.00
 Section Cleawater Lot
Wed-9-24-30 E
by Express-
 I Other Graves
 X Grave on this date
 N  S
 W
Coffin Case
 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

5353

Carey Hand Funeral Home

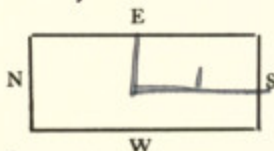
Name of deceased Mrs Eugenia Davis
 Date of Death Sept 23 1930 8:55 P M
 Cause of death myocarditis
 Place of Death O.S.H. M
 Residence 550 Piedmont ave
 Age 30 Y'rs 10 Mo's 23 Days
 Weight 145 Height, 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Thurs Sept 25 1930 4 P. M
 Account charged Ray Davis
 Address 550 Piedmont ave
 Account guaranteed Insurance
 Address

Embalming ☒ Dressing 35.00
 Robe, Suit, Dress White Silk 20 17.50
 Underwear and Hose 2.50
 Casket 5-9 W. L. S. 150.00

Casket with Copper Lin. ☒
 Style of Casket Oct 3-P. 9
 No. of Casket 1406 -
 Outside Box Reg -
 Shipping Case or Vault ☒
 Handles Short White Enl
 Pillow Set yes
 Name Plate ☒
 Cemetery Greenwood
 Section H. SE 1/4 Lot 212

I Other Graves

X Grave on this date



Cremation P. B Car 5.00
 Single Grave Clared Car 5.00
 Opening and Closing Grave T. & S. 10.00
 Body Shipped to Car Min 5.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Inman -
 Casket Wagon (1) 5.00
 Physician Dr Christ
 County or City Burial
 Automobiles S & S - 15.00
 Baggage or Express Train No. 250.00

Metropolitan Ins

5554

Carey Hand Funeral Home

Name of deceased Infant of Geo Westbrook
 Date of Death Sept 24 1920 1-A M
 Cause of death _____
 Place of Death Blumant O 5 H M
 Residence Blumant
 Age 1 Y'rs ✓ Mo's 1 Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1920 M
 Account charged Geo Westbrook
 Address Blumant 9.1a
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0 H-2 S 12 50
 Casket with Copper Lin. _____
 Style of Casket Sgt H/M
 No. of Casket _____
 Outside Box Rtg
 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 Auto & Sew 2 50
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr Edwards
 County or City Burial _____
 Automobiles _____ 19 50
 Baggage or Express Train No. _____

5555 **Carey Hand Funeral Home** *Cremation*

Name of deceased *Mathias Hugo*
 Date of Death *Sept 20th 1930* M
 Cause of death *Gun shot wound Rt temple*
 Place of Death *New Orleans La* M
 Residence *Clearwater Fla*
 Age *23* Y'rs *4* Mo's *1* Days
 Weight *170* Height, *5* ft. *10* in. Eyes *Blue*
 Funeral at *New Orleans*
 Date *Sept* 1930 M
 Account charged *Anna Hug-Mottie*
 Address *Clearwater*
 Account guaranteed *Cash*
 Address *Clearwater Fla*
 Embalming
 Robe, Suit, Dress *Cremation* 50 00
 Underwear and Hose
 Casket *Body arrived*
 Casket with Copper Lin. *Sept 25th*
 Style of Casket *1930 3:30 a.m.*
 No. of Casket *Train &*
 Outside Box
 Shipping Case or Vault
 Handles *Body was*
 Pillow Set *Cremated at*
 Name Plate *5 G.M. Thurs*
 Cemetery *Sept 25th 1930*
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation *Ashes to be sent*
 Single Grave *to*
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician *at New Orleans*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

50 00

5556

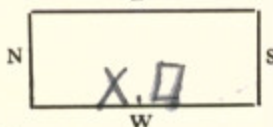
Carry Hand Funeral Home

Name of deceased Edward H. Frenking
 Date of Death Sept 26 1930 M
 Cause of death _____
 Place of Death Fla. Sant M
 Residence 415 Shady Lane
 Age 46 Yrs 7 Mo's 7 Days
 Weight 140 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel
 Date Tues Sept 30 1930 1-P.M
 Account charged Mrs Edward Frenking
 Address 415 Shady Lane
 Account guaranteed Estate
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress Shirt 3.50 Under 2.00 4.50
 Underwear and Hose tie 1.50 socks 1.00 2.50
 Casket 6-3 Gr Bld C- 225.00
 Casket with Copper Lin. ✓
 Style of Casket P.C. State 1/2 Couch
 No. of Casket 6308 Albans
 Outside Box 7-9
 Shipping Case or Vault Gr Seal 140.00
 Handles Ext. C. Seal
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section J- Lot 127
E

I Other Graves

X Grave on this date



Cremation

Single Grave _____
 Opening and Closing Grave 7 & 5 10.00
 Body Shipped to (2) P. B. Car 10.00
 R. R. Ticket Car Min 5.00
 Cash advanced (3) Cloud Cars 15.00

Telegram

Minister Dean Adcock 5.00Casket Wagon (1)Physician Dr. L. L. Andrews Boenbach

County or City Burial ✓

Automobiles S & S 15.00

Baggage or Express Train No. ✓

Amb Sauer 9-26
 517.00
 5.00
 522.00

555)

Carry Hand Funeral Home

Name of deceased *William Cairns Stuart*
 Date of Death *Sept-25 1930* M
 Cause of death *General Peritonitis*
 Place of Death *Jacksonville Fla* M
 Residence *Jacksonville Fla*
 Age *47* Y'rs — Mo's *1* Days
 Weight *180* Height, *5 ft. 8* in. Eyes *blue*
 Funeral at *Jacksonville*
 Date *192* M
 Account charged *Moulton & Kyle*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3- Belmont Metal*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *100*
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section *officer Can* Lot _____
 I Other Graves _____ E
 X Grave on this date _____ N S
 Cremation *Body arrived here* W
 Single Grave *73- Sat morning*
 Opening and Closing Grave *9-27-30*
 Body Shipped to _____
 R. R. Ticket *Body cremated*
 Cash advanced *9-a m*
 Telegram *Sat- 9-27-30*
 Minister _____
 Casket Wagon *Am Express to*
 Physician *Moulton & Kyle*
 County or City Burial *J.D. Jacksonville*
 Automobiles *Mon Sept- 29-30*
 Baggage or Express Train No. _____ 50.00

5558 Carey Hand Funeral Home

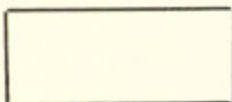
Name of deceased *Mrs Martha Huston*
 Date of Death *Sat Sept 27 1930* *9* M
 Cause of death *Chro - Bronco Asthma*
 Place of Death *Res* M
 Residence *800 Euclid Ave*
 Age *75* Y's *1* Mo's *10* Days
 Weight *150* Height, *5* ft. *6* in. Eyes
 Funeral at *Res 800 Euclid Ave*
 Date *Wed Oct 1 1930* *10* A M
 Account charged *R. F. Maguire*
 Address *800 Euclid Ave*
 Account guaranteed

Address
 Embalming & Dressing *35.00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *5-9 Grey Exp.* *125.00*
 Casket with Copper Lin. ✓
 Style of Casket *Oct 3-P.T*
 No. of Casket *1402-5*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext S/P Fin*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *V-* Lot *50*

3/4 of Burial Lot

I Other Graves

In Resale N
 Grave on this date



Cremation *Burial Lot* *225.00*
 Single Grave
 Opening and Closing Grave *9+2* *10.00*
 Body Shipped to *Car P. B.* *5.00*
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev Meas* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. Tolson*
 County or City Burial
 Automobiles *S & S -* *15.00*
 Baggage or Express Train No. *420.00*

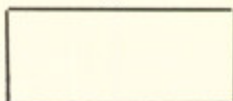
5559 Carey Hand Funeral Home

Name of deceased Hazel Marie Christopher
 Date of Death Sept 27 1923 7 P M
 Cause of death _____
 Place of Death Res M
 Residence 1006 E. Anderson
 Age 20 Y'rs 6 Mo's 22 Days
 Weight 135 Height, 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Oct 1st 1923 4 P M
 Account charged Wade Christopher
 Address 1006 E. Anderson St
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 Gray Plush 200.00
 Casket with Copper Lin. ✓
 Style of Casket Oct - 1/2 Couch
 No. of Casket 4056 - Western
 Outside Box ✓
 Shipping Case or Vault Air Seal 140.00
 Handles 8 x 1 3/4 x 7 in
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date

N



W

Cremation _____ 5.00
 Single Grave White
 Opening and Closing Grave T & S 10.00
 Body Shipped to Cloud Car 5.00
 R. R. Ticket Car Min 5.00
 Cash advanced ✓
 Telegram _____
 Minister J. P. Bishop 5.00
 Casket Wagon (1)
 Physician Dr. Ford
 County or City Burial _____ 15.00
 Automobiles S & S -
 Baggage or Express Train No. _____ 420.00
Gr Chg - 1/2 Carriage 5.00
Total 425.00

Have Note

Indorsed by his Father

R A Christopher Joel Bonnell 7/10.

5569

Carey Hand Funeral Home

Name of deceased

Date of Death

Cause of death

Place of Death

Residence

Age

Y'rs

Mo's

Days

Weight

Height

5 ft. 6 in.

Eyes

Funeral at

Date

Account charged

Address

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

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

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Sarah D. Hall

Sept 19 1930

Senility

Leeds, Sante

Culanda 1900. 3 - Lak Rose

91 Y'rs 3 Mo's 18 Days

Weight 125 Height 5 ft. 6 in.

Chapel

Tue Sept - 30 - 1930 9-P.

Dr John Healy

Inagardine Ave Healy Sandtown

Estate

Dressing

✓

✓

No casket used

✓

Cremation

No. of Casket

Outside Box

Body cremated

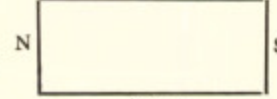
Thursday 9-10 a.m.

Oct - 2 - 1930 -

Will call for urn

Copper Can

E



no service chg

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Mr Paul Blackett

(1)

Healy

Automobiles

Baggage or Express Train No.

35.00

50.00

5.00

90.00

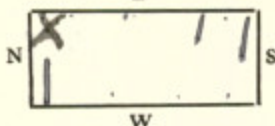
5576 Carey Hand Funeral Home

Name of deceased Alfred H. Pink
 Date of Death Sept 29 1930 7:15 a M
 Cause of death Acute Endocarditis
 Place of Death O. G. H M
 Residence Cleveland Fla
 Age 37 Y's 1 Mo's 14 Days
 Weight 100 Height, 5 ft. 5 in. Eyes
 Funeral at 1st Baptist Church
 Date Sept 29 1930 M
 Account charged Mrs Alfred Pink
 Address Cleveland Fla
 Account guaranteed

Address
 Embalming ✓ Dressing 35.00
 Robe, Suit, Dress Blk Box Lin 50
 Underwear and Hose Pr Horn 75
 Casket 4-3 G. Bld - C 250.00
 Casket with Copper Lin. ✓
 Style of Casket R. Ca 3 top
 No. of Casket 10-10-16
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext Oil Fin
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section J- Lot 115
 E

I Other Graves

X Grave on this date



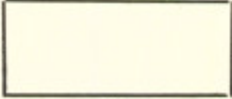
Cremation (2) Guard Cars 10.00
 Single Grave
 Opening and Closing Grave T. & D. 10.00
 Body Shipped to (2) Ex 1/2 trip
 R. R. Ticket Fr Car Extra 10.00
 Cash advanced
 Telegram
 Minister Leean Adcock 5.00
 Casket Wagon (1)
 Physician Dr. M. C. Evans
 County or City Burial
 Automobiles S & S- 15.00

Baggage or Express Train No. 396.25

Service at Baptist Church
2-P.M. Burial Thursday
Oct-2-30 Delayed by other members
of Family arrived late

5571

Carey Hand Funeral Home

Name of deceased Alonso Tanner
 Date of Death Sept 29 1930 7:30 P. M
 Cause of death Chyo Intestinal rupture
 Place of Death Res M
 Residence 1008 W. Washington
 Age 50 Y'rs Mo's Days
 Weight _____ Height, _____ ft. in. Eyes _____
 Funeral at _____
 Date Sept 28 1930 10 A. M
 Account charged City
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Coffin + box 14 00
 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 _____
 N  S
 W
 Cremation _____
 Single Grave Coland
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Collins
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

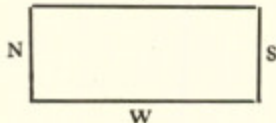
14 00

552 ✓ Carey Hand Funeral Home

Name of deceased *Mrs Ethel Morell & Baby*
 Date of Death *Sept- 30* 19*30* - *5 P.* M
 Cause of death
 Place of Death *O. G. H.* M
 Residence *Winter Garden*
 Age *about 33* Y's Mo's Days
 Weight *125* Height, *5* ft. *6* in. Eyes
 Funeral at *Grave* *Winter Garden*
 Date *Thurs- Oct 2-* 19*30* *4 P.* M
 Account charged *Andy Morell*
 Address *Winter Garden*
 Account guaranteed *P. H. Britt*
 Address *Winter Garden*
 Embalming & Dressing *35.00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Gray cup* *50.00*
 Casket with Copper Lin. ✓
 Style of Casket *Sgt 41st 14.*
 No. of Casket *72*
 Outside Box *17-9-*
 Shipping Case or Vault
 Handles *short*
 Pillow Set ✓
 Name Plate ✓
 Cemetery *Winter Garden*
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave *Del 8-4* *10.00*

Body Shipped to ✓

R. R. Ticket ✓

Cash advanced ✓

Telegram ✓

Minister *R. W. Evans*

Casket Wagon *(1)*

Physician *Dr. Childs*

County or City Burial

Automobiles *S & S-* *20.00*

Baggage or Express Train No. *11 55.00*

Baby in Casket with Mother

People Very Poor -

Britt Brother of H. L. Hill
help on acct

5523

Carey Hand Funeral Home

Name of deceased Jaegerline Brinkley
 Date of Death Oct 1 - 1930 5 40 M
 Cause of death Pneumonia
 Place of Death O & H M
 Residence 1721 Belvoir ave
 Age 2 Y'rs 4 Mo's 2 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Dest
 Date _____ 192 _____ M
 Account charged Mack Brinkley
 Address 1721 Belvoir ave
 Account guaranteed Note
 Address _____
 Embalming Y Dressing 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓ 75 00
 Casket 36th Plush
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/4 D.S.C
 No. of Casket 150 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Small
 Pillow Set yes
 Name Plate 08
 Cemetery Dest
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation ✓
 Single Grave ✓
 Opening and Closing Grave ✓
 Body Shipped to Pelham Ga
 R. R. Ticket _____
 Cash advanced by Auto
 Telegram Family Drive
 Minister through Pelham Ga 5 00
 Casket Wagon (1)
 Physician Dr Sinclair
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$115 00

5524

Carry Hand Funeral Home

Name of deceased *Infant of Robt Lutz* *Colony*
 Date of Death *Oct 2* 1930 *M*
 Cause of death *Prunature* *Self Burn*
 Place of Death *Res* *M*
 Residence *916 Colyer st*
 Age *Y's* *Mo's* *Days*
 Weight *Height* *ft.* *in.* *Eyes*
 Funeral at

Date *192* *M*
 Account charged *City of Orlando*
 Address
 Account guaranteed
 Address

Embalming

Robe, Suit, Dress

Underwear and Hose

Casket *2-0-H 25-* *1400*

Casket with Copper Lin.

Style of Casket *Sgt. A M*

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 *Dr. Daniels* *Colony*

County or City Burial

Automobiles *1400*

Baggage or Express Train No.

5575 Carey Hand Funeral Home

Name of deceased *Mrs Mathilde Abner*
 Date of Death *Oct 3 - 1930* *2 M*
 Cause of death *Probably acute degenerative heart*
 Place of Death *Room 914 Gatlin Hotel* *M*
 Residence *414 Gatlin Hotel*
 Age *62* Y's *1* Mo's *12* Days
 Weight *170* Height, *5* ft. *6* in. Eyes *Blue*
 Funeral at *No Service*
 Date *192* *M*
 Account charged *Mrs Margaret Madden*
 Address *224 - Hilceat ave City*
 Account guaranteed *Estate*
 Address _____
 Embalming & Dressing *35 00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Service Chg* *25 00*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *was found dead in*
 Outside Box *her room at 914*
 Shipping Case or Vault *Gatlin Hotel*
 Handles *in morning*
 Pillow Set *Heart tickler*
 Name Plate _____
 Cemetery *Body cremated*
 Section *11 a m* Lot _____
Sat - Oct - 4 - 1930 E
 I Other Graves _____
 X Grave on this date _____
 Cremation *Cremation* *50 00*
 Single Grave *See Brg sum* *30 00*
 Opening and Closing Grave *Eng* *5 00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon *(1)* *5 00*
 Physician _____
 County or City Burial *4* *150 00*
 Automobiles _____
 Baggage or Express Train No. _____

was found Dead in her Room
Friday Morning Oct-3-1930
at 914 Gatlin Hotel

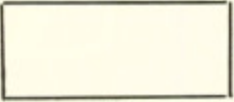
3576

Carey Hand Funeral Home

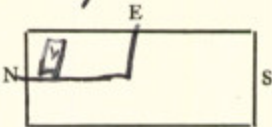
Name of deceased *Infant of Henry Palmer*
 Date of Death *Oct 2* 19*30* M
 Cause of death *Still Born*
 Place of Death *Res -* M
 Residence *507 South Paramount*
 Age *✓* Y'rs *✓* Mo's *✓* Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at
 Date *Oct - 3 -* 19*30* P. M
 Account charged *City*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-H-25* 14 00
 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 _____
 N S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Smith & Smart*
 R. R. Ticket *got the call*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. McElias -*
 County or City Burial *✓*
 Automobiles 14 00
 Baggage or Express Train No. _____

5577

Carey Hand Funeral Home

Name of deceased *Infant Lucius Niblack*
 Date of Death *Oct - 1* 19*20* - M
 Cause of death *Stomach Know*
 Place of Death *Res -* M
 Residence *1204 - West Conley*
 Age *✓* Y'rs *✓* Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at
 Date *Oct - 3 -* 19*20* P M
 Account charged *City*
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2 - 0 - W L S* 14 00
 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
 N  S
 W
 Cremation
 Single Grave *Colard*
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket *Smith & Smart*
 Cash advanced *go to call*
 Telegram
 Minister
 Casket Wagon
 Physician *D. M. Chay* 14 00
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5578 Carry Hand Funeral Home

Name of deceased *Mrs. Giogianna Stewart*
 Date of Death *Oct-4-* 19*30* *11 25* A M
 Cause of death *Pernicious Anemia*
 Place of Death *Res-* M
 Residence *319- W. Amelia*
 Age *71* Y'rs *4* Mo's *19* Days
 Weight *145* Height, *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Sun Oct-5* 19*30* *4 P.* M
 Account charged *James P Stewart*
 Address *319 W. Amelia*
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *5-9- Grey Cup.* 125.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct-3-POT.*
 No. of Casket *1332*
 Outside Box *R-9*
 Shipping Case or Vault ✓
 Handles *Shat Spt-Ten*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *V- N.E. 1/4* Lot *50*
 I Other Graves
 X Grave on this date

 Cremation *Burial Lot* 56.25
 Single Grave
 Opening and Closing Grave *T & D* 10.00
 Body Shipped to *Car Min* 5.00
 R. R. Ticket *Closed car* 5.00
 Cash advanced
 Telegram
 Minister *Rev M'Nair* 5.00
 Casket Wagon *(1)*
 Physician *S. Osentlaugh*
 County or City Burial 15.00
 Automobiles *S & S*
 Baggage or Express Train No. 256.25

5579

Carey Hand Funeral Home

Name of deceased *Infant of Joe Jackson*
 Date of Death *Oct 5 1920* *5 30 P* M
 Cause of death *Premature Birth*
 Place of Death *Res -* M

Residence _____

Age *L* Y'rs *L* Mo's *2* Days _____

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

Funeral at _____

Date _____ 192 _____ M

Account charged *City* _____

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket *2-0* _____ *14 00*

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box *11-9-* _____

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* _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician *Dr. Redding* _____

County or City Burial _____

Automobiles _____ *14 00*

Baggage or Express Train No. _____

5580 Carey Hand Funeral Home

Name of deceased *Mr Carl E Fries*
 Date of Death *Oct 5* 19*30* M
 Cause of death *myelitis*
 Place of Death *Platoka Fla* M
 Residence *Hastings Fla*
 Age *58* Y'rs *8* Mo's *20* Days
 Weight *170* Height *5 ft. 8* in. Eyes
 Funeral at *Platoka*
 Date *10-6-30* 19*2* M
 Account charged *Mr Carl Fries*
 Address *412 S. Platoka*
 Account guaranteed
 Address
 Embalming *Cremation* 50 ⁰⁰
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 L. B. d. C. O. O.T. - H.C.*
 Casket with Copper Lin.
 Style of Casket *Body arrives by*
 No. of Casket *Express in train*
 Outside Box *91 - Tuesday*
 Shipping Case or Vault *Oct. 7 - 1930*
 Handles *Body cremated*
 Pillow Set *2 - P.M.*
 Name Plate *Oct. 7 - 1930*
 Cemetery
 Section *Will care for Urn -*

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

5581 Carey Hand Funeral Home

Name of deceased Chas Bell Emerson
 Date of Death Oct-9 1930 A M
 Cause of death _____
 Place of Death Auto Camp East Gen Ave M
 Residence Auto Camp East Gen auto camp
 Age 74 Y's 10 Mo's 19 Days _____
 Weight 135 Height, 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Mon 10-13-30 192 3 P M
 Account charged Thos J. Homer
 Address Rubury mass
 Account guaranteed Cks -
 Address _____
 Embalming ☒ Dressing 35⁰⁰
 Robe, Suit, Dress ☒ _____
 Underwear and Hose ☒ _____
 Casket Coffin + Service 75⁰⁰
 Casket with Copper Lin. ☒ _____
 Style of Casket Cremation 50⁰⁰
 No. of Casket _____
 Outside Box ☒ _____
 Shipping Case or Vault ☒ _____
 Handles ☒ Body cremated
 Pillow Set ☒ Sun Oct-12-1930
 Name Plate 6-a.m.
 Cemetery _____
 Section _____ Lot _____
Coffin Can E
 I Other Graves N S
 X Grave on this date _____
 Cremation urn delivered to W
 Single Grave Thos J Homer
 Opening and Closing Grave 10-14-30
 Body Shipped to _____
 R. R. Ticket Service in Chapel
 Cash advanced Monday over urn
 Telegram _____
 Minister Rev 5⁰⁰
 Casket Wagon (1)
 Physician Dr Redding
 County or City Burial #765.00
 Automobiles _____
 Baggage or Express Train No. _____

5582 Carey Hand Funeral Home

Name of deceased *Infant of Obbie Canada*
 Date of Death *Oct 9* 19*20* - *5 30* A M
 Cause of death _____
 Place of Death *Dade St.* M
 Residence *Sal St Orlando Box 1251*
 Age *✓* Y'rs *✓* Mo's *✓* Days _____
 Weight *✓* Height, _____ ft. _____ in. Eyes _____
 Funeral at *Home*
 Date *Oct 9 - 30* 19*20* M
 Account charged *Obbie Canada*
 Address _____
 Account guaranteed *Cash*
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-11 L S -* 12 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Small*
 Pillow Set _____
 Name Plate *OS*
 Cemetery *Grandy*
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 Cremation *Bought*
 Single Grave *Casket done there*
 Opening and Closing Grave _____
 Body Shipped to *Own work*
 R. R. Ticket _____
 Cash advanced *Have Permit*
 Telegram *for same*
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial 12 00
 Automobiles _____
 Baggage or Express Train No. _____

5583

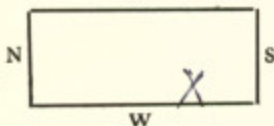
Carey Hand Funeral Home

Name of deceased *Mrs Anna Helen Chubb*
 Date of Death *Oct 10* 19*30* *A* M
 Cause of death _____
 Place of Death *Res* M
 Residence *Winter Park*
 Age *71* Y's _____ Mo's *26* Days _____
 Weight *125* Height, *5* ft. *6* in. Eyes _____
 Funeral at *Congregational Church*
 Date *Sun* *3-P M* 19*30* *3 P* M
 Account charged *Leland M Chubb*
 Address *Winter Park*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *G. C. Brown*
 Underwear and Hose _____
 Casket *6-3 b. Bld. C. Pk*
 Casket with Copper Lin. _____
 Style of Casket *Oct H. C. - O. T.*
 No. of Casket *S-1418-S*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext. Old Sil*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Winter Park*
 Section *B* *E 1/2* Lot *44*

E

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave *T & D*Body Shipped to *(2) closed Cars*R. R. Ticket *T. B. Car*Cash advanced *Carey*

Telegram _____

Minister *Rev*Casket Wagon *(1)*Physician *Dr M. E. Egan*

County or City Burial _____

Automobiles *S & S*

Baggage or Express Train No. _____

35 00

25 00

200 00

10 00

10 00

5 00

5 00

15 00

\$305.00

5584

Carey Hand Funeral Home

Name of deceased *Infant W. H. Taylor*
 Date of Death *Oct 10 1930* a.m.
 Cause of death _____
 Place of Death *P. G. H.* M
 Residence *1307 E. Kaley*
 Age *Y's* Mo's *Days*
 Weight _____ Height, _____ ft. in. Eyes _____
 Funeral at _____
 Date *1930* M
 Account charged *W. H. Taylor*
 Address *1307 E. Kaley ave*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 5.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Baby Casket*
 No. of Casket *Oct 10 3 AM.*
 Outside Box *1930*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Cremation*
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation *Cashes to be*
 Single Grave *Scattered*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *L. H. Neal*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

5.00

5585 Carey Hand Funeral Home

Name of deceased Daniel McKay
 Date of Death Oct 10 1930 P M
 Cause of death Coronary Insufficiency gangrene
 Place of Death C. & H. Right leg M
 Residence Apoka
 Age about 70 Yrs Mo's Days
 Weight 140 Height, 5 ft. 7 in. Eyes
 Funeral at grave
 Date Sun Oct - 12 1930 2 P M
 Account charged Nal McKay
 Address Apoka
 Account guaranteed Estate
 Address
 Embalming + Dressing 35 00
 Robe, Suit, Dress B. B. O. 25 00
 Underwear and Hose
 Casket 6-3 Gr Doe 150 00
 Casket with Copper Lin. ☒
 Style of Casket Oct 3-P. T.
 No. of Casket 1401-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext Spt Fin
 Pillow Set yes
 Name Plate Brother
 Cemetery Apoka
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 W
 Cremation ☒
 Single Grave ☒
 Opening and Closing Grave T & D 10 00
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram _____
 Minister Mingruff 5 00
 Casket Wagon _____
 Physician Dr Christ
 County or City Burial _____
 Automobiles S & S 20 00
 Baggage or Express Train No. \$ 2 45. 00

5586

Carey Hand Funeral Home

Name of deceased *Mr. E. H. Lehr*
 Date of Death *Oct 8* 19*20* M
 Cause of death *Stup Meningitis*
 Place of Death *Miami* M
 Residence *Miami*

Age *41* Y'rs Mo's Days
 Weight Height, ft. in. Eyes

Funeral at
 Date 192 M

Account charged *Van Crodal*
 Address *Funeral Home Miami Fla*

Account guaranteed
 Address

Embalming *Cremation* 50.00
 Robe, Suit, Dress

Underwear and Hose
 Casket *6-3 O O Top H. Cop. & Bldg.*

Casket with Copper Lin.
 Style of Casket *Body covered*

No. of Casket *by Express train 91*
 Outside Box *130 - PM*

Shipping Case or Vault *Sat 10-11-30*
 Handles

Pillow Set *Body cremated*
 Name Plate *6-2 m Sun 10-12-30*

Cemetery
 Section *Van Crodal* Lot

Copper can 10-14-30
 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

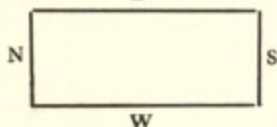
5587

Carey Hand Funeral Home

Name of deceased Guipier M. Martin
 Date of Death Oct 13 1920 12 15 MA
 Cause of death Cardiac Insufficiency
 Place of Death Res M
 Residence Osceola
 Age 26 Y'rs 11 Mo's 11 Days
 Weight 160 Height, 5 ft. 8 in. Eyes
 Funeral at Des Moines
 Date 1920 M
 Account charged G. M. Martin
 Address Marion S-C
 Account guaranteed Cash
 Address
 Embalming Y Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Guy Doe 125.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 0.9
 No. of Casket 8170
 Outside Box R-9
 Shipping Case or Vault ✓
 Handles Ext Spt Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery Des Moines
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date



Cremation ✓

Single Grave ✓

Opening and Closing Grave ✓

Body Shipped to Marion S-C

R. R. Ticket (2) 1985 39 70

Cash advanced ✓

Telegram ✓

Minister ✓

Casket Wagon to Osceola 10-Sta 5.00 15.00

Physician Dr. Wilson of Osceola

County or City Burial ✓

Automobiles ✓

Baggage or Express Train No. 92

Wed Oct 15-30 Cash 214.70

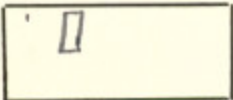
200.00

5589 Carry Hand Funeral Home

Name of deceased Frank L Helms
 Date of Death Oct-14 1930 6 30 M A
 Cause of death Endo Carditis
 Place of Death Res M
 Residence 212 Sou Lake St
 Age 59 Y's 6 Mo's 25 Days
 Weight 160 Height, 5 ft. 8 in. Eyes
 Funeral at M. E. Church -
 Date Fri Oct-17 1930 4 P M
 Account charged Mrs Frank Helms
 Address 212 - Sou Lake St -
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.⁰⁰
 Robe, Suit, Dress Colar 25 Hi 50 75.⁰⁰
 Underwear and Hose Pi Socks 75.⁰⁰
 Casket 6-3 - Gr Doe 150.⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket Oct 3 - P. Top
 No. of Casket 1401 - 5 -
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Shat Old Sil Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section C. C. Fr Lot 4
 E
 I Other Graves
 X Grave on this date P.B.
 Cremation (2) Glond Cas 10.⁰⁰
 Single Grave 10.⁰⁰
 Opening and Closing Grave T + J
 Body Shipped to P. B. Cas 5.⁰⁰
 R. R. Ticket Cas min
 Cash advanced
 Telegram
 Minister Rev C. O. Rice 5.⁰⁰
 Casket Wagon 1
 Physician Dr Redding
 County or City Burial
 Automobiles S. S - 15.⁰⁰
 Baggage or Express Train No. 23150

J.O.O. Lodge in Chg
K. J. P. + Redman attending

5589 Carry Hand Funeral Home

Name of deceased Frank L Helms
 Date of Death Oct-14 1930 6 30 M A
 Cause of death Endo Carditis
 Place of Death Res M
 Residence 212 Sou Lake St
 Age 59 Y's 6 Mo's 25 Days
 Weight 160 Height, 5 ft. 8 in. Eyes
 Funeral at M. E. Church -
 Date Fri Oct-17 1930 4 P M
 Account charged Mrs Frank Helms
 Address 212 - Sou Lake St -
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.⁰⁰
 Robe, Suit, Dress Colar 25 Hi 50 75.⁰⁰
 Underwear and Hose P. Socks 75.⁰⁰
 Casket 6-3 - Gr Doe 150.⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket Oct-3 - P. Top
 No. of Casket 1401 - S -
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Shat Old Sil Fin
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section C. C. Fr Lot 4
 E
 I Other Graves N  S
 X Grave on this date P.B.
 Cremation (2) Glond Cas 10.⁰⁰
 Single Grave 7+5 10.⁰⁰
 Opening and Closing Grave P. B. Cas
 Body Shipped to Cas min 5.⁰⁰
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev C. O. Rice 5.⁰⁰
 Casket Wagon 1
 Physician Dr Redding
 County or City Burial
 Automobiles S. S - 15.⁰⁰
 Baggage or Express Train No. 23150

J.O.O. F. Lodge in Chg
K. J. P. + Redman attending

5590

Carey Hand Funeral Home

Name of deceased *Wilson J. Jeffers*
 Date of Death *Oct-15* 19*30* M
 Cause of death *Pneumonia*
 Place of Death *Res*
 Residence *Sea Island Beach Brunswick Ga*
 Age *62* Y'rs *11* Mo's *10* Days
 Weight *105* Height, *5* ft. *8* in. Eyes
 Funeral at *Res*
 Date 192 M
 Account charged *E. S. Jeffers*
 Address *Sea Island Beach Ga*
 Account guaranteed
 Address
 Embalming *Cremation* 50 ⁰⁰
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-D.O.T.*
 Casket with Copper Lin. *Body arrived*
 Style of Casket *ly auto 3-P.M.*
 No. of Casket *Thurs Oct-16-30*
 Outside Box
 Shipping Case or Vault *Body*
 Handles *Cremated 4:30 P.M.*
 Pillow Set *Thurs Oct-16-30*
 Name Plate
 Cemetery *Ashes to be Scattered*
 Section *Greenwood cemetery*

E

I Other Graves

N

S

X Grave on this date

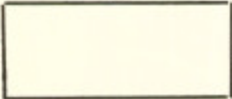
W

Scattered
Sun Oct-19-1930

Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial 50 ⁰⁰
 Automobiles
 Baggage or Express Train No.

5591

Carey Hand Funeral Home

Name of deceased Samuel R. Phillips
 Date of Death Oct 14 1923 M
 Cause of death Heart Block - Myocarditis
 Place of Death Res M
 Residence Jacksonville Fla
 Age 84 Y'rs Mo's Days
 Weight 150 Height, 5 ft. 8 in. Eyes Grey
 Funeral at Jacksonville
 Date Oct 1923 M
 Account charged Seasholes Und Co
 Address Jacksonville Fla
 Account guaranteed Check
 Address
 Embalming Cremation 50 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket 8:50 P.M. Thurs
 Outside Box Oct 16 - 1930
 Shipping Case or Vault A.C.P. Train
 Handles #83-
 Pillow Set
 Name Plate Body Cremated
 Cemetery Midnight Thurs
 Section Oct 16 Lot 1430
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation Ashes will
 Single Grave Taken back
 Opening and Closing Grave to
 Body Shipped to Jacksonville
 R. R. Ticket By Will Cunningham
 Cash advanced Friday 10 a.m.
 Telegram Oct 17 1930
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

50 00

5592

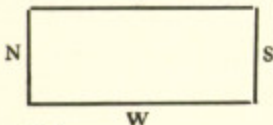
Carry Hand Funeral Home

Name of deceased Charlotte B. Collier
 Date of Death Oct 17 1930 8:55 AM
 Cause of death _____
 Place of Death Res. M
 Residence 625 E. Central ave
 Age 75 Y'rs 3 Mo's 5 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Westminster Presbyterian
 Date Oct 20 1930 4 PM
 Account charged Chas. H. Kimberley
 Address 120 Liberty St. New York N.Y.
 Account guaranteed Estate
 Address _____

Embalming Shlissing 35.00
 Robe, Suit, Dress Low gown 32.00
 Underwear and Hose ✓ 5.00
 Casket 6-3-82 Bld-e- 750.00
 Casket with Copper Lin. yes
 Style of Casket R. E. State
 No. of Casket 6008 - S -
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Ext Oxid Coffin Heavy
 Pillow Set yes
 Name Plate Name & Date 1855 1930
 Cemetery Destination
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date

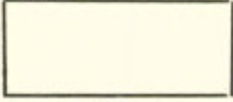


Cremation Expressed &
 Single Grave Columbus Ohio
 Opening and Closing Grave _____
 Body Shipped to Worthington, Ohio
 R. R. Ticket _____ 76.74
 Cash advanced To Express 1.30
 Telegram (11)
 Minister Rev. Sherry
 Casket Wagon _____
 Physician Dr. Edwards 10.00
 County or City Burial C. W. (2) 15.00
 Automobiles S & S
 Baggage or Express Train No. 92504

Mr. Cabin F.D., at Worthington
in Charge

Claud White in Charge

5593 Carey Hand Funeral Home

Name of deceased Robt 2 Stewart
 Date of Death Oct-14 1930 M
 Cause of death Senility
 Place of Death Res. M
 Residence Stuart Fla
 Age 85 Y's — Mo's 1 Days —
 Weight 120 Height, 5 ft. 6 in. Eyes —
 Funeral at Res
 Date — 1930 M
 Account charged Johns Mortuary
 Address Stuart Fla
 Account guaranteed Cls-
 Address —
 Embalming Cremation 50.00
 Robe, Suit, Dress —
 Underwear and Hose Body arrived
 Casket by Auto Sat
 Casket with Copper Lin. Oct-18-1930
 Style of Casket 930 a m
 No. of Casket —
 Outside Box Body cremated
 Shipping Case or Vault Sat Oct-18-30
 Handles 10-A.M.
 Pillow Set —
 Name Plate Ashes Del to
 Cemetery Walter Johns of
 Section the Johns Mortuary
Sun Oct-19-1930 E
 I Other Graves N  S
 X Grave on this date 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 — 50.00
 Automobiles —
 Baggage or Express Train No. —

5594

Carey Hand Funeral Home

Name of deceased *Mr. Wm. Nyan Thompson*
 Date of Death *Oct-19* 19*20* *2 A* M
 Cause of death *Senility*
 Place of Death *Res* M
 Residence *Winter Garden*
 Age *84* Y'rs *11* Mo's *17* Days
 Weight *135* Height, *5* ft. *7* in. Eyes
 Funeral at *Best*
 Date _____ 192 _____ M
 Account charged *Thos. J. Thompson*
 Address *Winter Garden*
 Account guaranteed *Note*
 Address _____
 Embalming *+ Dressing*
 Robe, Suit, Dress *Blk*
 Underwear and Hose
 Casket *6-3-Gr. Cpf.*
 Casket with Copper Lin. *Yes*
 Style of Casket *Sgt. 674*
 No. of Casket *198 Sumter*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *at rest*
 Cemetery *Best*
 Section _____ Lot _____
 _____ E _____
 _____ N _____ S _____
 _____ W _____

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

Automobiles

Baggage or Express Train No.

Sun 10-19-20

35 ⁰⁰/₁₀₀ .
 10. ⁰⁰/₁₀₀ .
 2 ⁰⁰/₁₀₀ .
 75 ⁰⁰/₁₀₀ .

29 60

5 ⁰⁰/₁₀₀ .10 ⁰⁰/₁₀₀ .

66.60

Cash 76 60

90 Da Note 90 00

5595 Carey Hand Funeral Home

Name of deceased *Charles V Price*
 Date of Death *Oct-12* 19*30* *A* M
 Cause of death *arterio Sclerosis*
 Place of Death *El Paso Texas* M
 Residence *Savannah Ga*
 Age *75* Y'rs *3* Mo's *28* Days
 Weight _____ Height, _____ ft. in. Eyes _____
 Funeral at _____
 Date _____ 192 _____ M
 Account charged *Fox + Weeks*
 Address *F.D. Savannah Ga*
 Account guaranteed *GA*
 Address _____
 Embalming *Cremation* *50.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-*
 Casket with Copper Lin. *Body arrived*
 Style of Casket *by Express train*
 No. of Casket *73 Sunday morning*
 Outside Box *Oct-19-1930 -*
 Shipping Case or Vault _____
 Handles *He died in El Paso Texas*
 Pillow Set *was expressed to*
 Name Plate *Savannah Ga*
 Cemetery *then expressed to*
 Section *Calando - for Cremation*
 E

I Other Graves

X Grave on this date

N

S

W

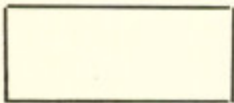
Cremation *Body Cremated*
 Single Grave *Sun Oct-19-30*
 Opening and Closing Grave *9-a.m.*
 Body Shipped to _____
 R. R. Ticket *Fun returned to*
 Cash advanced *Fox + Weeks*
 Telegram *F.D. Savannah Ga*
 Minister *Monday Oct 20-30*
 Casket Wagon *by Express*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00

5596

Carey Hand Funeral Home

(Coland)

Name of deceased *Infant of Elizabeth Thompson*
 Date of Death *Oct 19 1920* *9 30 A M*
 Cause of death *premature*
 Place of Death *Res* M
 Residence *443 - Luning ave*
 Age *✓* Y'rs *✓* Mo's *✓* Days
 Weight *✓* Height, *✓* ft. *✓* in. Eyes *✓*
 Funeral at *Sun 10-19- 4-P M*
 Date *City* 192 *✓* M
 Account charged *City*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-W L S* *14 00*
 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 _____
 _____ N  S
 _____ W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Hankins*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 00

5597 Carey Hand Funeral Home

Name of deceased *Albert S Rowles*
 Date of Death *Oct-16* 19*30* M
 Cause of death *Euthanasia of Tonsil Left*
 Place of Death *St Petersburg* M
 Residence *St Petersburg*
 Age *63* Y's *2* Mo's Days
 Weight *125* Height, *5* ft. *8* in. Eyes
 Funeral at *St Petersburg*
 Date *Sun Oct-18* 19*30* P M
 Account charged *John S Rhodes*
 Address *718 St Petersburg*
 Account guaranteed *OK*
 Address
 Embalming *Cremation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 Oct O.T. & Bld C*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault *Body covered*
 Handles *8.30 PM Sun*
 Pillow Set *Oct-19-1930*
 Name Plate
 Cemetery *Body Cremated*
 Section *9-PM Sun*
Oct-19-30 E
 I Other Graves N S
 X Grave on this date
 Cremation *Ashes to be Scattered*
 Single Grave *Greenwood*
 Opening and Closing Grave *Cemetery*
 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

5598

Carey Hand Funeral Home

Name of deceased Isabelle Toms + Col
 Date of Death Oct 17 1930 7 P M
 Cause of death No doctor Sudden death
 Place of Death Res M
 Residence 3818 So - Paramore St
 Age 38 Y's Mo's Days
 Weight Height, ft. in. Eyes
 Funeral at
 Date 192 M
 Account charged City of Orlando
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket Coffin + box 1450
 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 N S
 W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. M. E. Carey
 County or City Burial
 Automobiles
 Baggage or Express Train No.

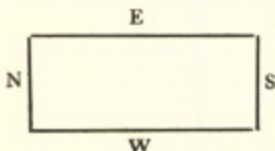
1450

5599 Carey Hand Funeral Home

Name of deceased Anna O. Willsey
 Date of Death Oct 18 1930 5:45 P.M.
 Cause of death Stricture of Rectum
 Place of Death O. G. 18 M
 Residence Lockhart Fla
 Age 60 Y's 10 Mo's 3 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Oct 21 1930 2 P.M.
 Account charged Mrs. A. Willsey
 Address Lockhart Fla
 Account guaranteed _____
 Address _____
 Embalming ☒ Dressing 35.00
 Robe, Suit, Dress ☒ _____
 Underwear and Hose None 1.00
 Casket 6-3 gray cup 25.00
 Casket with Copper Lin. ☒
 Style of Casket Sgt. O.T.
 No. of Casket 190 Sumter
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rept
 Cemetery Luke Mary
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave Del Box 15.00

Body Shipped to Mrs. Yancy 2.50

R. R. Ticket

Cash advanced

Telegram

Minister Rev. Corrie 5.00

Casket Wagon 917

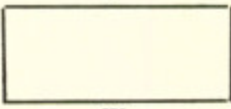
Physician Lt. Christ.

County or City Burial

Automobiles S. & S. 20.00

Baggage or Express Train No. 163 50

Carey Hand Funeral Home

Name of deceased John D. Carpenter
 Date of Death Oct 20 1923 8:30 P. M.
 Cause of death Hypostatic Pneumonia
 Place of Death W. G. H. M
 Residence Wilkesbury Pa
 Age 69 Y's 8 Mo's 7 Days
 Weight 150 Height, 5 ft. 8 in. Eyes
 Funeral at Destination
 Date Oct 1923 M
 Account charged Mrs Geo. H. Holden
 Address 69 E. Cassard ave
 Account guaranteed Cash
 Address
 Embalming + Dressing 35⁰⁰
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Br Brd-C. 225⁰⁰
 Casket with Copper Lin.
 Style of Casket Oct 20
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext Sil Fin
 Pillow Set yes buy
 Name Plate
 Cemetery Destination
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation
 Single Grave
 Opening and Closing Grave 142⁰⁵
 Body Shipped to Wilkesbury Pa
 R. R. Ticket 3 4484 4125 140⁵⁸
 Cash advanced 2 Lower 34⁵⁰
 Telegram
 Minister
 Casket Wagon (2) 10⁰⁰
 Physician Dr. Edwards
 County or City Burial
 Automobiles 482⁰⁸
 Baggage or Express Train No. 20⁰⁰
 RR 482⁵⁸
 Net 179⁵⁵
 300⁰⁰

Carey Hand Funeral Home

5601
 Name of deceased *Jerusha Esten*
 Date of Death *Oct 1920 21- 930* M *4*
 Cause of death _____
 Place of Death *Res* M
 Residence *Maitland*
 Age *57* Y's _____ Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Grave*
 Date _____ 192 _____ M

Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *Family Made*
 Robe, Suit, Dress *the Coffin*
 Underwear and Hose *in the*
 Casket *Cement Vault*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E

I Other Graves

X Grave on this date

N


S

W

Cremation *We Furnished*
 Single Grave *Please Only*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Garden*
 County or City Burial _____
 Automobiles *S & J*
 Baggage or Express Train No. _____

15.00
 15.00

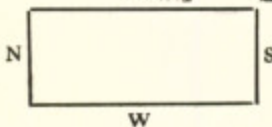
5602 Carey Hand Funeral Home

Name of deceased *Margaret J Bailey*
 Date of Death *Oct 21* 19*80* *12 45* M *P*
 Cause of death _____
 Place of Death *Res* M
 Residence *Cherry Highway*
 Age *✓* Y'rs *✓* Mo's *✓* Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at *Grave*
 Date *Wed - Oct 22* 19*80* *4 30 P* M
 Account charged *J. A. Bailey*
 Address *711 W. 1st St. Condu Rd -*
Orlando
 Account guaranteed _____
 Address _____
 Embalming *Car of Baly* *5 12*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *2-0 H. L. S.* *12 50*
 Casket with Copper Lin. *✓*
 Style of Casket *Sgt*
 No. of Casket *✓*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Small*
 Pillow Set *2*
 Name Plate _____
 Cemetery *Greenwood*
 Section *P* Lot *46*
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave *See #34* *5 00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Harner*
 County or City Burial _____
 Automobiles *22 50*
 Baggage or Express Train No. _____

Carey Hand Funeral Home

5603
 Name of deceased Astbury Patton
 Date of Death Oct-22 1980 - 10 50 A M
 Cause of death _____
 Place of Death Res M
 Residence Cor King + Orange ave
 Age 58 Yrs 3 Mo's 17 Days
 Weight 165 Height, _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Oct 22 1980 4 P. M
 Account charged City
 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 Ball
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave White
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr Wescott
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 00



14 00

Carey Hand Funeral Home

Name of deceased Edward E. Balcom
 Date of Death Oct-14 1920 M
 Cause of death T. B. Lungs
 Place of Death Res M
 Residence St Cloud
 Age 73 Y'rs — Mo's 4 Days
 Weight 125 Height, 5 ft. 7 in. Eyes
 Funeral at St Cloud
 Date 192 M
 Account charged Eiselstein B10
 Address E. Church st
 Account guaranteed OK
 Address
 Embalming Cremation 50.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket Flat Top
 Casket with Copper Lin.
 Style of Casket Body unlined
 No. of Casket 2-P.M.-ly auto
 Outside Box Wed Oct-22-30
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 230 P.M.
 Name Plate Oct-22-1930
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Fun Delivered to
 Single Grave Eiselstein B10
 Opening and Closing Grave 9.20
 Body Shipped to Thurs - Oct-23-
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon 50.00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

6605 Carey Hand Funeral Home

Name of deceased Fougald Baird
 Date of Death Oct-23 1920 a M
 Cause of death _____
 Place of Death O.G.H. M
 Residence Pineland
 Age 51 Y's 10 Mo's 10 Days _____
 Weight 145 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Sun Oct 26 1920 2 P. M
 Account charged Get Hilton
 Address Wylam Ala 5600-13 Ave
 Account guaranteed Estate
 Address _____
 Embalming Yussing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gray Cope 150.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 3 P.T.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short Spd Turn
 Pillow Set yes
 Name Plate at Rest
 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 10.00

Body Shipped to Closed Car 5.00

R. R. Ticket Car men 3.00

Cash advanced Music & P.M. Minors 10.00

Telegram 719 1.19

Minister Rev Boyd 5.00

Casket Wagon (1)

Physician Dr

County or City Burial

Automobiles S & S 15.00

Baggage or Express Train No. 241.19

amb Sew 10.00

251.19

5606

Carey Hand Funeral Home

Name of deceased Jr Andrew Matthews
 Date of Death Oct-23 1930 3 P. M
 Cause of death Pneumonia
 Place of Death Res M
 Residence 74 West Lwin
 Age 13 Y's 2 Mo's 9 Days
 Weight 100 Height 5 ft. 3 in. Eyes
 Funeral at Chapel
 Date Fri Oct 24 1930 4 P. M
 Account charged Butler Matthews
 Address 74 W. Lwin ave
 Account guaranteed
 Address

Embalming + Dressing 25.00
 Robe, Suit, Dress Suit 12.50
 Underwear and Hose 2.00
 Casket 5-9- Guy Cope x 65.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt 3AT-
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Shat Spt Fin
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

S

W

Cremation
 Single Grave White 5.00
 Opening and Closing Grave T+D 10.00
 Body Shipped to Closed Car 5.00
 R. R. Ticket
 Cash advanced
 Telegram Dean Adegele
 Minister Munie No City
 Casket Wagon No City
 Physician S. Bullock
 County or City Burial
 Automobiles S + S 15.00
 Baggage or Express Train No. 135.00 139.50

Note

5607

Carey Hand Funeral Home

Name of deceased *Mandy Louise Parker*Date of Death *Oct 24* 1920 - *1-a* MCause of death *accidently shot thru left breast*Place of Death *By Husband* *1-a* MResidence *Lockhart*Age *48* Y'rs *3* Mo's *20* DaysWeight *125* Height, *5* ft. *5* in. Eyes *Brown*Funeral at *Chapel*Date *Monday Oct 27* 1920 *4 P.* MAccount charged *Insurance & Estate*Address *Lockhart*Account guaranteed *Orla M Parker*Address *Lockhart*Embalming *& Dressing*Robe, Suit, Dress *White*

Underwear and Hose

Casket *6-3* *Gr Plush*Casket with Copper Lin. ☒Style of Casket *Oct 1/2 Couch*No. of Casket *1922* *S-*Outside Box ☒Shipping Case or Vault ☒Handles *Ext Spt Fin*Pillow Set *yes*Name Plate ☒Cemetery *Cremation*

Section _____ Lot _____

_____ E _____

_____ N _____ S

I Other Graves

X Grave on this date

_____ W

Cremation *Cremation*Single Grave *Spa Flowers*

Opening and Closing Grave

Body Shipped to *Spa Flowers*

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Fred Forward*Casket Wagon *(1)*Physician *Dr E Cand* *apika*County or City Burial ☒Automobiles ☒ *Cash adv*

Baggage or Express Train No.

35	00
28	00
5	00
195	00

50	00
5	00
5	00

10	00
----	----

333	00
-----	----

20	00
----	----

353	00
-----	----

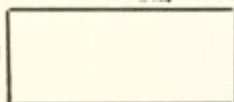
*Husband mistook wife for Bugler
and shot killed her instantly*

5608 Carey Hand Funeral Home

Name of deceased Geo. W. Vance
 Date of Death Oct-24 1930 a M
 Cause of death Myocarditis Chro
 Place of Death Res M
 Residence Longwood Fla
 Age 83 Y's 5 Mo's 19 Days
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Oct 1930 M
 Account charged Mrs. Carrie V. Schafer
 Address Longwood Fla
 Account guaranteed Cash
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress Shut color + tie } 5.00
 Underwear and Hose underwear }
 Casket 4-3- Gr Bid E- 275.00
 Casket with Copper Lin. ✓
 Style of Casket R. C. State N. C.
 No. of Casket 10-10-16
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext Heavy O. Sil
 Pillow Set yes 1847
 Name Plate Name & Date 1930
 Cemetery Destination
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

N



W

Cremation _____
 Single Grave Tel - .82
 Opening and Closing Grave _____
 Body Shipped to Pittsburgh-Pa
 R. R. Ticket _____
 Cash advanced Express 89.18
 Telegram _____ 5.00
 Minister C. W. & Sta
 Casket Wagon & Box 10.00
 Physician Dr. Burks
 County or City Burial _____
 Automobiles _____

Baggage or Express Train No. 82 420.00
Sat Night Oct-25-30

Consigned to
Lee M Hamilton 5217 5th Ave
Pittsburg Pa
Put off at East Liberty Sta

5609

Carey Hand Funeral Home

Name of deceased Willis Brunson
 Date of Death Oct 22 1920 M
 Cause of death _____
 Place of Death O. Gen Hospital M
 Residence N. C.
 Age 25 Y's _____ Mo's _____ Days _____
 Weight _____ Height, _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date Oct-24-30 192 P 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 _____
 N _____ S _____
 Cremation Smith & Smart
 Single Grave got the call
 Opening and Closing Grave unable to
 Body Shipped to Find my
 R. R. Ticket Relative Body
 Cash advanced turned to m. for
 Telegram County Burial
 Minister _____
 Casket Wagon _____
 Physician Dr. C. Haffell
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

was employed at his Camp
 S.E. of Orlando - near St. Cloud