

7-1-1931

## Memoranda Book 069: Carey Hand Funeral Home records, July 1, 1931 to September 17, 1931

Carey Hand Funeral Home

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# Carey Hand Funeral Home

Name of deceased Chancy Avery  
 Date of Death July 1 1931 2 A M  
 Cause of death \_\_\_\_\_  
 Place of Death Res M  
 Residence Taft  
 Age 68 Y's 1 Mo's 12 Days  
 Weight 145 Height, 5 ft. 9 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Fri July 3- 1931 4 P. M  
 Account charged Mrs. Belle Avery  
 Address Taft  
 Account guaranteed Estate  
 Address \_\_\_\_\_

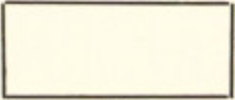
Embalming 1 Dressing 35 00  
 Robe, Suit, Dress Suit color + tie  
 Underwear and Hose Carlet + Socks 60 00  
 Casket Chg -  
 Casket with Copper Lin. Cremation 50 00  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
wooden Box E

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation Body cremated  
 Single Grave Sat July 4-31  
 Opening and Closing Grave 10 A.M.  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket incl call for ashes  
 Cash advanced \_\_\_\_\_  
 Telegram 3 241  
 Minister \_\_\_\_\_  
 Casket Wagon (1) 5 00  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_  
made his own request

N  S  
 W  
150 00  
241  
152 41

6087

# Carey Hand Funeral Home

Name of deceased *Infant of Mrs. John Branch*  
 Date of Death *7-2-31* 192 *3 P M*  
 Cause of death *Hydrocephalus*  
 Place of Death *C.S.H.* M  
 Residence *47 Park Lake ave*  
 Age *✓* Y'rs *—* Mo's *✓* Days *—*  
 Weight *✓* Height, *—* ft. *—* in. Eyes *—*  
 Funeral at *—*  
 Date *July-3-31* 192 *2 P M*  
 Account charged *John L Branch*  
 Address *47 Park Lake ave*  
 Account guaranteed *—*  
 Address *—*  
 Embalming *—*  
 Robe, Suit, Dress *—*  
 Underwear and Hosiery *—*  
 Casket *2-0 H. L. S.* 1250  
 Casket with Copper Lin. *—*  
 Style of Casket *Sp*  
 No. of Casket *—*  
 Outside Box *Reg*  
 Shipping Case or Vault *—*  
 Handles *—*  
 Pillow Set *—*  
 Name Plate *—*  
 Cemetery *Greenwood*  
 Section *—* Lot *—*  
 E  
 I Other Graves *—*  
 X Grave on this date *—*  
 N  S  
 W  
 Cremation *—*  
 Single Grave *Baby grave* 250  
 Opening and Closing Grave 250  
 Body Shipped to *—*  
 R. R. Ticket *—*  
 Cash advanced *—*  
 Telegram *—*  
 Minister *—*  
 Casket Wagon *—*  
 Physician *Dr. Say* 1750  
 County or City Burial *—*  
 Automobiles *—*  
 Baggage or Express Train No. *—*



6088

## Carey Hand Funeral Home

Name of deceased *Mrs Mary S Healey*  
 Date of Death *June 29 1931* M  
 Cause of death *Cancer of Breast*  
 Place of Death *Here* M  
 Residence *Miami*  
 Age *70* Y's Mo's Days  
 Weight *140* Height, *5 ft. 9 in.* Eyes  
 Funeral at *Miami*  
 Date *1931* M  
 Account charged *W. H. Combs & Co.*  
 Address *715 S. Miami Fla*  
 Account guaranteed  
 Address  
 Embalming *Cremation* 50.00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin. *Body arrived*  
 Style of Casket *by Express Train 91*  
 No. of Casket *7-3-31*  
 Outside Box  
 Shipping Case or Vault *Body cremated*  
 Handles *7-4-31-*  
 Pillow Set  
 Name Plate *Ashes returned to*  
 Cemetery *W. H. Combs & Co. by Express*  
 Section *July-6-31-* Lot  
 E  
 Coffin Case  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation *Vault received returned*  
 Single Grave *by Train- 7-3-31*  
 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



6089


## Carey Hand Funeral Home

Name of deceased Mable Reasoner  
 Date of Death July 1 - 1931 M  
 Cause of death Cancer of breast  
 Place of Death Cancer of Breast M  
 Residence Jacksonville Fla  
 Age 56 Y's Mo's Days  
 Weight 125 Height, 5 ft. 5 in. Eyes blue  
 Funeral at Jacksonville  
 Date 1931 M  
 Account charged Burns & Glynn  
 Address 915 Jacksonville Fla  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming Cremation 50 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket \_\_\_\_\_  
 Casket with Copper Lin. Body covered  
 Style of Casket by Express Sales  
 No. of Casket Sat morning  
 Outside Box July - 4 - 31  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Body cremated  
 Pillow Set 10 - A M July - 4 - 31  
 Name Plate \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Section coffee can Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation Ashes expressed  
 Single Grave & Burns & Glynn  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Mon - July - 6 - 31  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

50 00

6090

## Carey Hand Funeral Home

Name of deceased *John William Matchett*  
 Date of Death *7-4-1931* - *10:45 P M*  
 Cause of death *Cancer of Larynx*  
 Place of Death *Res-* *M*  
 Residence *Nial Isle - Pine Castle*  
 Age *67* Y'rs *11* Mo's *13* Days  
 Weight *150* Height, *5* ft. *8* in. Eyes  
 Funeral at *Baptist Church - Pine Castle*  
 Date *Mon - July - 6 -* *1931* - *3 P M*  
 Account charged *Mrs. J. H. Matchett*  
 Address *Pine Castle Fla*  
 Account guaranteed *Estate*  
 Address  
 Embalming *Jussing* *35.00*  
 Robe, Suit, Dress *1.00*  
 Underwear and Hose  
 Casket *6-3-52 Bnd-C* *295.00*  
 Casket with Copper Lin.  
 Style of Casket *Oct. O.T. H.C*  
 No. of Casket *1818-S-*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles *Ext Q Sil Fin*  
 Pillow Set *yes* *5.00*  
 Name Plate  
 Cemetery *Greenwood*  
 Section *L-* Lot *80*  
 E  
 I Other Graves  
 X Grave on this date  
  
 Cremation  
 Single Grave  
 Opening and Closing Grave *7 & 5* *10.00*  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister *Rev S.B. Jordan*  
 Casket Wagon *112* *5.00*  
 Physician *Dr. J. H. J. H.*  
 County or City Burial  
 Automobiles *S & S-* *15.00*  
 Baggage or Express Train No. *361.00*

6091

{ Coland

## Carey Hand Funeral Home

Name of deceased *Infant of Bertha Payne*Date of Death *July 5 - 1921* M

Cause of death

Place of Death *Res* MResidence *740 - W. South*Age ☒ Y's ☐ 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 *(2) - W. L. H.* 14

Casket with Copper Lin.

Style of Casket *Large H. W.*

No. of Casket

Outside Box *Reg -*Shipping Case or Vault ☒Handles ☒Pillow Set ☒

Name Plate

Cemetery *Greenwood*

Section Lot

E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician *Cooper M. W.*

County or City Burial

Automobiles

Baggage or Express Train No.

14



6092

Cremation

Carey Hand Funeral Home

Name of deceased Florella C. Patterson  
Date of Death July 5 1923 M  
Cause of death Chas. Arthritis  
Place of Death Res M  
Residence Leeland Fla  
Age 56 Y'rs 6 Mo's  Days   
Weight  Height,  ft.  in. Eyes   
Funeral at Leeland Fla  
Date July 5 1923 P. M  
Account charged Wm Allen and  
Address Leeland Fla 8  
Account guaranteed   
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 auto Sunday  
Outside Box July 5 - 1931  
Shipping Case or Vault 4:45 P.M.  
Handles   
Pillow Set   
Name Plate Body Cremated  
Cemetery Sunday July 5  
Section 1931 at Lot 5 P.M.  
E

I Other Graves

N

S

W

X Grave on this date

Cremation Ashes to be  
Single Grave sent to  
Opening and Closing Grave   
Body Shipped to A J Allen  
R. R. Ticket F. S. DeLand  
Cash advanced Tues July 7 - 1931  
Telegram   
Minister   
Casket Wagon   
Physician   
County or City Burial   
Automobiles   
Baggage or Express Train No.

50.00

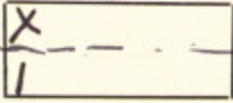
6093

## Carey Hand Funeral Home

Name of deceased *Mrs Emma J Banks*  
 Date of Death *July 6 1931* M  
 Cause of death *auric sclerosis*  
 Place of Death *July - 7 - 31* M  
 Residence *Jacksonville Fla*  
 Age *80* Yrs Mo's Days  
 Weight *135* Height, *5* ft. *4* in. Eyes *blue*  
 Funeral at *Jacksonville*  
 Date *192* M  
 Account charged *Burns & Clymore*  
 Address *T.D. Jacksonville Fla*  
 Account guaranteed  
 Address  
 Embalming *Cremation* *50.00*  
 Robe, Suit, Dress  
 Underwear and Hose *Body unad*  
 Casket *by Baggage*  
 Casket with Copper Lin. *330 A.M.*  
 Style of Casket *thurs morning*  
 No. of Casket *July - 9 - 31*  
 Outside Box  
 Shipping Case or Vault *Body cremated*  
 Handles *9-A.M thurs 7-9-31*  
 Pillow Set  
 Name Plate  
 Cemetery  
 Section *coffee can* Lot *E*  
 I Other Graves *N* *S*  
 X Grave on this date *W*  
*Mama Engraved*  
 Cremation  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *Exp. Express to*  
 R. R. Ticket *Cliffed Thorburn*  
 Cash advanced  
 Telegram *1924 - 7th ave*  
 Minister *Los Angeles Calif*  
 Casket Wagon  
 Physician *Fri Night*  
 County or City Burial *7-10-31-*  
 Automobiles  
 Baggage or Express Train No. *50.00*

6094

## Carey Hand Funeral Home

Name of deceased Hubert J. Calhoun  
 Date of Death July 11 1921 6 45 M A  
 Cause of death Pneumonia  
 Place of Death C. & N. M  
 Residence 36 Glenwood ave  
 Age 15 Y'rs 3 Mo's 26 Days  
 Weight 135 Height 5 ft. 0 in. Eyes  
 Funeral at Chapel  
 Date Sun July - 12 1921 4 P. M  
 Account charged Mrs. Della B. Calhoun  
 Address 36 - Glenwood Ave  
 Account guaranteed  
 Address  
 Embalming Y Dressing 35 00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3- Oct Sil Plush 195 00  
 Casket with Copper Lin. Y  
 Style of Casket Oct 1/2 Couch  
 No. of Casket 1922 S-  
 Outside Box Y  
 Shipping Case or Vault air Seal 125 00  
 Handles Ext Spt - 3 in  
 Pillow Set yes 3 in  
 Name Plate Y  
 Cemetery Cooper  
 Section E 1/2 of Simpson & Calhoun Lot Lot E  
 I Other Graves  
 X Grave on this date  

 Cremation Y Car - P. B 5 00  
 Single Grave Y Car Monister 5 00  
 Opening and Closing Grave 7 & 8 10 00  
 Body Shipped to  
 R. R. Ticket Music 5 00  
 Cash advanced  
 Telegram  
 Minister Rev Boyd  
 Casket Wagon (1) 5 00  
 Physician Dr. Redding  
 County or City Burial  
 Automobiles S. & S - 15 00  
 Baggage or Express Train No. 400 00  
Am't Service



6095

## Carey Hand Funeral Home

Name of deceased Frank Cumbie  
 Date of Death July - 11 1931 - 5 30 M P  
 Cause of death Brock Nick Diving in Clear Lake  
 Place of Death Clear Lake & 18th St M  
 Residence Palmdale, Fla  
 Age 17 Y'rs. Mo's Days  
 Weight 135 Height, 5 ft. 3 in. Eyes  
 Funeral at Palmdale -  
 Date 1931 M  
 Account charged Wakeman Funeral Home  
 Address Palmdale, Fla  
 Account guaranteed 6/1  
 Address  
 Embalming & Dressing  
 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  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation Wakeman Funeral  
 Single Grave Home of Palmdale  
 Opening and Closing Grave Came  
 Body Shipped to Body -  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon  
 Physician Shief  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

35 00  
 22 50  
 2 00

5 00  
 64 50

6096

## Carey Hand Funeral Home

Name of deceased John. H. Adams  
 Date of Death July 12 1931 11:05 A M  
 Cause of death Cerebral Hemorrhage  
 Place of Death Res M  
 Residence 1213 Sou Paramar  
 Age 67 Y'rs. Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at Catholic Church  
 Date July 14 1931 9 A M  
 Account charged B. J. Adams  
 Address  
 Account guaranteed Estate  
 Address 1213 Sou Paramar  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3 Gray Cr. 135.00  
 Casket with Copper Lin. ☒  
 Style of Casket Car. 3-A T  
 No. of Casket 1402  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Ext Spt Fin  
 Pillow Set yes  
 Name Plate enamel  
 Cemetery Greenwood  
 Section B E 1/2 Lot 65  
 E  
 I Other Graves  
 X Grave on this date  
 N 1 X W  
 Cremation  
 Single Grave  
 Opening and Closing Grave 9 & 5 10.00  
 Body Shipped to Car Min  
 R. R. Ticket Car P. B.  
 Cash advanced  
 Telegram  
 Minister Father Fox 5.00  
 Casket Wagon (1)  
 Physician Dr. Hannus Sh. / Hannus  
 County or City Burial  
 Automobiles S T S 15.00  
 Baggage or Express Train No. 20000

6097

## Carey Hand Funeral Home

Name of deceased *Ruffus L. Edwards*  
 Date of Death *July 13* 192*3* *7:40 AM*  
 Cause of death *Senility*  
 Place of Death *739 Antoinette Ave. Winton*  
 Residence *Hinsley Han Park*  
 Age *90* Y'rs *4* Mo's *21* Days  
 Weight *150* Height, *5 ft. 8* in. Eyes  
 Funeral at *Best*  
 Date *192*  
 Account charged *Mrs. Marion Edward Shaw*  
 Address *% E. H. Sellers*  
 Account guaranteed *754 Emmett St W. Park*  
 Address *Estate*  
 Embalming & Dressing *35.00*  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket *6-3 Metal G. M. Fin* *650.00*  
 Casket with Copper Lin. *Inner*  
 Style of Casket *State N. C.*  
 No. of Casket *Lamar*  
 Outside Box ✓  
 Shipping Case or Vault *Maxwell* *75.00*  
 Handles *Ext. G. M. Fin*  
 Pillow Set *yes 2t by 1841*  
 Name Plate *Name & Date 1931*  
 Cemetery *Best*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E

I Other Graves

X Grave on this date

N

S

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram ✓

Minister ✓

Casket Wagon

Physician

County or City Burial ✓

Automobiles ✓

Baggage or Express Train No.

*Men Night 7-13-31**Herbert Lewis*  
*Director**Concordia N. Y.**Express**(4)**(2)**L. H. Neal**94.72**72**10.00**825.44*



6098

## Carey Hand Funeral Home

Name of deceased Clyde C. BACON  
 Date of Death Nov 7-13 1921 M  
 Cause of death Acute dilatation of heart M  
 Place of Death Winter Park M  
 Residence Winter Park - 342  
 Age 43 Y'rs 9 Mo's 17 Days  
 Weight 200 Height 5 ft. 9 in. Eyes Light Blue  
 Funeral at Chapel  
 Date July 16 1921 4 P. M  
 Account charged Jane C. C. Bacon  
 Address Winter Park Fla  
 Account guaranteed Gov. Ins + Estate  
 Address \_\_\_\_\_  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3 Doe + Series 100.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box ☒ music 5.00  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Columbian 50.00  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
Wooden Box E  
 I Other Graves N  S  
 X Grave on this date \_\_\_\_\_  
 Cremation Body cremated 10.00  
 Single Grave 10-A.M. Fri  
 Opening and Closing Grave July-17-31  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket will call for ashes  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon (1) 5.00  
 Physician L. Gardner  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 195.00

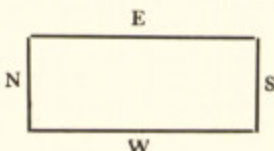
6099

## Carey Hand Funeral Home

Name of deceased Mary Ann Pollock  
 Date of Death July-14 1931 A M  
 Cause of death Cholera colitis  
 Place of Death Per- M  
 Residence Jellwood Fla  
 Age 76 Y'rs 11 Mo's 22 Days  
 Weight 125 Height, 5 ft. 7 in. Eyes  
 Funeral at First  
 Date July 1931 M  
 Account charged Geo Vincent  
 Address Jellwood. Fla  
 Account guaranteed Mr. G. Draft -  
 Address  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress White 17.50  
 Underwear and Hose 3.00  
 Casket 6-3-8 Dr 90.00  
 Casket with Copper Lin. ✓  
 Style of Casket Oct 0 Top  
 No. of Casket Tampa  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Ext -  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery First  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 \_\_\_\_\_ E \_\_\_\_\_

I Other Graves

X Grave on this date



Cremation \_\_\_\_\_

Single Grave \_\_\_\_\_

Opening and Closing Grave \_\_\_\_\_

Body Shipped to Columbia, Tenn.

R. R. Ticket \_\_\_\_\_

Cash advanced Exp 52.22Telegram 72-72 1.44Minister ✓ 15.00Casket Wagon (2) LufPhysician Dr. Hannan, Ruston

County or City Burial \_\_\_\_\_

Automobiles \_\_\_\_\_

Baggage or Express Train No. 92 21416Wed 7-15-31 91415\$200.00

6100

## Carry Hand Funeral Home

Yates

Name of deceased Murlelin Judson  
 Date of Death July 15 19231 4:35 A M  
 Cause of death Appendicitis acute  
 Place of Death Rocky M. M  
 Residence E. Washington St  
 Age 10 Y'rs. 3 Mo's 4 Days  
 Weight 110 Height, 5 ft. 0 in. Eyes  
 Funeral at Chapel. F. Home  
 Date July 16 19231 3 P. M  
 Account charged Samuel Judson  
 Address E. Washington St  
 Account guaranteed  
 Address  
 Embalming & Dressing  
 Robe, Suit, Dress Pants & shirt lin  
 Underwear and Hose und- Hose  
 Casket 5-0 H. L. S.  
 Casket with Copper Lin.  
 Style of Casket Oct. of Cap.  
 No. of Casket  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Short  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Parrell.  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 N S  
 W  
 Cremation  
 Single Grave  
 Opening and Closing Grave del Bur  
 Body Shipped to land car  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister Rev. Mills  
 Casket Wagon (1)  
 Physician Dr. Chappell.  
 County or City Burial  
 Automobiles S & S-  
 Baggage or Express Train No.

35.00  
 4.00  
 4.00  
 25.00

10.00  
 5.00

5.00

15.00

159.85



#6102

## Carey Hand Funeral Home

Name of deceased *Mrs Alice C Denham*  
 Date of Death *Thurs 7-16-1931* M  
 Cause of death *Malaria*  
 Place of Death *O. G. H.* M  
 Residence *Winter Garden*  
 Age *40* Y'rs *9* Mo's *9* Days  
 Weight *120* Height, *5* ft. *5* in. Eyes  
 Funeral at *Baptist Church W. Butler*  
 Date *Sat- 7-18-1931* *4: P* M  
 Account charged *James H. Denham*  
 Address *Winter Garden By*  
 Account guaranteed *6-Mo Note*  
 Address  
 Embalming *J. Sussang* 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hosiery ✓  
 Casket *6-3 Guy Doe* 125.00  
 Casket with Copper Lin. ✓  
 Style of Casket *Oct. O. T. H. C*  
 No. of Casket *8170 Tampa*  
 Outside Box *Reg-*  
 Shipping Case or Vault ✓  
 Handles *Ext 5x1-*  
 Pillow Set *yes*  
 Name Plate *at Rest*  
 Cemetery *Winter Garden*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E

I Other Graves

X Grave on this date

N

S

W

Cremation \_\_\_\_\_

Single Grave \_\_\_\_\_

Opening and Closing Grave *Del Careate* 7.00

Body Shipped to \_\_\_\_\_

R. R. Ticket \_\_\_\_\_

Cash advanced \_\_\_\_\_

Telegram \_\_\_\_\_

Minister *Rev Sebastian* 5.00Casket Wagon *1*Physician *Dr. M. E. Hay*

County or City Burial \_\_\_\_\_

Automobiles *S & S-* 20.00

Baggage or Express Train No. \_\_\_\_\_

190.00

6103

## Carey Hand Funeral Home

Name of deceased Mary Thigpen  
 Date of Death Thurs - 7-12-1921 P M  
 Cause of death Angina Throat  
 Place of Death O. G. N. M  
 Residence 48- 9th Amelia  
 Age 23 Y'rs Mo's Days  
 Weight 100 Height 5 ft. 5 in. Eyes  
 Funeral at Deat  
 Date 1921 M

Account charged

Address

Account guaranteed

Address

Embalming & Dressing 35 00Robe, Suit, Dress ☒Underwear and Hose ☒Casket 6-3- Guy cup. 50 00Casket with Copper Lin. ☒Style of Casket Sgt Flat topNo. of Casket 22 - TampaOutside Box RegShipping Case or Vault ☒Handles Short Ext S/t 5mPillow Set yesName Plate at footCemetery DeatSection E Lot

E

I Other Graves

X Grave on this date

N  S

W

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Recovery Ga 25.46R. R. Ticket 1280

Cash advanced

Telegram 5.00Minister Amel Ser 10 00Casket Wagon (2)Physician Dr. M. Elias

County or City Burial

Automobiles

Baggage or Express Train No. 125.46

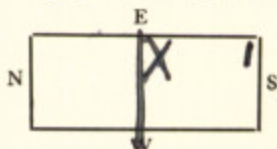
6104

## Carry Hand Funeral Home

Name of deceased Daniel Bartlett  
 Date of Death July-19 1931- 8:30 M A  
 Cause of death Carcinemia of Stomach  
 Place of Death Res. of Mrs J. H. Ward M  
 Residence 1921 N. Orange ave  
 Age 84 Y'rs 11 Mo's 13 Days  
 Weight 135 Height 5 ft. 6 in. Eyes  
 Funeral at Chapel  
 Date Mon July-20 1931- 4-P M  
 Account charged J. H. Ward  
 Address 1921 N. Orange ave  
 Account guaranteed Estate  
 Address  
 Embalming + Dussing 25.00  
 Robe, Suit, Dress -  
 Underwear and Hose shirt color tie 3.50  
 Casket 6-3 grey emp. 115.00  
 Casket with Copper Lin. Oct- 3. P. T. Y  
 Style of Casket Oct- 3. P. T. Y  
 No. of Casket 1312  
 Outside Box B-9  
 Shipping Case or Vault ✓  
 Handles Shut S/H Tm  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Greenwood  
 Section A 5 1/2 Lot 86

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave 74 set 10.00

Body Shipped to

R. R. Ticket - auto No Chg

Cash advanced

Telegram -Minister Boyd -Casket Wagon 1- 5.00

Physician

County or City Burial

Automobiles S & S - 15.00Baggage or Express Train No. 173 50



6105

## Carey Hand Funeral Home

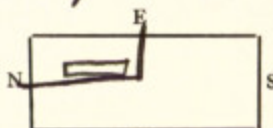
Name of deceased Florence E. Munn  
 Date of Death Sun 7-19 1931 P M  
 Cause of death Organic heart disease  
 Place of Death Res - M  
 Residence Cor Flay Ave & Shire St  
 Age 33 Y'rs 4 Mo's 19 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date July 21st 1931 4 P. M  
 Account charged M. L. Munn  
 Address Flay Ave & Shire St  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_

Embalming & Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3-5oe 150.00  
 Casket with Copper Lin. ☒  
 Style of Casket Oct 1/2 Couch  
 No. of Casket Indels  
 Outside Box 1129  
 Shipping Case or Vault ☒  
 Handles Ext 3pt 7in  
 Pillow Set yes  
 Name Plate \_\_\_\_\_  
 Cemetery Greenwood  
 Section U NE 1/4 Lot 27

H. S -

I Other Graves

X Grave on this date



Cremation Burial Lot 12.50  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave T & S 10.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev. Sultan 5.00  
 Casket Wagon L. Robinson  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles S. S. - 15.00  
 Baggage or Express Train No. 227 50

6108

## Cary Hand Funeral Home,

Name of deceased John H Robbins  
 Date of Death July-19 1931- 8:45 P M  
 Cause of death Pemphig Anemia  
 Place of Death O. G. H. M  
 Residence Chuluota  
 Age about 57 Y'rs Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight 170 Height, 6 ft 3 in. Eyes \_\_\_\_\_  
 Funeral at Grave at Chuluota  
 Date Mon July-20 1931 11-A M  
 Account charged Ed H Robbins  
 Address Chuluota -  
 Account guaranteed Cash -  
 Address \_\_\_\_\_  
 Embalming Care of Body 250  
 Robe, Suit, Dress At Home 750  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3- Guy cup. 5000  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Sgt  
 No. of Casket 72  
 Outside Box 1+9  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Shot -  
 Pillow Set ☒  
 Name Plate \_\_\_\_\_  
 Cemetery Chuluota  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves N  S  
 X Grave on this date \_\_\_\_\_  
 Cremation Bought Casket W  
 Single Grave done there own  
 Opening and Closing Grave work  
 Body Shipped to have permit  
 R. R. Ticket for same  
 Cash advanced \_\_\_\_\_  
 Telegram People Press  
 Minister \_\_\_\_\_  
 Casket Wagon 9) 500  
 Physician Dr Christ  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

6500

*Cremation*

6107

Carry Hand Funeral Home

Name of deceased *Baby M. Bride*  
 Date of Death *July 20 1923* *12 noon* M  
 Cause of death *asphyxia Pallida*  
 Place of Death *C. G. N.* M  
 Residence *2214 Le Parc St*  
 Age *Yrs* *Mo's* *Days*  
 Weight *Height* *ft.* *in.* Eyes  
 Funeral at *✓*  
 Date *1923* M  
 Account charged *R. P. M. Bride*  
 Address *2214 Le Parc St*  
 Account guaranteed  
 Address  
 Embalming *Cremation* 10 *00*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin.  
 Style of Casket  
 No. of Casket  
 Outside Box  
 Shipping Case or Vault  
 Handles *Body cremated*  
 Pillow Set *July-21-31*  
 Name Plate *G. A. M.*  
 Cemetery *will call for ashes*  
 Section Lot  
*Wooden Box* 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. Collins*  
 County or City Burial 10 *00*  
 Automobiles  
 Baggage or Express Train No.



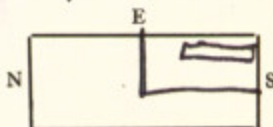
6108

## Carey Hand Funeral Home

Name of deceased Frank Wilson  
 Date of Death 7-20 1921 P M  
 Cause of death Pulmonary Tuberculosis  
 Place of Death Res- M  
 Residence 103 Hillside ave  
 Age 24 Y's 10 Mo's 27 Days  
 Weight 90 Height, 5 ft. 6 in. Eyes  
 Funeral at Chapel  
 Date Thurs July-23 1921 4 P M  
 Account charged Mrs Nellie Wilson  
 Address 103 Hillside ave  
 Account guaranteed  
 Address  
 Embalming & Dressing  
 Robe, Suit, Dress Shirt 150 collar 200 2.20  
 Underwear and Hose ✓  
 Casket 5-9- grey exp. 125.00  
 Casket with Copper Lin. ✓  
 Style of Casket Oct 3-P. T  
 No. of Casket 1312-S-  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Short Sft Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Greenwood  
 Section N SE 1/4 Lot 27

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave 7 & 8Body Shipped to Car MinR. R. Ticket Car P. B-Cash advanced T. Car No 619

Telegram

Minister RswCasket Wagon (1)

Physician

County or City Burial

Automobiles S & S-

Baggage or Express Train No.

12.50

10.00

5.00

5.00

5.00

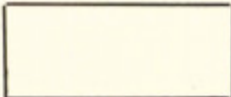
15.00

179.70

6109

## Carey Hand Funeral Home

Col

Name of deceased E. velyn Mrs M. C. Gray  
Date of Death July 19 1931 9 30 M P.  
Cause of death ascaria Lumber Pains  
Place of Death Res M  
Residence 443 S. W. Maryland  
Age 9 Y'rs 9 Mo's 3 Days  
Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
Funeral at grave  
Date \_\_\_\_\_ 192 M  
Account charged city  
Address \_\_\_\_\_  
Account guaranteed \_\_\_\_\_  
Address \_\_\_\_\_  
Embalming 5-9- Coffin 14 00  
Robe, Suit, Dress \_\_\_\_\_  
Underwear and Hose \_\_\_\_\_  
Casket 5-9- Coffin  
Casket with Copper Lin. \_\_\_\_\_  
Style of Casket \_\_\_\_\_  
No. of Casket \_\_\_\_\_  
Outside Box B-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 \_\_\_\_\_  
Opening and Closing Grave \_\_\_\_\_  
Body Shipped to \_\_\_\_\_  
R. R. Ticket \_\_\_\_\_  
Cash advanced \_\_\_\_\_  
Telegram \_\_\_\_\_  
Minister \_\_\_\_\_  
Casket Wagon \_\_\_\_\_  
Physician Dr S H Daniels  
County or City Burial \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Baggage or Express Train No. \_\_\_\_\_  
14 00

14 00

6110

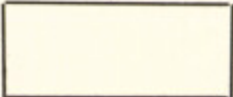
## Carry Hand Funeral Home

Name of deceased Lelia Currier  
 Date of Death July 21 1931 - A M  
 Cause of death Hypostatic Pneumonia  
 Place of Death Res M  
 Residence New St Cloud  
 Age 73 Y'rs 8 Mo's 0 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date July 22 1931 2 P. M  
 Account charged \_\_\_\_\_  
 Address Celia Higley  
 Account guaranteed St Cloud Fla  
 Address \_\_\_\_\_  
 Embalming + Dressing 25.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 5-9- In Cup. 50.00  
 Casket with Copper Liner \_\_\_\_\_  
 Style of Casket Sgt  
 No. of Casket 72 -  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Short  
 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 Del Outside 10.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced Spa of Titum 5.00  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon N St Cloud 15.00  
 Physician Lt. L. Rodds  
 County or City Burial \_\_\_\_\_  
 Automobiles S S 10.00  
 Baggage or Express Train No. 120.00

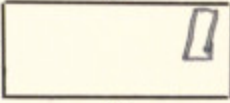


6111

Carey Hand Funeral Home

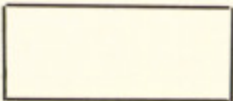
Name of deceased *Baby Davis*  
Date of Death *July 22* 192*31* *2:30 P* M  
Cause of death \_\_\_\_\_  
Place of Death *O. G. H.* M  
Residence *Tavares, Fla*  
Age \_\_\_\_\_ Y's \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
Funeral at \_\_\_\_\_  
Date \_\_\_\_\_ 192 \_\_\_\_\_ M  
Account charged *Griffin W. Davis*  
Address *Tavares Fla*  
Account guaranteed *check*  
Address \_\_\_\_\_  
Embalming *Cremation* 10 00  
Robe, Suit, Dress \_\_\_\_\_  
Underwear and Hose \_\_\_\_\_  
Casket *Body*  
Casket with Copper Lin. *Cremated*  
Style of Casket *July 23rd 31*  
No. of Casket *10 A.M.*  
Outside Box \_\_\_\_\_  
Shipping Case or Vault \_\_\_\_\_  
Handles *Will call*  
Pillow Set *for the ashes*  
Name Plate \_\_\_\_\_  
Cemetery \_\_\_\_\_  
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 *Dr. M. J. Evans*  
County or City Burial \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Baggage or Express Train No. \_\_\_\_\_

# 6112 Carey Hand Funeral Home

Name of deceased *Effie Mae Stagg*  
 Date of Death *July 23 1923* *2 a* M  
 Cause of death \_\_\_\_\_  
 Place of Death *Res.* M  
 Residence *718 Harwood*  
 Age *50* Y'rs *—* Mo's *—* Days *26*  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *July* 1923 *1* M  
 Account charged *Porring Stagg*  
 Address *718 Harwood*  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming *& Dressing* 35.00  
 Robe, Suit, Dress *✓*  
 Underwear and Hose *✓*  
 Casket *6-3-4 in. Bd. Clth* 225.00  
 Casket with Copper Lin. *✓*  
 Style of Casket *Capt. S. B. C 1/2 c*  
 No. of Casket *36*  
 Outside Box *✓*  
 Shipping Case or Vault *am. Seal* 150.00  
 Handles *Ext - 8 in. Fin*  
 Pillow Set *yes*  
 Name Plate *✓*  
 Cemetery *Greenwood*  
 Section *S* Lot *77*  
 E  
 I Other Graves   
 X Grave on this date \_\_\_\_\_  
 Cremation *P. B. Car* 5.00  
 Single Grave *Car mnr* 5.00  
 Opening and Closing Grave *etc* 10.00  
 Body Shipped to \_\_\_\_\_ 5.00  
 R. R. Ticket *Hard Car* 5.00  
 Cash advanced *mnr* 5.00  
 Telegram \_\_\_\_\_  
 Minister *Adcock & Ferman* 5.00  
 Casket Wagon *1*  
 Physician *Dr. Edwards*  
 County or City Burial \_\_\_\_\_  
 Automobiles *8 & 5* 15.00  
 Baggage or Express Train No. \_\_\_\_\_  
*Burial Lot* 440.00  
 425.00  
 635.00

6113

## Carry Hand Funeral Home

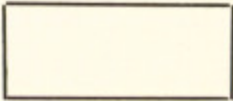
Name of deceased *Clara B. Hanger*  
 Date of Death *July 23 1931* 7:40A M  
 Cause of death *Cardia Renal disease*  
 Place of Death \_\_\_\_\_ M  
 Residence *507 Lanell St*  
 Age *77* Yrs *5* Mo's *12* Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *July 25 1931* 10A M  
 Account charged *Dona Foley*  
 Address *507 Lanell St*  
 Account guaranteed *Insurance*  
 Address \_\_\_\_\_  
 Embalming *Y Dressing* 35 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *5-9- buy Bufr* 125 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Oct-3-R*  
 No. of Casket *1312*  
 Outside Box *Rig*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Shat spt Fin*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *West*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation *Music* 5 00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to *Chicago Ill*  
 R. R. Ticket *✓ Pull-* 135 76  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev Ferran*  
 Casket Wagon *(2)* 10 00  
 Physician *Dr. Redding*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. *92*  
*Sat-7-25-31*

310 76



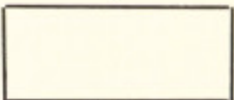
6114

## Carey Hand Funeral Home

Name of deceased Francis Stott Jr  
 Date of Death July 23 1931 6 2 M  
 Cause of death \_\_\_\_\_  
 Place of Death Res M  
 Residence Jellwood Fla  
 Age Yrs Mo's 7 Days 26  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Grave Apofka  
 Date July 23rd 1931 4 P M  
 Account charged Francis Stott Sr  
 Address Jellwood Fla  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2/6 White 25.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box Key  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Apofka  
 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 Bought Casket  
 Cash advanced and did their  
 Telegram own work  
 Minister \_\_\_\_\_  
 Casket Wagon Had permit.  
 Physician Dr Sinclair  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

25.00

# 615 Carry Hand Funeral Home

Name of deceased *Samuel S. Hull*  
 Date of Death *July 23 1931* - *1- P M*  
 Cause of death \_\_\_\_\_  
 Place of Death *Magnolia Home* *Lockport M*  
 Residence *Apofka*  
 Age *79* Y's \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight *150* Height, *5 ft. 8* in. Eyes \_\_\_\_\_  
 Funeral at *Grave*  
 Date *Sat July 25 1931* - *10 30 M a*  
 Account charged *Nancy Witherington*  
 Address *Apofka*  
 Account guaranteed *money in Apofka Bank*  
 Address \_\_\_\_\_  
 Embalming *+ Dressing* *35.00*  
 Robe, Suit, Dress *etc* *12.50*  
 Underwear and Hose *✓*  
 Casket *6-3 buy exp* *65.00*  
 Casket with Copper Lin. *✓*  
 Style of Casket *Spr*  
 No. of Casket *22*  
 Outside Box *None*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Short*  
 Pillow Set *✓*  
 Name Plate \_\_\_\_\_  
 Cemetery *Apofka*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *Del Boy* *10.00*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram *1-* *84*  
 Minister \_\_\_\_\_  
 Casket Wagon *1* *5.00*  
 Physician *Dr. Gardner*  
 County or City Burial \_\_\_\_\_  
 Automobiles *S + S-* *15.00*  
 Baggage or Express Train No. \_\_\_\_\_

14334

617

## Carey Hand Funeral Home

Name of deceased Chas H Underwood  
 Date of Death Sat July 25 1931 A M  
 Cause of death Carcinoma of Prostate  
 Place of Death Res M  
 Residence 200 East Live ave  
 Age 72 Y'rs 10 Mo's 16 Days  
 Weight 120 Height, 5 ft. 8 in. Eyes Blue  
 Funeral at Res  
 Date Mon 7-27-31 192 4-P M  
 Account charged Mrs Chas H Underwood  
 Address 200 E. Live ave  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3 buy exp.  
 Casket with Copper Lin. Sm Chg 15.00  
 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 \_\_\_\_\_  
 Coffin \_\_\_\_\_  
 Can \_\_\_\_\_  
 Cremation Cremation 50.00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Body cremated  
 R. R. Ticket Tuesday 7-28-31  
 Cash advanced 9-A M  
 Telegram met call for asst  
 Minister Friend  
 Casket Wagon 41 5.00  
 Physician Robinson  
 County or City Burial  
 Automobiles S & S- 10.00  
 Baggage or Express Train No. 11500



6118

# Carey Hand Funeral Home

Name of deceased Carlton Gould  
Date of Death July 25 1931 M  
Cause of death Prostate carcinoma  
Place of Death Bres M  
Residence West Palm Beach  
Age 77 Y'rs Mo's Days  
Weight Height, ft. in. Eyes  
Funeral at  
Date 192 M  
Account charged Myell Mortuary  
Address West Palm Beach  
Account guaranteed  
Address  
Embalming Cremation 50 00  
Robe, Suit, Dress  
Underwear and Hose  
Casket  
Casket with Copper Lin. Body covered  
Style of Casket 150 P.M.  
No. of Casket 150 91-  
Outside Box Sum 7-26-31  
Shipping Case or Vault  
Handles Body cremated  
Pillow Set 3-P.M.-7-26-31  
Name Plate  
Cemetery  
Section coffee can Lot E  
I Other Graves N S  
X Grave on this date  
Cremation ashes returned W  
Single Grave & Myell Mortuary  
Opening and Closing Grave W.P. Beach  
Body Shipped to 7-29-31  
R. R. Ticket  
Cash advanced  
Telegram  
Minister  
Casket Wagon  
Physician 50 00  
County or City Burial  
Automobiles  
Baggage or Express Train No.

6119

## Carry Hand Funeral Home

Name of deceased *Mrs Vivian Stewart*  
 Date of Death *July 23 1931* M  
 Cause of death *Post operative Hemorrhage*  
 Place of Death *Miami Beach* M  
 Residence *Miami Beach Fla*  
 Age *35* Y'rs *—* Mo's *6* Days  
 Weight *160* Height, *5* ft. *9* in. Eyes  
 Funeral at  
 Date *—* 192 M  
 Account charged *W. H. Bonds & Co*  
 Address *Miami Fla*  
 Account guaranteed  
 Address  
 Embalming *Cremation* 50 00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *ref*  
 Casket with Copper Lin. *Body lined*  
 Style of Casket *150 Sun 7-26-31*  
 No. of Casket *4am 91*  
 Outside Box  
 Shipping Case or Vault *Body*  
 Handles *cremated 3-PM*  
 Pillow Set *7-27-31*  
 Name Plate  
 Cemetery  
 Section *Coffin case* Lot E  
 I Other Graves N S  
 X Grave on this date  
 Cremation *Ashes Return*  
 Single Grave *W. H. Bonds*  
 Opening and Closing Grave *7-29-31*  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram *Vault returned*  
 Minister *by freight*  
 Casket Wagon *Mon 7-27-31*  
 Physician  
 County or City Burial  
 Automobiles 50 00  
 Baggage or Express Train No.

# 6/20 Carey Hand Funeral Home

Name of deceased Isaac P. Dixon  
 Date of Death Mon July 27 1921 P M  
 Cause of death acute Cardiac Dilatation  
 Place of Death Res M

Residence Apopka

Age 51 Yrs 8 Mo's 12 Days

Weight 145 Height, 5 ft. 9 in. Eyes

Funeral at Res in Apopka

Date Wed July 29 1921 4-P M

Account charged Mrs I. P. Dixon

Address Apopka Fla

Account guaranteed Insurance

Address

Embalming & Dressing 35.00

Robe, Suit, Dress 25.00

Underwear and Hose

Casket 6-3-Gr D 125.00

Casket with Copper Lin.

Style of Casket 6x12 Couch

No. of Casket Indpls

Outside Box ☒

Shipping Case or Vault air Seal 125.00

Handles Ext Sft 7 in

Pillow Set yes

Name Plate

Cemetery Apopka

Section Lot

E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave

Opening and Closing Grave del Bur 10.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon (1) 5.00

Physician Dr Cannel

County or City Burial

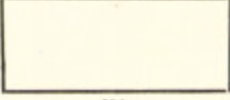
Automobiles S & S - 15.00

Baggage or Express Train No.

340.00



# 6121 Carey Hand Funeral Home

Name of deceased Mrs Mabelle Ostdard  
 Date of Death May July 27 1931 - 10 30 M P  
 Cause of death Chgo Endocarditis - Chrs  
 Place of Death Her  
 Residence 1341 - 27-34 Angerist  
 Age 54 Y's 9 Mo's 7 Days  
 Weight 150 Height, 5 ft. 6 in. Eyes blue  
 Funeral at Chapel  
 Date Tues July 28 1931 - 5-P M  
 Account charged Mrs Florence George  
 Address 280 - E 238 St Cleveland Ohio  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming + Dressing 35<sup>00</sup>  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 6-3 br Doe 100<sup>00</sup>  
 Casket with Copper Lin. ✓  
 Style of Casket Oct - 2 Couch  
 No. of Casket Indpls  
 Outside Box R  
 Shipping Case or Vault ✓  
 Handles Ext - Sft Fin  
 Pillow Set yes  
 Name Plate ✓  
 Cemetery ✓  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation Cremation 50<sup>00</sup>  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Body cremated  
 R. R. Ticket Wed - July 29 - 31  
 Cash advanced 9 - A M  
 Telegram \_\_\_\_\_  
 Minister will call for ashes  
 Casket Wagon (1) 5<sup>00</sup>  
 Physician Dr. J. M. Egan  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

190<sup>00</sup>

Ashes to be scattered  
in Greenwood Cemetery  
if not call for

# 6122 Carey Hand Funeral Home

Name of deceased *Mrs Florence P. Seaton*  
 Date of Death *Tue July 28 1931* 2:30 P. M.  
 Cause of death  
 Place of Death *Fla Sant* M  
 Residence *671 W. Orange ave*  
 Age *81* Y's *10* Mo's *14* Days  
 Weight *152* Height, *5* ft. *4* in. Eyes *Blue*  
 Funeral at *2:30*  
 Date *Aug 1 1931* M  
 Account charged *Mrs Julia A. Frost*  
 Address *Hotel Windermere, Chicago*  
 Account guaranteed *State*  
 Address  
 Embalming *& Dressing* 35 00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket *Cupit* 35 00  
 Casket with Copper Lin. ✓  
 Style of Casket *Sgt*  
 No. of Casket *12*  
 Outside Box ✓  
 Shipping Case or Vault ✓  
 Handles ✓  
 Pillow Set ✓  
 Name Plate  
 Cemetery *Cremation* 50 00  
 Section *Copper Can* Lot *E*  
 I Other Graves N  S  
 X Grave on this date W  
 Cremation *Body cremated*  
 Single Grave ✓ *10 P. M.*  
 Opening and Closing Grave ✓ *Wed*  
 Body Shipped to *July 29 1931*  
 R. R. Ticket ✓  
 Cash advanced, *will call for ashes*  
 Telegram  
 Minister *Hest*  
 Casket Wagon *(1)* 5 00  
 Physician *Dr. Sutter*  
 County or City Burial  
 Automobiles 125 00  
 Baggage or Express Train No.

6123

## Carey Hand Funeral Home

Name of deceased *Mrs. Mary S. Foster*  
 Date of Death *July 28* 19*31*- M  
 Cause of death *Cancer of Intestines*  
 Place of Death *Res* M  
 Residence *914 Landudale*  
 Age *57* Y'rs *8* Mo's *21* Days  
 Weight *100* Height, *5* ft. *4* in. Eyes *Brown*  
 Funeral at *Res*  
 Date \_\_\_\_\_ 19*32* M  
 Account charged *Faichild-Funeral Home*  
 Address *914 Landudale Tola*  
 Account guaranteed *Bk*  
 Address \_\_\_\_\_  
 Embalming *Cremation* 50 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *Flat 14*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Body covered*  
 No. of Casket *by auto*  
 Outside Box *930 PM*  
 Shipping Case or Vault *July-28-31*  
 Handles \_\_\_\_\_  
 Pillow Set *Body cremated*  
 Name Plate \_\_\_\_\_  
 Cemetery *10-A. M. July-29-31*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
*Copper Can* E  
 I Other Graves N S  
 X Grave on this date W  
 Cremation *Ashes exposed*  
 Single Grave *to*  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced *54*  
 Telegram *The family of Mrs. Foster*  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

50 00

*will give instructions  
 when to ship ashes*



6124

## Carry Hand Funeral Home

Name of deceased *Mr. Annie B. Murrah*  
 Date of Death *July 7-28* 192*3* M  
 Cause of death *Cerebral Hemorrhage*  
 Place of Death *St. Louis* M  
 Residence *206 W. 11th St. Park Ave*  
 Age *38* Y's *3* Mo's *19* Days  
 Weight *150* Height, *5* ft. *7* in. Eyes  
 Funeral at *Lleest*  
 Date *July 28* 192*3* M  
 Account charged *Geo. H. Murrah*  
 Address *206 W. 11th St. Park Ave*  
 Account guaranteed *Insurance*  
 Address  
 Embalming *Y Dussing*  
 Robe, Suit, Dress *Whts 40-*  
 Underwear and Hose ✓  
 Casket *6-3-Metal*  
 Casket with Copper Lin. *Inner*  
 Style of Casket *State*  
 No. of Casket *1291-Hunklets*  
 Outside Box *Reg*  
 Shipping Case or Vault ✓  
 Handles *Ext*  
 Pillow Set *Yel*  
 Name Plate *Name + Date*  
 Cemetery *Lleest*  
 Section *Pumpkin Ga* Lot

35.00

25.00

375.00

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 *(2)*

Cash advanced

Telegram

Minister *Lleest*Casket Wagon *(5)*Physician *Dr. Chest*

County or City Burial

Automobiles

Baggage or Express Train No. *72**Wed-Night 7-29-31*

2680

10.00

471.80

# 6125 Carry Hand Funeral Home

Name of deceased Robt. A. Wells  
 Date of Death July 29 1923 a. M  
 Cause of death Cerebral Hemorrhage  
 Place of Death N.Y. M  
 Residence 1414 E. Amelia  
 Age 49 Y'rs 11 Mo's 29 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Aug 1<sup>st</sup> 1923 11 a. M  
 Account charged Mrs Robt. A. Wells  
 Address 1414 E. Amelia  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_

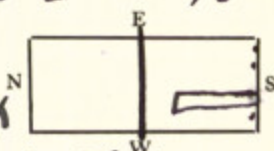
Embalming & Shrouding 35 00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3 Guy Doe 150 00  
 Casket with Copper Lin. ☒  
 Style of Casket Oct-3-P. 9  
 No. of Casket 1401-S-  
 Outside Box Reg -  
 Shipping Case or Vault ☒  
 Handles Ext Sft Fin  
 Pillow Set yes  
 Name Plate ☒  
 Cemetery Greenwood  
 Section U 5 1/2 Lot 45

Bought Lot

I Other Graves

X Grave on this date

Mrs Thos Smith



Cremation Burial Lot 112.50  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave etc 10 00  
 Body Shipped to Car min 5 00  
 R. R. Ticket land car 5 00  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev Trapp  
 Casket Wagon \_\_\_\_\_ 5 00  
 Physician Dr. Christ  
 County or City Burial \_\_\_\_\_  
 Automobiles S & S 15 00  
 Baggage or Express Train No. \_\_\_\_\_

337 50

# 6126 Carey Hand Funeral Home

Name of deceased Etta Farmer

Date of Death July 29 1931 1:15 a M

Cause of death Choke of tongue

Place of Death C. G. H. of Tongue M

Residence 633 W. Pine St

Age 40 Y'rs Mo's Days

Weight Height, ft. in. Eyes

Funeral at Grave

Date Thurs July 30 1931 4:30 M P.

Account charged City

Address

Account guaranteed

Address

Embalming no chg

Robe, Suit, Dress

Underwear and Hose

Casket 6-3- Coffin 14 50

Casket with Copper Lin.

Style of Casket Coffin

No. of Casket

Outside Box Reg

Shipping Case or Vault

Handles Gate

Pillow Set

Name Plate

Cemetery Greenwood

Section Lot

E

I Other Graves

X Grave on this date

N

S

W

Cremation

Single Grave White

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev Byrd

Casket Wagon

Physician Dr. M. C. Gray

County or City Burial

Automobiles

Baggage or Express Train No.

14 50



6127

## Carey Hand Funeral Home

Name of deceased Clijah Canada  
 Date of Death July 29 1931 3:30 a M  
 Cause of death myocarditis  
 Place of Death Res M  
 Residence 58 Ft Christmas  
 Age 58 Y'rs Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at Grave  
 Date July 29 1931 5 P M  
 Account charged County  
 Address  
 Account guaranteed  
 Address  
 Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3- Coffin  
 Casket with Copper Lin. Coffin  
 Style of Casket  
 No. of Casket  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ball  
 Pillow Set  
 Name Plate  
 Cemetery Ft Christmas  
 Section Lot

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 A. Ft Christmas

Casket Wagon

Physician Dr. Beardsall

County or City Burial

Automobiles S & S-

Baggage or Express Train No.

1450

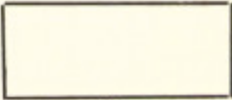
15 00  
 29 50

# 6/28 Carey Hand Funeral Home

Name of deceased Edward J. Roselle  
 Date of Death July 25 1931 M  
 Cause of death Angina Pectoris  
 Place of Death Lake City Fla M  
 Residence Lake City Fla  
 Age 70 Y'rs 9 Mo's 16 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Lake City Fla  
 Date July 29 1931 M  
 Account charged C.C. Sheppard and Co  
 Address Lake City Fla  
 Account guaranteed Chech  
 Address \_\_\_\_\_  
 Embalming Cremation 5000  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket Body arrived  
 Casket with Copper Lin. 3h. in  
 Style of Casket Wed July  
 No. of Casket 29-1931  
 Outside Box by express  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set Body Cremated  
 Name Plate July 29-31  
 Cemetery 9-2 M  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation ashes to  
 Single Grave be held  
 Opening and Closing Grave until  
 Body Shipped to Notified  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician J.W. Bush  
 County or City Burial Lake City Fla  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

5000

# 6129 Carey Hand Funeral Home

Name of deceased Alban Kilpatrick  
 Date of Death July 31 1923 3:30a M  
 Cause of death Pulmonary  
 Place of Death Res M  
 Residence Windermere  
 Age 28 Y's Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at Home  
 Date July 31 1923 P. M  
 Account charged County  
 Address  
 Account guaranteed  
 Address  
 Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 4/3 Coffin  
 Casket with Copper Lin. + top 1450  
 Style of Casket  
 No. of Casket  
 Outside Box  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery County  
 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. Guym  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

1450



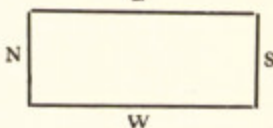
6130 Carey Hand Funeral Home Col

Name of deceased Infant of Leroy Loby  
 Date of Death July 29 1923 M  
 Cause of death Premature 6 mos  
 Place of Death Res M  
 Residence 629 W. Carter  
 Age Yrs Mo's Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Home  
 Date July 31 1923 M  
 Account charged City  
 Address \_\_\_\_\_  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_

Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2/0 White  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket N. M  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Greenwood  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

1400

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. W. M. Andrews  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

# 14.00

6131

## Carey Hand Funeral Home

Name of deceased Mrs. Cornelia M. Todd  
 Date of Death Aug-1-1931 1045 M P  
 Cause of death Senility-Endocarditis Choro  
 Place of Death Res- M  
 Residence 1817 East-Wash-  
 Age 86 Y'rs 6 Mo's 11 Days  
 Weight 125 Height, 5 ft. 5 in. Eyes Gr  
 Funeral at Chapel  
 Date Tues. Aug-4-1931 10-A M  
 Account charged Mrs. Allys Bailey  
 Address 1817 East Wash St  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3-Doe 100.00  
 Casket with Copper Lin. ☒  
 Style of Casket Cot- 1/2 Couch  
 No. of Casket Indpls  
 Outside Box ☒  
 Shipping Case or Vault ☒  
 Handles Ext  
 Pillow Set yes  
 Name Plate \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
Coffin E  
 I Other Graves N S  
 X Grave on this date \_\_\_\_\_  
 Cremation Cremation 50.00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Body embalmed  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket Wed- Aug-5-1931  
 Cash advanced 10-A. M.  
 Telegram \_\_\_\_\_  
 Minister R. P. Cobb  
 Casket Wagon (1) 5.00  
 Physician D. Neal  
 County or City Burial 190.00  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

# 6132 Carey Hand Funeral Home

Name of deceased *Mrs. Natalia Schaefer*  
 Date of Death *Aug 3 1931* P. M.  
 Cause of death *Cerebral Hemiplegia*  
 Place of Death *Lockhart Fla* M  
 Residence *Lockhart Fla*  
 Age *76* Y'rs *8* Mo's *13* Days  
 Weight *90* Height, *5* ft. in. Eyes *Brown*  
 Funeral at *Chapel*  
 Date *Aug 5 1931* 11 A. M.  
 Account charged *Mrs. Pauline Schaefer*  
 Address *Lockhart Fla*  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming *Y Dressing* 35 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose *Blumacher* 50 00  
 Casket *Y Severe* 55 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery *Cremation*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
*wooden box* E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation *Body cremated*  
 Single Grave *Thurs Aug 6-31*  
 Opening and Closing Grave *9 A.M.*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced *will call for*  
 Telegram \_\_\_\_\_  
 Minister *Rev. Traff.* 5 00  
 Casket Wagon *(11)*  
 Physician *Dr. Harms.*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_ 145 00  
 Baggage or Express Train No. \_\_\_\_\_



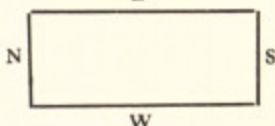
6133 Carey Hand Funeral Home

Name of deceased *John J. Anderson*  
 Date of Death *Aug 4* 1931 - *12 30* A M  
 Cause of death *Myocarditis*  
 Place of Death *Res* M  
 Residence *Pudmont* *Fla*  
 Age *67* Y's *8* Mo's *7* Days  
 Weight Height, ft. in. Eyes  
 Funeral at *Methodist Church Apopka*  
 Date *Aug 5* 1931 *4* P M  
 Account charged *Mrs John J. Anderson*  
 Address *Apopka* *Rt 1 - Box 17*  
 Account guaranteed *C. Slater*  
 Address  
 Embalming *+ Dressing*  
 Robe, Suit, Dress *Shirt 2.00 collar 25*  
 Underwear and Hose *tie 1.25 und*  
 Casket *6-3- Sil Plush*  
 Casket with Copper Lin.  
 Style of Casket *R. B. State 1/2 Co*  
 No. of Casket *Star*  
 Outside Box *R-19*  
 Shipping Case or Vault  
 Handles *Ext Old Sil*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Apopka*  
 Section Lot

35.00  
 3.50  
 290.00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *etc* 10 00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Ab Apopka*

Casket Wagon

Physician *Dr. Carroll*

County or City Burial

Automobiles *S + S -*

Baggage or Express Train No.

20.00  
 363.50

# 6134 Carey Hand Funeral Home

Name of deceased Edward Giesing  
 Date of Death Aug-4 1931 3:30 PM  
 Cause of death Cerebral Hemorrhage  
 Place of Death Res M  
 Residence 701 Palmer  
 Age 70 Y's ✓ Mo's 8 Days ✓  
 Weight 168 Height 5 ft. 8 in. Eyes ✓  
 Funeral at Chapel  
 Date Sat - Aug - 8 1931 4 P. M  
 Account charged Mrs. Edward Giesing  
 Address 715 Palmer St  
 Account guaranteed Estate  
 Address ✓  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress Shirt & Ties } 1.00  
 Underwear and Hose Collar }  
 Casket 6-3-4-2 100.00  
 Casket with Copper Lin. ✓  
 Style of Casket Oct 1/2 Crown  
 No. of Casket Indels  
 Outside Box ✓  
 Shipping Case or Vault ✓  
 Handles Ext  
 Pillow Set yes  
 Name Plate ✓  
 Cemetery Cremation  
 Section ✓ Lot ✓  
 E  
 I Other Graves ✓  
 X Grave on this date ✓  
 W  
 Cremation Cremation 50.00  
 Single Grave 5 in Aug-9-31  
 Opening and Closing Grave 10-A.M.  
 Body Shipped to Muse 5.00  
 R. R. Ticket will call for  
 Cash advanced ✓  
 Telegram ✓  
 Minister Rev. Boyd 5.00  
 Casket Wagon ✓  
 Physician Dr. Asenbaugh  
 County or City Burial ✓  
 Automobiles ✓  
 Baggage or Express Train No. ✓ 196.00

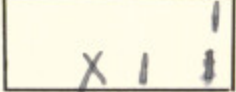
# 6135 Carey Hand Funeral Home

Name of deceased Maudie A. Rossiter  
 Date of Death Aug 1<sup>st</sup> 1923 5:30 P. M  
 Cause of death Fracture Skull-Auto accident  
 Place of Death Elkhart Ind. M  
 Residence Alameda - E. Amelia  
 Age 47 Y'rs 1 Mo's 5 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Aug 6<sup>th</sup> 1923 4 P. M  
 Account charged Mrs J. R. Taylor  
 Address Flint, Mich.  
 Account guaranteed Cash  
 Address \_\_\_\_\_

Embalming \_\_\_\_\_  
 Robe, Suit, Dress Cleaning Dress 1 00  
 Underwear and Hose \_\_\_\_\_

Casket \_\_\_\_\_  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_

Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Greenwood  
 Section 63 Lot 2  
Henry Green Lot E

I Other Graves \_\_\_\_\_  
 X Grave on this date  W

Cremation None 5.00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave etc 10 00  
 Body Shipped to P. B. Car 5.00  
 R. R. Ticket Car Min 5.00

Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev Cobb 5.00  
 Casket Wagon (1)

Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles SVS 15 00

Baggage or Express Train No. \_\_\_\_\_  
46.00



# 6136 Carry Hand Funeral Home

Name of deceased *Mrs Julia W Miller*  
 Date of Death *Aug-5* 192*1* M  
 Cause of death *fatly degeneration of heart*  
 Place of Death *W. Va.* M  
 Residence *Waler Town W. Va.*  
 Age *45* Y'rs *7* Mo's *25* Days  
 Weight *165* Height, *5* ft. *6* in. Eyes  
 Funeral at  
 Date *1921* M  
 Account charged *John Miller*  
 Address *Waler Town, W. Va.*  
 Account guaranteed *O. A. Hinson*  
 Address *314 N. Sumner St*  
 Embalming *Yes* *Passing* 35<sup>00</sup>  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *Simple Chg* 10<sup>00</sup>  
 Casket with Copper Lin.  
 Style of Casket *Wilson F. D.*  
 No. of Casket *7* *Lake City Caller*  
 Outside Box *for Body*  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 Cremation *None acct*  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon *(1)*  
 Physician *Dr. Christ* 5<sup>00</sup>  
 County or City Burial 50<sup>00</sup>  
 Automobiles  
 Baggage or Express Train No.

6137

## Carey Hand Funeral Home

Oland

Name of deceased Purrier, EcklerDate of Death Aug-6 1931- 10 A M

Cause of death \_\_\_\_\_

Place of Death County Home M

Residence \_\_\_\_\_

Age 72 Y'rs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_

Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_

Funeral at \_\_\_\_\_

Date \_\_\_\_\_ 192 \_\_\_\_\_ MAccount charged County

Address \_\_\_\_\_

Account guaranteed \_\_\_\_\_

Address \_\_\_\_\_

Embalming \_\_\_\_\_

Robe, Suit, Dress \_\_\_\_\_

Underwear and Hose \_\_\_\_\_

Casket 6-3 Coffin 1450

Casket with Copper Lin. \_\_\_\_\_

Style of Casket Coffin

No. of Casket \_\_\_\_\_

Outside Box Reg

Shipping Case or Vault \_\_\_\_\_

Handles \_\_\_\_\_

Pillow Set \_\_\_\_\_

Name Plate \_\_\_\_\_

Cemetery County Home

Section \_\_\_\_\_ Lot \_\_\_\_\_

E

I Other Graves

X Grave on this date

N

S

W

Cremation \_\_\_\_\_

Single Grave \_\_\_\_\_

Opening and Closing Grave \_\_\_\_\_

Body Shipped to \_\_\_\_\_

R. R. Ticket \_\_\_\_\_

Cash advanced \_\_\_\_\_

Telegram \_\_\_\_\_

Minister \_\_\_\_\_

Casket Wagon \_\_\_\_\_

Physician J. Beardsall

County or City Burial \_\_\_\_\_

Automobiles \_\_\_\_\_ 1450

Baggage or Express Train No. \_\_\_\_\_

# 6138 Carey Hand Funeral Home

Name of deceased *Mrs Ellen M Fisher*

Date of Death *Aug 8 1931* 6 40 P. M

Cause of death *Fractured right hip - Senility*

Place of Death *Vla Sanatorium* M

Residence *Maywood Ills*

Age *88* Y'rs *6* Mo's *10* Days

Weight *120* Height, *5* ft. *5* in. Eyes *br*

Funeral at ☒

Date *1931* M

Account charged *Mrs Hensley F Stone*

Address *Maywood Ills*

Account guaranteed

Address

Embalming *+ Dressing* 35.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *+ Sev Chg* 35.00

Casket with Copper Lin.

Style of Casket *Cef. TT*

No. of Casket ☒

Outside Box ☒

Shipping Case or Vault ☒

Handles

Pillow Set

Name Plate

Cemetery

Section *Cofe Can* Lot

*Name Engard* E

I Other Graves

X Grave on this date

Cremation *Cremation* 50.00

Single Grave *No Service*

Opening and Closing Grave

Body Shipped to *Body cremated*

R. R. Ticket *Sun Aug - 9 - 1931*

Cash advanced *10 A. M.*

Telegram *will call for ashes*

Minister

Casket Wagon *(1)* 5.00

Physician

County or City Burial

Automobiles *Eng Am* 125.00

Baggage or Express Train No.

*8-12-31 Express* 5.00

*John Kamp*

*F. D. Wheaton Ills*



# 6139 Carey Hand Funeral Home

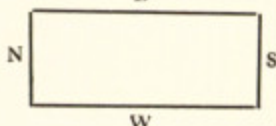
Name of deceased Hubert M. Lillibridge  
 Date of Death Aug 7 1931 M  
 Cause of death Coronary compensation of Heart  
 Place of Death Tampa Fla M  
 Residence Tampa  
 Age 77 Y's 8 Mo's 18 Days  
 Weight 135 Height, 5 ft. 8 in. Eyes blue  
 Funeral at Tampa  
 Date 1931 M  
 Account charged Carey Hand Funeral Home  
 Address Tampa Fla  
 Account guaranteed Cash  
 Address  
 Embalming Cremation 50.00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket N  
 Casket with Copper Lin. Body arrived  
 Style of Casket by auto 9-AM  
 No. of Casket Mon - Aug - 10 - 31  
 Outside Box  
 Shipping Case or Vault Body cremated  
 Handles 2 - P. M. Mon 8-10-31  
 Pillow Set Ashes expressed to  
 Name Plate  
 Cemetery Mr. Haddock  
 Section Crematorium of Lot  
Copper East Greenwich cemetery  
Em Other Graves  
 X Grave on this date  
East Greenwich  
 Cremation R. I.  
 Single Grave  
 Opening and Closing Grave Aug 12  
 Body Shipped to 1931  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

50.00

# 6140 Carey Hand Funeral Home

Name of deceased James T. Gresham  
 Date of Death Aug-10 1921 130 P. M  
 Cause of death \_\_\_\_\_  
 Place of Death O. G. St. M  
 Residence County Home  
 Age 78 Y'rs 4 Mo's 10 Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at \_\_\_\_\_  
 Date \_\_\_\_\_ 192 \_\_\_\_\_ M  
 Account charged County  
 Address \_\_\_\_\_  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming + Dressing  
 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 \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery County Home  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_



Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister J. B. Finley  
 Casket Wagon \_\_\_\_\_  
 Physician Dr. Beardsall  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

25.00

1450

1450

6141

## Carey Hand Funeral Home

Name of deceased Albert Ryerson  
 Date of Death Aug 10 1931 P.M.  
 Cause of death acute meningitis - ascephalitis  
 Place of Death O. G. N. M  
 Residence Rt. 2 #4 - 5 Miles East  
 Age \_\_\_\_\_ Y'rs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight 150 Height, 5 ft. 7 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Mon 8-12-31 1931 10 A M  
 Account charged Mrs. Grace L. Suggs  
 Address 2291 La. Moth an Detroit  
 Account guaranteed money wired 8-12-31  
 Address \_\_\_\_\_  
 Embalming Y Dressing  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3- Guy Blch  
 Casket with Copper Lin. ✓  
 Style of Casket Get 3-P.T.  
 No. of Casket 1312- S-  
 Outside Box Reg  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Shat 5 ft - 7 in  
 Pillow Set yes  
 Name Plate \_\_\_\_\_  
 Cemetery Greenwood  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation \_\_\_\_\_  
 Single Grave White  
 Opening and Closing Grave Del Box etc  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket Car for funeral  
 Cash advanced \_\_\_\_\_  
 Telegram 108-108-138  
 Minister \_\_\_\_\_  
 Casket Wagon (1)  
 Physician D. Spies  
 County or City Burial \_\_\_\_\_  
 Automobiles 5 + 5-  
 Baggage or Express Train No. \_\_\_\_\_  
amb sew

35 00  
 15 00  
 2 00  
 115 00

5 00  
 10 00  
 5 00  
 354

5 00

15 00

10 00

220 04

20 54

200 00



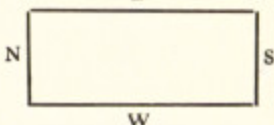
# 6142 Carey Hand Funeral Home

Name of deceased Elijah J. Darden  
 Date of Death Aug 15 1931 - 4-A M  
 Cause of death Carcinoma of Prostate  
 Place of Death Res - M  
 Residence Orlando R.F.D #4- 16-Mile E.  
 Age 73 Y'rs - Mo's 4 Days  
 Weight 135 Height 5 ft. 7 in. Eyes  
 Funeral at Lake Howell Church  
 Date Sun Aug 16 1931 - 11-A M  
 Account charged Mrs Levenia Tammus  
 Address Orlando Sta A Box 321  
 Account guaranteed

Address  
 Embalming + Dressing 35<sup>00</sup>  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 6-3 bus cup. 125<sup>00</sup>  
 Casket with Copper Lin. ✓  
 Style of Casket Oct 3-P. T  
 No. of Casket 1312 - S  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Short Sft Tin  
 Pillow Set Yes  
 Name Plate  
 Cemetery Lake Howell  
 Section Lot

I Other Graves

X Grave on this date



Cremation  
 Single Grave  
 Opening and Closing Grave Del Ber 10<sup>00</sup>  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon - T. Res 10<sup>00</sup>  
 Physician Dr Andrews  
 County or City Burial  
 Automobiles S + S- 15<sup>00</sup>  
 Baggage or Express Train No. 193-00

will pay by  
the mo

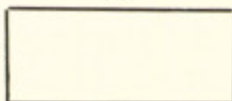
# 6143 Carey Hand Funeral Home

Name of deceased *Mrs Rachel Davison*  
 Date of Death *Aug 16 1931* P. M.  
 Cause of death \_\_\_\_\_  
 Place of Death *Res* M  
 Residence *Apopka, Fla*  
 Age *93* Yrs *6* Mo's *27* Days  
 Weight *100* Height, *5 ft. 6* in. Eyes \_\_\_\_\_  
 Funeral at *Res*  
 Date *Tue Aug - 18 - 1931* 4-P M  
 Account charged *Mrs G. A Moore*  
 Address *Apopka Fla - Box 13*  
 Account guaranteed *Estate*  
 Address \_\_\_\_\_  
 Embalming *& Dressing* 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket *6-3- In Box* 150.00  
 Casket with Copper Lin. ☒  
 Style of Casket *Oct- 1/2 - C-*  
 No. of Casket *Ind 1/2*  
 Outside Box *Reg*  
 Shipping Case or Vault ☒  
 Handles *Ext - 5 ft Fin*  
 Pillow Set *yes*  
 Name Plate ☒  
 Cemetery *Apopka*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E

I Other Graves

X Grave on this date

N



W

Cremation

Single Grave

Opening and Closing Grave *& 1/2* 10.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Mancius*

Casket Wagon *(1) & 1/2* 5.00

Physician *Dr Canell*

County or City Burial

Automobiles *S. V. S.* 15.00

Baggage or Express Train No.

*(3) Spie Tower*

mail statement to

*Mrs G. A. Moore*

*Box 13 - Apopka Fla*

215.00  
 10.00  
 225.00

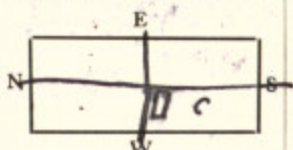
# 6144 Carey Hand Funeral Home

Name of deceased *Andrew Boyd Gillilan*  
 Date of Death *Aug 18* 19*31* *4.15 P. M*  
 Cause of death *Shock following Herniotomy*  
 Place of Death *Oslenburgh Hospital* M  
 Residence *202 Weber ave*  
 Age *69* Y'rs *1* Mo's *32* Days  
 Weight *160* Height, *5* ft. *8* in. Eyes  
 Funeral at *West*  
 Date *192* M  
 Account charged *Miss Edna Gillilan*  
 Address *202 Weber ave*  
 Account guaranteed *Estate*  
 Address  
 Embalming *+ Dressing* 35.00  
 Robe, Suit, Dress *2 1/2 Hat color w/ 1 1/4* 4.00  
 Underwear and Hose 2.50  
 Casket *6-3-G.B.C. Metal* 850.00  
 Casket with Copper Lin. *Copper*  
 Style of Casket *Slab Double Hall*  
 No. of Casket *Lewis*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles *Ext Old Sil*  
 Pillow Set *yes* *Sil 82*  
 Name Plate *Name* *1862*  
 Cemetery *West* *1931*  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 N S  
 W  
 Cremation  
 Single Grave *Evans Baggage* 9.67  
 Opening and Closing Grave  
 Body Shipped to *Pittsburg-Pa*  
 R. R. Ticket *(2)* 102.48  
 Cash advanced *1-2 over* 7.56  
 Telegram *(7)* 10.00  
 Minister  
 Casket Wagon *(2)*  
 Physician *Dr Oslenburgh*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *92* 1021.41  
*West Aug-19-31*



6145

## Carey Hand Funeral Home

Name of deceased Infant of Frank A. Heigel  
 Date of Death 8-19 1931 P. M  
 Cause of death Still born  
 Place of Death Fla. Sant M  
 Residence Winter Park Fla  
 Age Yrs Mo's Days  
 Weight Height ft. in. Eyes  
 Funeral at Grave  
 Date Aug 20 1931 a. M  
 Account charged Frank A. Heigel  
 Address 1900 Clybourn Ave W. P.  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2-0 H. L. S. 10 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket 3 pr. H. M.  
 No. of Casket 1  
 Outside Box B-19  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Small  
 Pillow Set ✓  
 Name Plate congrat  
 Cemetery Winter Park  
 Section B-19 8 Lot C  
  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Del 34 2 00  
 Body Shipped to Auto - 1 50  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Father Calahan  
 Casket Wagon \_\_\_\_\_  
 Physician L. P. Andrews.  
 County or City Burial 12 50  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

# 6144 Carey Hand Funeral Home

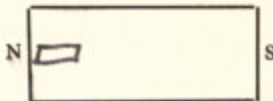
Name of deceased Maxine Winkler  
 Date of Death Aug 20 1923 5 P. M  
 Cause of death accidental drowning  
 Place of Death Conway Lake M  
 Residence Perishing Ave  
 Age 7 Y'rs 4 Mo's 5 Days  
 Weight \_\_\_\_\_ Height, 4 ft. 0 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Aug 23 1923 4 P. M  
 Account charged C. W. Winkler  
 Address Perishing Ave  
 Account guaranteed \_\_\_\_\_

Address \_\_\_\_\_  
 Embalming & Dressing 25.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 4-0-W-R-S 62.50  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Oct. Ch. Cop.  
 No. of Casket \_\_\_\_\_  
 Outside Box Agg  
 Shipping Case or Vault \_\_\_\_\_ air seal  
 Handles Shut. P. & S. 90.00  
 Pillow Set \_\_\_\_\_  
 Name Plate Q D  
 Cemetery Greenwood  
 Section \_\_\_\_\_ Lot 66

Head - South

I Other Graves

X Grave on this date



Cremation Burial Lot 250.00  
 Single Grave \_\_\_\_\_ 7.50  
 Opening and Closing Grave Del Bur  
 Body Shipped to \_\_\_\_\_ 5.00  
 R. R. Ticket - Car Min 5.00  
 Cash advanced Car P. B.  
 Telegram \_\_\_\_\_  
 Minister Rev Boyd 5.00  
 Casket Wagon (1)  
 Physician Sheriff Karel  
 County or City Burial \_\_\_\_\_ 5.00  
 Automobiles Cloud car  
 Baggage or Express Train No. 45500

6147

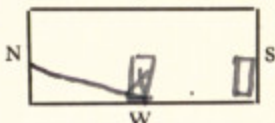
## Carey Hand Funeral Home

Name of deceased Miss Caroline W. Dawson  
 Date of Death Aug-22 1931 3 A M  
 Cause of death \_\_\_\_\_  
 Place of Death Res M  
 Residence Res. Maitland  
 Age 69 Y'rs 8 Mo's 22 Days  
 Weight 125 Height, 5 ft. 6 in. Eyes \_\_\_\_\_  
 Funeral at Res  
 Date Mon Aug-24 1931 10:30 M A  
 Account charged Miss Elizabeth Dawson  
 Address Maitland  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress slip. 2.25-  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3- Guy Box 150.00  
 Casket with Copper Lin. ✓  
 Style of Casket Oct-3-P.T.  
 No. of Casket 1401-S-  
 Outside Box Reg  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Ext. Sft Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Maitland  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_ N  S  
 X Grave on this date \_\_\_\_\_ W  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Del Box 10.00  
 Body Shipped to \_\_\_\_\_ 5.00  
 R. R. Ticket Car  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev Cobb  
 Casket Wagon \_\_\_\_\_  
 Physician Dr. Notard  
 County or City Burial \_\_\_\_\_  
 Automobiles 3 x S- 15.00  
 Baggage or Express Train No. \_\_\_\_\_ 217.25



# 6148 Carrey Hand Funeral Home

Name of deceased Chas Fletcher Scull  
 Date of Death Aug - 22 1931 4-A M  
 Cause of death \_\_\_\_\_  
 Place of Death Astor Hotel M  
 Residence Astor Hotel  
 Age 75 Y's 8 Mo's 2 Days \_\_\_\_\_  
 Weight 160 Height 5 ft. 9 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Monday 8-24 1931 3-P M  
 Account charged Guy Rush  
 Address \_\_\_\_\_  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3 Guy Cope 125.00  
 Casket with Copper Lin. ☒  
 Style of Casket Oct-3-P.T  
 No. of Casket 1312  
 Outside Box R-9  
 Shipping Case or Vault ☒  
 Handles Short Split Fin  
 Pillow Set yes  
 Name Plate at foot  
 Cemetery Greenwood  
 Section J- Lot 91  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Del Box  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Norton  
 Casket Wagon (1) 5.00  
 Physician Shuff Kaul  
 County or City Burial ☒  
 Automobiles S.V.S. 15.00  
 Baggage or Express Train No. \_\_\_\_\_ 180.00



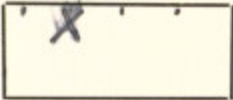
was found dead in his  
room at Hotel had been  
dead several hr Heart trouble

6149

## Carey Hand Funeral Home

Name of deceased *Mrs Charlotte Nichols*  
 Date of Death *Aug 21* 1921 M  
 Cause of death *Probably - Chro Myocarditis*  
 Place of Death *Tampa* M  
 Residence *Tampa*  
 Age *52* Y'rs *7* Mo's *21* Days  
 Weight *120* Height, *5* ft. *1/4* in. Eyes  
 Funeral at *Tampa*  
 Date *8-23-21* 1921 M  
 Account charged *B. Maim Reed*  
 Address *4, S. Tampa Fla*  
 Account guaranteed  
 Address  
 Embalming *Cremation* 50.00  
 Robe, Suit, Dress  
 Underwear and Hosiery  
 Casket *6-3- Oct - Gr Plush*  
 Casket with Copper Lin. *Body unwired*  
 Style of Casket *ly auto*  
 No. of Casket *130 P.M.*  
 Outside Box *Sum 8-23-31*  
 Shipping Case or Vault  
 Handles *Body cremated*  
 Pillow Set *2 P.M 8-23-31*  
 Name Plate  
 Cemetery  
 Section *coffee can* Lot E  
 I Other Graves  
 X Grave on this date  
 Cremation *Fun Expressed to* W  
 Single Grave *B. Maim Reed*  
 Opening and Closing Grave  
 Body Shipped to *Mon - 8-24-31*  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. 50.00

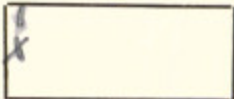
# 6150 Carey Hand Funeral Home

Name of deceased Carl. C. White  
 Date of Death Aug 24 1931 2:30 P. M  
 Cause of death Admams Embolism  
 Place of Death 141 E. Church St M  
 Residence 1505 S. Leelaney St  
 Age 47 Y'rs 8 Mo's 23 Days  
 Weight 150 Height, 5 ft. 6 in. Eyes  
 Funeral at Chapel  
 Date Sat- 8-29-1931 3-P M  
 Account charged Mrs C. C. White  
 Address 1505 S. Leelaney St  
 Account guaranteed Estate  
 Address  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3 Gray Bnd C- 250.00  
 Casket with Copper Lin.  
 Style of Casket Electric  
 No. of Casket 3518  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ext Old Sil  
 Pillow Set yes  
 Name Plate  
 Cemetery Greenwood  
 Section S Lot 38  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation Burial Lot 175.00  
 Single Grave  
 Opening and Closing Grave etc 10.00  
 Body Shipped to Clared Car 5.00  
 R. R. Ticket P. B. Car 5.00  
 Cash advanced  
 Telegram  
 Minister Rev. M. H. Hair 5.00  
 Casket Wagon  
 Physician Dr. Christ  
 County or City Burial  
 Automobiles S & S 15.00  
 Baggage or Express Train No. 500.00



6151

## Carey Hand Funeral Home

Name of deceased *Infant of Arthur J. Jones*  
 Date of Death *Aug 24* 192*31* *119* M  
 Cause of death *Birth presentation with twisted cord*  
 Place of Death *Res* M  
 Residence *1913 Garwin St*  
 Age *Y*'rs *Mo*'s *Days*  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at \_\_\_\_\_  
 Date *Aug 24* 192*31* *5p* M  
 Account charged *Arthur J. Jones*  
 Address *1913 Garwin St*  
 Account guaranteed *Payments*  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *2/0 White* 10.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *N. M. Sqz*  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery *Greenwood*  
 Section *B* Lot *35*  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *etc* 250  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. Deubaugeth*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

1250

# 6152 Carry Hand Funeral Home

Name of deceased *Claf. W. Parson*  
 Date of Death *Aug-24* 1931 - *8:15* P M  
 Cause of death *anthytis*  
 Place of Death *Res* M  
 Residence *408 E. Church*  
 Age *68* Y's *3* Mo's *20* Days  
 Weight *135* Height, *5* ft. *8* in. Eyes  
 Funeral at *Chapel*  
 Date *Aug 26* 1931 *3 P.* M  
 Account charged *Mrs. C. W. Parson*  
 Address *408 E. Church St*  
 Account guaranteed *Estate*  
 Address  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket *6-3* *Gr. Bld-C.* *275.00*  
 Casket with Copper Lin.  
 Style of Casket *Ext O.T. N e*  
 No. of Casket  
 Outside Box *Reg*  
 Shipping Case or Vault ☒  
 Handles *Ext O Sil*  
 Pillow Set *yes* *best*  
 Name Plate  
 Cemetery *Greenwood*  
 Section *V* Lot *62*  
 E  
 I Other Graves  
 X Grave on this date *2.50.00*  
 Cremation *Lot Bought Direct* *250.00*  
 Single Grave *Burial Lot*  
 Opening and Closing Grave *etc* *10.00*  
 Body Shipped to *2* *cloud cars* *10.00*  
 R. R. Ticket *P.D. car* *5.00*  
 Cash advanced *car min* *5.00*  
 Telegram  
 Minister *Dean Adcock*  
 Casket Wagon *(1)* *5.00*  
 Physician *Dr. Christ.*  
 County or City Burial  
 Automobiles *S & S-* *15.00*  
 Baggage or Express Train No. *610.00*

6153

## Carey Hand Funeral Home

Name of deceased *Infant of Clarence Newman*  
 Date of Death *Aug 24* 1923 *11:50 P. M*  
 Cause of death *Still born*  
 Place of Death *Ala. G. H.* M  
 Residence *McCoe, Fla*  
 Age ☒ Y's ☒ Mo's ☒ Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *McCoe*  
 Date *Aug 25* 1923 *P. M*  
 Account charged *Clarence Newman*  
 Address *McCoe, Fla*  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *2-0* % *2.* 10 *00*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Spr*  
 No. of Casket \_\_\_\_\_  
 Outside Box *A22*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery *McCoe*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation *Bought Casket*  
 Single Grave *done thru our*  
 Opening and Closing Grave *with*  
 Body Shipped to *have permit*  
 R. R. Ticket *for same*  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *McCoe*  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. Collins*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

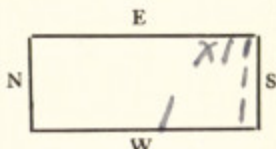
12 50



# 6154 Carey Hand Funeral Home

Name of deceased *John Walter Gatlin*  
 Date of Death *Aug 26 1923* 5:30 A M  
 Cause of death \_\_\_\_\_  
 Place of Death *Res* M  
 Residence *Windermere Fla*  
 Age *1* Y's *5* Mo's *8* Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. in. Eyes *1*  
 Funeral at *Conway Church*  
 Date *Aug 27* 1923 *3 A* M  
 Account charged *Jas Gatlin*  
 Address *Windermere Fla*  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming *Care of body* 10 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *3/0 White L.S.* 45 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Oct. H. Top*  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Short*  
 Pillow Set *no*  
 Name Plate *Gen Starling*  
 Cemetery *Conway*  
 Section *Lot*

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_



Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *4 Lel box* 7 50  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev Kingrison*  
 Casket Wagon *01* 5 00  
 Physician *Dr. Lawrence*  
 County or City Burial \_\_\_\_\_  
 Automobiles *Closed car* 5 00  
 Baggage or Express Train No. \_\_\_\_\_

*72 50*

6155

Cremation  
Carey Hand Funeral Home

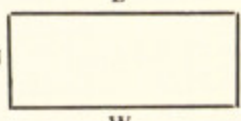
Name of deceased August Schneider  
Date of Death Aug 25 1923 M  
Cause of death Bronchio Pneumonia  
Place of Death St Petersburg Fla M  
Residence St Petersburg Fla  
Age 79 Y'rs 8 Mo's 19 Days  
Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
Funeral at St Petersburg Fla  
Date Aug 1923 M  
Account charged J. W. Wilhelm and S  
Address St Petersburg Fla  
Account guaranteed chk  
Address \_\_\_\_\_  
Embalming Cremation 5000  
Robe, Suit, Dress \_\_\_\_\_  
Underwear and Hose \_\_\_\_\_  
Casket Body arrived  
Casket with Copper Lin. by Auto  
Style of Casket Wed Aug 26  
No. of Casket 1931 at 2 P.M  
Outside Box \_\_\_\_\_  
Shipping Case or Vault \_\_\_\_\_  
Handles Body Cremated  
Pillow Set Aug 26 1931  
Name Plate 4 P.M  
Cemetery \_\_\_\_\_  
Section \_\_\_\_\_ Lot \_\_\_\_\_  
E  
I Other Graves \_\_\_\_\_  
X Grave on this date \_\_\_\_\_  
N  S  
W  
Cremation Ashes to be  
Single Grave sent to -  
Opening and Closing Grave \_\_\_\_\_  
Body Shipped to Masonic Lodge  
R. R. Ticket Hunkirk N.Y.  
Cash advanced Aug 28 1931  
Telegram \_\_\_\_\_  
Minister \_\_\_\_\_  
Casket Wagon \_\_\_\_\_  
Physician \_\_\_\_\_  
County or City Burial \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Baggage or Express Train No. \_\_\_\_\_

5000

# 6156 Carey Hand Funeral Home

Name of deceased Nora Baret  
 Date of Death Aug 27 1931 4:30a M  
 Cause of death Influenza  
 Place of Death Res M  
 Residence 1211 7th Ave  
 Age 58 Y'rs 7 Mo's 12 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Catholic Church  
 Date Aug 28<sup>th</sup> 1931 9a M  
 Account charged S. Baret  
 Address 1211 7th Ave  
 Account guaranteed F. Hass  
 Address \_\_\_\_\_

Embalming & Dressing 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3 gray eue 75.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Sgt  
 No. of Casket 72  
 Outside Box Reg -  
 Shipping Case or Vault \_\_\_\_\_  
 Handles short 3/4" Fin  
 Pillow Set yes  
 Name Plate crucifix  
 Cemetery Greenwood  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 W  
 S



Cremation \_\_\_\_\_  
 Single Grave White 5.00  
 Opening and Closing Grave 10.00  
 Body Shipped to Car Mmsh 5.00  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Father Fox 5.00  
 Casket Wagon (1)  
 Physician Dr. Aertel  
 County or City Burial \_\_\_\_\_  
 Automobiles S & S - 15.00  
 Baggage or Express Train No. 150.00

F. Hass the Uncle  
will pay acct

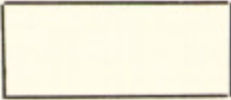


# 6157 Carey Hand Funeral Home

Name of deceased Rachel A. Stanyon  
 Date of Death Aug 27 1931 9:45 A.M.  
 Cause of death Epilepsy - Left hemiplegia  
 Place of Death Fla - Pant M  
 Residence Pine Castle, Fla.  
 Age 62 Y'rs 2 Mo's 18 Days  
 Weight 135 Height, 5 ft. 6 in. Eyes   
 Funeral at Chapel  
 Date Aug 28 1931 2-P. M  
 Account charged Merian Stanyon  
 Address St Petersburg Fla  
 Account guaranteed Estate  
 Address   
 Embalming & Dressing 35.00  
 Robe, Suit, Dress   
 Underwear and Hose   
 Casket 6-3 br Doe 125.00  
 Casket with Copper Lin.   
 Style of Casket Ext 1/2 Couch  
 No. of Casket Indpts  
 Outside Box Reg  
 Shipping Case or Vault   
 Handles Ext Spt Fin  
 Pillow Set gr  
 Name Plate   
 Cemetery Sebring Fla  
 Section  Lot   
 E  
 I Other Graves   
 X Grave on this date   
 N  S  
 W  
 Cremation   
 Single Grave   
 Opening and Closing Grave   
 Body Shipped to Sebring Fla  
 R. R. Ticket   
 Cash advanced Expence at Sebring 25.00  
 Telegram   
 Minister Sal V. Army Minister 3.00  
 Casket Wagon (1)  
 Physician Dr. L. P. Andrews  
 County or City Burial   
 Automobiles S + S to Sebring 50.00  
 Baggage or Express Train No. 240.00  
15.00  
225.00

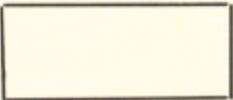
6158

## Carey Hand Funeral Home

Name of deceased Mrs Lurina A Bud  
 Date of Death Aug 27 1931 4 P. M  
 Cause of death acute dilatation heart  
 Place of Death Res M  
 Residence 605 Lake View ave  
 Age 75 Y'rs 8 Mo's 16 Days  
 Weight 120 Height, 5 ft. 6 in. Eyes  
 Funeral at Chapel  
 Date Fri Aug-28 1931 3.30 P. M  
 Account charged John H Nolan  
 Address 605 Lake View ave  
 Account guaranteed Estate Insurance  
 Address  
 Embalming  
 Robe, Suit, Dress 1st Panti 8.50  
 Underwear and Hose  
 Casket 6-3- In Doe 100.00  
 Casket with Copper Lin.  
 Style of Casket Ext H 10.  
 No. of Casket 8174-  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ext S/H Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery O'Connell  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation  
 Single Grave  
 Opening and Closing Grave Del Box 10.00  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister Rev Chisholm 5.00  
 Casket Wagon (1)  
 Physician Dr M M Andrews  
 County or City Burial  
 Automobiles S & S 15.00  
 Baggage or Express Train No. 138 50

Is Sister of T. J. Seegar  
O'Connell

# 6159 Carey Hand Funeral Home

Name of deceased Luiba Archene  
 Date of Death Aug - 27 1923 5:30 P M  
 Cause of death acute nephritis  
 Place of Death O. G. H. M  
 Residence Winter Park  
 Age 46 Y'rs 11 Mo's 22 Days  
 Weight 130 Height, 5 ft. 6 in. Eyes  
 Funeral at least  
 Date Aug 1923 M  
 Account charged J. C. Merrill  
 Address Leesburg Fla  
 Account guaranteed  
 Address  
 Embalming + Dressing 35 00  
 Robe, Suit, Dress 12 50  
 Underwear and Hose  
 Casket 6-3 - Guy case 60 00  
 Casket with Copper Lin. -  
 Style of Casket 3pr Flat top  
 No. of Casket 62 -  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Shut 5/4 Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery least  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to Stark, Fla  
 R. R. Ticket Express 13 74  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon (2) 10 00  
 Physician Dr. M. C. Gray  
 County or City Burial 131 2 4  
 Automobiles  
 Baggage or Express Train No. 74  
Tr Night 8-28-31



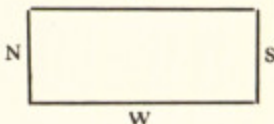
# 6160 Carey Hand Funeral Home

Name of deceased Jellie A. M. Howell  
 Date of Death Aug 28 1931 2:15 a M  
 Cause of death Chb Diabetes  
 Place of Death Apopka M  
 Residence Champaign Ill  
 Age 58 Y'rs 7 Mo's 25 Days  
 Weight \_\_\_\_\_ Height, 5 ft. 6 in. Eyes \_\_\_\_\_  
 Funeral at Leest  
 Date Sept 1 1931 M  
 Account charged Clarence M. Howell  
 Address 1124 Citrus Ave Ames-Iowa  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3- Walnut 350.00  
 Casket with Copper Lin. ☒  
 Style of Casket State M. Cap.  
 No. of Casket 943-5-  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Ext Cr- Copper  
 Pillow Set yes 18.73  
 Name Plate Name 1931  
 Cemetery Leest  
 Section Fisher Rd

E

I Other Graves

X Grave on this date



Cremation \_\_\_\_\_

Single Grave \_\_\_\_\_

Opening and Closing Grave \_\_\_\_\_

Body Shipped to Champaign Ill

R. R. Ticket \_\_\_\_\_

Cash advanced Express 78.82

Telegram \_\_\_\_\_

Minister \_\_\_\_\_

Casket Wagon (2) 10.00

Physician Dr. Crenshaw

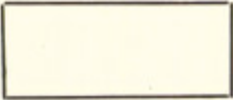
County or City Burial \_\_\_\_\_

Automobiles 47.32

~~Baggage~~ Express Train No. 92

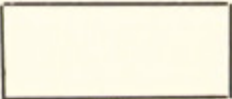
Sat - Aug - 29 - 31

# 6161 Carey Hand Funeral Home

Name of deceased Jas. W. Beasley  
 Date of Death Aug 28 19231 4:50 P M  
 Cause of death O. G. A  
 Place of Death O. G. A M  
 Residence 430 W. Church  
 Age 76 Y'rs Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at Chapel  
 Date Aug 30 19231 4 P M  
 Account charged Baxter Beasley  
 Address Chas Vista  
 Account guaranteed 6 mo note  
 Address  
 Embalming + Dressing 35 <sup>00</sup>  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3 Gr Doe 100 <sup>00</sup>  
 Casket with Copper Lin. ☒  
 Style of Casket Oct N. C  
 No. of Casket 8174  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Ext Spt Fin 6x1-  
 Pillow Set yes  
 Name Plate at Rest.  
 Cemetery Lake Hill  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation  
 Single Grave  
 Opening and Closing Grave Int Box 10 <sup>00</sup>  
 Body Shipped to (21) auto 10 <sup>00</sup>  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon (1) 5 <sup>00</sup>  
 Physician Dr. Childs  
 County or City Burial  
 Automobiles S & S- 15 <sup>00</sup>  
 Baggage or Express Train No. 175 <sup>00</sup>

# 6162 Carey Hand Funeral Home

Colard

Name of deceased Charles Aline  
 Date of Death Sept. Aug 24 1921 M  
 Cause of death Pellagra  
 Place of Death County Home M  
 Residence County Home  
 Age 58 Y'rs Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at Home  
 Date 192 M  
 Account charged County  
 Address  
 Account guaranteed  
 Address  
 Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3 Coffin  
 Casket with Copper Lin  
 Style of Casket  
 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. Beandall  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

1450

1450



# 6163 Carey Hand Funeral Home

Name of deceased Claude L Ashbrook  
 Date of Death Sept - 1 1921 6 A. M  
 Cause of death Suicide Left Gun + R Hoof  
 Place of Death Res M  
 Residence 524 - 500 Lake  
 Age about 47 Y'rs. Mo's Days  
 Weight 150 Height, 5 ft. 7 in. Eyes  
 Funeral at Dist  
 Date 192 M  
 Account charged Mrs C L Ashbrook  
 Address Decatur Ill. 337 S. Hayworth  
 Account guaranteed W. W. Draft  
 Address  
 Embalming + Dressing  
 Robe, Suit, Dress Buy -  
 Underwear and Hose Buy  
 Casket 6-3 Buy exp.  
 Casket with Copper Lin. ☒  
 Style of Casket Sgt  
 No. of Casket 72  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Short Ext Ends  
 Pillow Set ☒  
 Name Plate ☒  
 Cemetery Dist  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 W  
 Cremation \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Mattoon Ill  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced Express  
 Telegram (2)  
 Minister ☒  
 Casket Wagon (2)  
 Physician Judge Cox  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 92  
Wed Sept 2-31

35 00  
 25 00  
 1.90  
 75 00

75.60

10 00

222 50

# 6164 Carey Hand Funeral Home

Name of deceased *Mr Francis Bellamy*  
 Date of Death *Aug-28* 19*31* M  
 Cause of death *acute myocarditis*  
 Place of Death *Tampa* M  
 Residence *Tampa*  
 Age *75* Y'rs Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at *Tampa*  
 Date 192 M  
 Account charged *B. Mann Reed*  
 Address *F.D. Tampa Fla*  
 Account guaranteed  
 Address  
 Embalming *Cremation* 50.00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6-3-04-Br Doe*  
 Casket with Copper Lin.  
 Style of Casket  
 No. of Casket *Body moved*  
 Outside Box *Express Trans*  
 Shipping Case or Vault *#92*  
 Handles *Mrs - Sept 1-31*  
 Pillow Set  
 Name Plate *Body cremated*  
 Cemetery *4-P.M. 9-1-31*  
 Section Lot  
*Copper Can* E  
 I Other Graves  
 X Grave on this date  
*will call for*  
 Cremation  
 Single Grave *9-8-Eng Name* 5.00  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon  
 Physician  
 County or City Burial 55.00  
 Automobiles  
 Baggage or Express Train No.

*Sept-8-31*  
*Express Train to*  
*Rome New York*

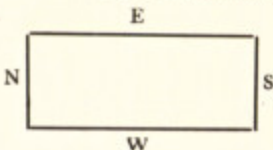
# 6465 Carey Hand Funeral Home

Name of deceased Samuel W. Goolsby.  
 Date of Death Sept 1 1931 10 A M  
 Cause of death Guns fell shot in back  
 Place of Death Res M  
 Residence Plymouth Fla 10-A  
 Age 47 Y'rs 5 Mo's 18 Days  
 Weight 150 Height, 5 ft. 6 in. Eyes  
 Funeral at Grave  
 Date Wed- Sept 2- 1931 5 P. M  
 Account charged Mrs S. W. Goolsby  
 Address Plymouth Fla  
 Account guaranteed 12- Mo Note  
 Address  
 Embalming + Dressing  
 Robe, Suit, Dress old Robe  
 Underwear and Hose  
 Casket 6-3 Guy Doe  
 Casket with Copper Lin.  
 Style of Casket Oct H lip  
 No. of Casket 8174-  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ext- Sft Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery M. S. Donald  
 Section Lot

35.00  
 10.00  
 2.50  
 100.00

I Other Graves

X Grave on this date



Cremation

Single Grave Old Box

5.00

Opening and Closing Grave

Body Shipped to

\* R. R. Ticket

Cash advanced

Telegram

Minister Rev Carlton

Casket Wagon

Physician

County or City Burial

Automobiles S + S

20.00

Baggage or Express Train No.

172.50

Mrs Carlton of the Exchange  
Co at Plymouth will pay  
50.00

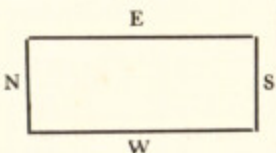


# 6166 Carey Hand Funeral Home

Name of deceased Solomon Blackshear  
 Date of Death Sept 1 - 1931 P.P.M.  
 Cause of death Cholera Enter Nephritis  
 Place of Death Res M  
 Residence Forest City Maitland R.F.D. 2  
 Age 49 Y's Mo's Days  
 Weight Height ft. in. Eyes  
 Funeral at Church at Forest City  
 Date Friday Sept 4 1931 10 A.M.  
 Account charged Agness Blackshear  
 Address Maitland R.F.D. 2  
 Account guaranteed Bonnie Graham  
 Address  
 Embalming + Dressing  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-1- Guy Doe  
 Casket with Copper Lin.  
 Style of Casket Oct H T  
 No. of Casket 8174  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ext Sft Fin  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Forest City  
 Section Lot

25.00

95.00



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 (1)  
 Physician  
 County or City Burial  
 Automobiles 3 + 3 -  
 Baggage or Express Train No.

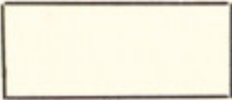
5.00

15.00

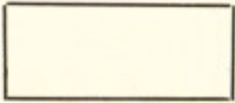
140.00

Smith & Smart  
brought Body in and  
Embalmed + Dressed

# 6157 Carey Hand Funeral Home

Name of deceased *Rachel A. Stanyon*  
 Date of Death *Aug 27 1931* *9:45 A.M.*  
 Cause of death *Epilepsy - Left hemiplegia*  
 Place of Death *Fla - Pant* *M*  
 Residence *Pine Castle, Fla.*  
 Age *62* Y'rs *2* Mo's *18* Days  
 Weight *135* Height, *5* ft. *6* in. Eyes  
 Funeral at *Chapel*  
 Date *Aug 28 1931* *2-P.* *M*  
 Account charged *Merian Stanyon*  
 Address *St Petersburg Fla*  
 Account guaranteed *Estate*  
 Address  
 Embalming & Dressing *35 00*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6-3* *in* *Doe* *125 00*  
 Casket with Copper Lin.  
 Style of Casket *Ext 1/2 Couch*  
 No. of Casket *Indpts*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles *Ext Spt Fin*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Sebring Fla*  
 Section Lot  
 E  
 I Other Graves  
 X Grave on this date  
 N  S  
 W  
 Cremation  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *Sebring Fla*  
 R. R. Ticket  
 Cash advanced *Expence at Sebring* *25 00*  
 Telegram  
 Minister *Sal V. Army Minister* *3 00*  
 Casket Wagon *(1)*  
 Physician *Dr. L. P. Andrews*  
 County or City Burial  
 Automobiles *S + S to Sebring* *50 00*  
 Baggage or Express Train No. *240 00*  
*15 00*  
*225 00*

# 6168 Carey Hand Funeral Home

Name of deceased Wilmer Daniel  
 Date of Death Sept 3 1928 - 4 P M  
 Cause of death Pulmonary Tuberculosis  
 Place of Death Per- M  
 Residence 730 Jernigan st City  
 Age 12 Yrs - Mo's 16 Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Grave  
 Date \_\_\_\_\_ 1928 M  
 Account charged City  
 Address \_\_\_\_\_  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 5-9 Coffin 14 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box R-9  
 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 \_\_\_\_\_  
 Physician Dr. M. E. Huns  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_ 14 00



6170

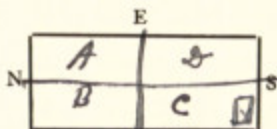
## Carey Hand Funeral Home

Name of deceased New Joseph F. Clotary  
 Date of Death Sept 2 1931 M  
 Cause of death Central Pneumonia  
 Place of Death \_\_\_\_\_ M  
 Residence \_\_\_\_\_  
 Age 62 Y's \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Susota  
 Date \_\_\_\_\_ 1932 M  
 Account charged Thacker & Van Gilder  
 Address Susota Minn  
 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 Blk 22 Lot C

I Other Graves

X Grave on this date

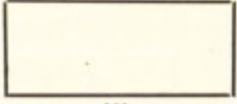


Cremation Burial Lot 100 00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Del on 10 00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced Services at home  
 Telegram \_\_\_\_\_  
 Minister Dr. M. Wain  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

110 00

6171

## Carey Hand Funeral Home

Name of deceased *Mrs Anna Daisy Anderson*  
 Date of Death *Sat. Sept 5 1921* *A M*  
 Cause of death \_\_\_\_\_  
 Place of Death *Res* *M*  
 Residence *Arondan Groves*  
 Age *48* Y'rs *10* Mo's *19* Days  
 Weight *135* Height, *5* ft. *6* in. Eyes \_\_\_\_\_  
 Funeral at *M. C. Church* *W. Garden*  
 Date *Sun 9-6-31* 192 *2-P* *M*  
 Account charged *Geo Anderson*  
 Address *Winter Garden Bx 697*  
 Account guaranteed *Estate*  
 Address \_\_\_\_\_  
 Embalming + *Dressing* *35.00*  
 Robe, Suit, Dress *White Caps* *27.50*  
 Underwear and Hose *195-195-100* *4.90*  
 Casket *6-3* *St. Walnut* *195.00*  
 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 05.5m*  
 Pillow Set *yes - 2.00*  
 Name Plate *✓*  
 Cemetery *Winter Garden*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 W  
 Cremation *String crystal beads* *5.25*  
 Single Grave \_\_\_\_\_ *Ect*  
 Opening and Closing Grave *Del Bx 4* *10.00*  
 Body Shipped to \_\_\_\_\_ *15.00*  
 R. R. Ticket *Spa of Flawn*  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon *(1)* *7.50*  
 Physician *Dr. Lawson*  
 County or City Burial \_\_\_\_\_  
 Automobiles *S + S* *20.00*  
 Baggage or Express Train No. *320.65*

6172 Carey Hand Funeral Home

Name of deceased *John William Umstatted*  
 Date of Death *Sept 5 1921* 7 15 M P  
 Cause of death \_\_\_\_\_  
 Place of Death *Res* M  
 Residence *1515 Harwood ave*  
 Age \_\_\_\_\_ Y'rs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight *160* Height *5* ft. *7* in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date \_\_\_\_\_ 192 \_\_\_\_\_ M  
 Account charged *Mrs J. W. Umstatted*  
 Address *1515 Harwood ave*  
 Account guaranteed *Estate Insurance*  
 Address \_\_\_\_\_  
 Embalming & Dressing 35 00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket *4-3-3-1 for Bid C.* 225 00  
 Casket with Copper Lin. ✓  
 Style of Casket *Oct-O.T. HC*  
 No. of Casket *S-1418*  
 Outside Box ✓  
 Shipping Case or Vault *Quilt Cloth Gutter* 125 00  
 Handles *Ext 0.5 ft. 7 in*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Greenwood*  
 Section *S 9 1/2* Lot *38*  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation *Cost 1 1/2 FEH* 90 00  
 Single Grave \_\_\_\_\_ 10 00  
 Opening and Closing Grave *T & S* 5 00  
 Body Shipped to *Car Man* 5 00  
 R. R. Ticket *Car-P. B*  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Memie Brock & McWain*  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. Hoffman*  
 County or City Burial \_\_\_\_\_  
 Automobiles *S & S* 15 00  
 Baggage or Express Train No. 5 00 00  
 5 05 00

*Died in his Auto Dr Hoffman  
 Caught Body to the Office*



# 6123 Carey Hand Funeral Home

Name of deceased Mrs. Eliza Dana Stafford  
 Date of Death Sept 6 - 1931 - 12<sup>15</sup> M A  
 Cause of death \_\_\_\_\_  
 Place of Death Res - M  
 Residence 618 N. Hughway  
 Age 81 Y'rs 6 Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight 125 Height, 5 ft. 1 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Mon - Sept 7 1931 - 3 P M  
 Account charged E. N. Johnson  
 Address 618 N. Hughway  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3- 350.00  
 Casket with Copper Lin. ☒  
 Style of Casket Oct 1/2 Couch  
 No. of Casket \_\_\_\_\_  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Ext 31 1/2 in  
 Pillow Set yes Orchids 1850  
 Name Plate Name + Date 1931  
 Cemetery Dust  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves ☐ N ☐ S  
 X Grave on this date ☐ W  
 Cremation Cash advance 150.00  
 Single Grave Cash advance 150.00  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to White Hall N.Y.  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced Express 99.44  
 Telegram 11-72-182-132 3.82  
 Minister \_\_\_\_\_  
 Casket Wagon (2) 10.00  
 Physician Dr. Hoffman  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

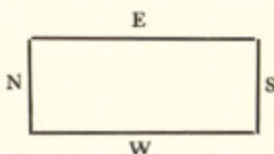
798.30

# 6174 Carey Hand Funeral Home

Name of deceased Mrs. Cora Stellman Springer  
 Date of Death Sept 5 1921 M  
 Cause of death Bro Pneumonia  
 Place of Death Dade City M  
 Residence Dade City  
 Age 74 Y'rs Mo's Days  
 Weight Height, ft. in. Eyes  
 Funeral at  
 Date 1921 M  
 Account charged Coleman + Ferguson  
 Address T. D. Dade City Fla  
 Account guaranteed Ck  
 Address  
 Embalming Cremation 50 00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket Nr  
 Casket with Copper Lin.  
 Style of Casket Body covered  
 No. of Casket ly auto 3-PM  
 Outside Box Sun 9-6-31  
 Shipping Case or Vault  
 Handles Body cremated  
 Pillow Set Sun-9-6-31  
 Name Plate 3 30 P.M.  
 Cemetery  
 Section Ashes & be Lot Scattered

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

# 6175 Carey Hand Funeral Home

Name of deceased King L. Howard

Date of Death Sept 9 1931 7-AM

Cause of death \_\_\_\_\_

Place of Death Per M

Residence Winter Garden

Age 69 Y's — Mo's 28 Days \_\_\_\_\_

Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_

Funeral at \_\_\_\_\_

Date Sept 10 1931 P. M.

Account charged Mrs. Addie B. Howard

Address Winter Garden

Account guaranteed Insurance

Address \_\_\_\_\_

Embalming & Dressing 35.00

Robe, Suit, Dress 27.50

Underwear and Hose 2.50

Casket 6-3 Guy Doe 145.00

Casket with Copper Lin. ✓

Style of Casket Oct 3-P.T.

No. of Casket 1408 S

Outside Box Reg

Shipping Case or Vault Quick

Handles Ext Spt 7 ins

Pillow Set yes

Name Plate ✓

Cemetery Deoer

Section \_\_\_\_\_ Lot \_\_\_\_\_

E

I Other Graves

X Grave on this date

N

W

S

Cremation Del Bur & ect 7.50

Single Grave \_\_\_\_\_

Opening and Closing Grave \_\_\_\_\_

Body Shipped to \_\_\_\_\_

R. R. Ticket \_\_\_\_\_

Cash advanced \_\_\_\_\_

Telegram \_\_\_\_\_

Minister Sebastian 5.00

Casket Wagon \_\_\_\_\_

Physician Dr Davis

County or City Burial \_\_\_\_\_

Automobiles 3 & 3 20.00

Baggage or Express Train No. 24250

W. O. W. Policy 8P1460-L



6176

## Carey Hand Funeral Home

Colard

Name of deceased *Infant Amos Evans*  
 Date of Death *Sept 9* 19*81* *4 a* M  
 Cause of death \_\_\_\_\_  
 Place of Death *Res* M  
 Residence *South Street Alley*  
 Age ☒ Y's ☒ 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 *2-0-H L S* *14 00*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box *7-9*  
 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 *Colard*  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. Calahan* *14 00*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

6177

## Carey Hand Funeral Home

Name of deceased Ruth Alice Hanell  
 Date of Death Sept 11 1931 1.30 A M  
 Cause of death \_\_\_\_\_  
 Place of Death Res M  
 Residence Coee  
 Age 1 Y'rs 6 Mo's 2 Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Grave  
 Date Tue Sept-11- 1931 4 P M  
 Account charged Hanell & Hanell  
 Address Coee  
 Account guaranteed Thud Maguire  
 Address Coee Truck Family  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 3-0 H. L. S 30 1.0  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket 103 Tampa  
 Outside Box 1-9  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Small  
 Pillow Set ✓  
 Name Plate 02  
 Cemetery Coee  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 E  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 N  S  
 Cremation Bought Casket  
 Single Grave done their own  
 Opening and Closing Grave work-  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket have Permit  
 Cash advanced for same  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician Dr Scott -  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

Pd 20.00  
30 - 5.00  
30 - 5.00

30 00

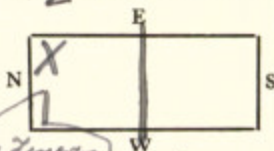
6178

## Carey Hand Funeral Home

Name of deceased Ella Maltby  
 Date of Death Sept 11 1931 1130 MA  
 Cause of death Perforated ulcer of Duodenum  
 Place of Death O. G. H. M  
 Residence Taft  
 Age 53 Yrs 6 Mo's 4 Days  
 Weight 120 Height, 5 ft. 5 in. Eyes  
 Funeral at Chapel  
 Date Sun Sept 13 1931 PM  
 Account charged Nancy H. Maltby  
 Address Taft Tla  
 Account guaranteed  
 Address  
 Embalming ☒ Dressing 35.00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3 Guy cup. 125.00  
 Casket with Copper Lin. ☒  
 Style of Casket Sgt  
 No. of Casket 72-  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Shut  
 Pillow Set yes  
 Name Plate at Rest  
 Cemetery Greenwood  
 Section J- N 1/2 Lot 53

## I Other Graves

X Grave on this date



(Fred Lincoln)  
Lot Mrs Lincoln

Cremation  
 Single Grave Burial Lot 37.50  
 Opening and Closing Grave + etc 10.00  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister Rev Murphy  
 Casket Wagon (1) 5.00  
 Physician Dr Christ  
 County or City Burial  
 Automobiles S + S 15.00  
 Baggage or Express Train No. 227 50

Nh-53-j- less  
one grave, Mrs Lincoln



6179

## Carey Hand Funeral Home

Name of deceased *Dr Chas H Gumley*  
 Date of Death *Sept-10 1931* M  
 Cause of death *Chronic Endocarditis*  
 Place of Death *Lakeland, Fla* M  
 Residence *Lakeland Fla*  
 Age *62* Y's *7* Mo's *24* Days  
 Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Lakeland*  
 Date \_\_\_\_\_ 192 \_\_\_\_\_ M  
 Account charged *Duly & Smith*  
 Address *712 Lakeland, Fla*  
 Account guaranteed *6/15*  
 Address \_\_\_\_\_  
 Embalming *Cremation* 50.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket \_\_\_\_\_  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Body covered*  
 No. of Casket *4*  
 Outside Box *1.30 P M*  
 Shipping Case or Vault *Sat*  
 Handles *Sept-12-31*  
 Pillow Set \_\_\_\_\_  
 Name Plate *Body cremated*  
 Cemetery *Sun Sept-13-31*  
 Section *Coffee Can* Lot \_\_\_\_\_ E \_\_\_\_\_  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation *will instruct about*  
 Single Grave *ashes-*  
 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

6180

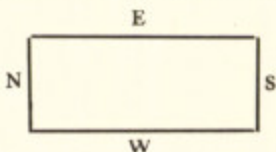
## Carey Hand Funeral Home

Name of deceased Edward E Petris  
 Date of Death Sept-12 1931- a M  
 Cause of death acute dilatation of Heart  
 Place of Death Savannah Ga M  
 Residence Oakland Fla  
 Age 82 Y'rs 8 Mo's 15 Days  
 Weight 180 Height, 5 ft. 9 in. Eyes  
 Funeral at Res  
 Date Mon Sept-14- 1931 10 A M  
 Account charged Joe Petris  
 Address Oakland Fla  
 Account guaranteed Estate  
 Address

Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket buy one  
 Casket with Copper Lin.  
 Style of Casket Oct 0.75  
 No. of Casket  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves

X Grave on this date



Cremation  
 Single Grave buy one & etc  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Telegram  
 Minister  
 Casket Wagon (1)  
 Physician  
 County or City Burial  
 Automobiles S & S  
 Baggage or Express Train No.

10 00

5 00

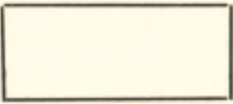
20 00

35 00

See Amb acct

6181

# Carey Hand Funeral Home

Name of deceased Jora N Campbell  
Date of Death Sept 11 1931 M  
Cause of death Pulmonary Embolus  
Place of Death Miami Fla M  
Residence \_\_\_\_\_  
Age 46 Y'rs Mo's Days  
Weight \_\_\_\_\_ Height, \_\_\_\_\_ ft. in. Eyes \_\_\_\_\_  
Funeral at \_\_\_\_\_  
Date \_\_\_\_\_ 1931 M  
Account charged H. L. Philbrick  
Address Miami Fla  
Account guaranteed \_\_\_\_\_  
Address \_\_\_\_\_  
Embalming Cremation 50.00  
Robe, Suit, Dress \_\_\_\_\_  
Underwear and Hose \_\_\_\_\_  
Casket 6-7 buy exp.  
Casket with Copper Lin. \_\_\_\_\_  
Style of Casket 22  
No. of Casket Body arrived  
Outside Box by Express Miami  
Shipping Case or Vault 91 - Sure  
Handles Sept-13-1931  
Pillow Set \_\_\_\_\_  
Name Plate Body cremated  
Cemetery 3- P. M. Sure  
Section Sept-13-31 Lot \_\_\_\_\_  
E  
I Other Graves N  S  
X Grave on this date \_\_\_\_\_  
Cremation Yes Expensed 14  
Single Grave H. L. Philbrick  
Opening and Closing Grave Yes -  
Body Shipped to Sept-15-31  
R. R. Ticket \_\_\_\_\_  
Cash advanced \_\_\_\_\_  
Telegram \_\_\_\_\_  
Minister \_\_\_\_\_  
Casket Wagon \_\_\_\_\_  
Physician \_\_\_\_\_  
County or City Burial  
Automobiles \_\_\_\_\_  
Baggage or Express Train No. \_\_\_\_\_

*Maxwell  
Return  
Sept-14-31  
Flight*

50.00

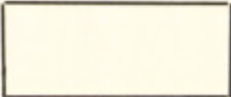


# 6182 Carey Hand Funeral Home

Name of deceased John Morris Johnston  
 Date of Death Mon Sept 14 1931 9 A  
 Cause of death a cut, dilatation of Heart  
 Place of Death Res M  
 Residence 1101 Saville Place  
 Age 61 Y's 5 Mo's 23 Days  
 Weight 160 Height, 5 ft. 8 in. Eyes  
 Funeral at Deat

Date 192 M  
 Account charged Mrs J M Johnston  
 Address  
 Account guaranteed Estate  
 Address

Embalming + Dressing 35.00  
 Robe, Suit, Dress Shed color lin 3.70  
 Underwear and Hose 9m + 80c 2.00  
 Casket 6-3- 1/2 Corbin Gray 325.00  
 Casket with Copper Lin. ✓  
 Style of Casket Egypt 1/2 Corbin  
 No. of Casket 3718 1/2  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Short  
 Pillow Set yes 18.70  
 Name Plate Name + Date 1931  
 Cemetery Deat  
 Section Lot

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

Cremation  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to Charlotte N.C.  
 R. R. Ticket 3-  
 Cash advanced Pull  
 Telegram 1- L. J. Phone 2-  
 Minister  
 Casket Wagon (2)  
 Physician D. Humes  
 County or City Burial  
 Automobiles

Baggage or Express Train No. 92  
Tues 9-15-31

22.97  
1.90  
10.00  
450.57

6183

## Carey Hand Funeral Home

Name of deceased *Infant of J. M. Mulligan*Date of Death *Sept 12 1931* MCause of death *Still Born*Place of Death *Asheville N.C.* MResidence *Orlando*Age *L* Y's *✓* Mo's *✓* Days

Weight Height, ft. in. Eyes

Funeral at *Grave*Date *Sept 14 - 1931* 5 P MAccount charged *J. M. Mulligan*

Address

Account guaranteed

Address

Embalming *Family brought*Robe, Suit, Dress *Baby & Orlando*Underwear and Hose *by auto*

Casket

Casket with Copper Lin.

Style of Casket

No. of Casket

Outside Box

Shipping Case or Vault

Handles

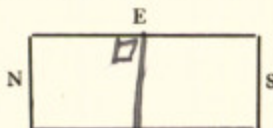
Pillow Set

Name Plate

Cemetery *Greenwood*Section *S -* Lot *37**used N 1/2 -**S 1/2 for sale*

I Other Graves

X Grave on this date

Cremation *Burial Lot* 200.00

Single Grave 5.00

Opening and Closing Grave *✓* *See*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Dean Johnson*Casket Wagon *✓*

Physician

County or City Burial

Automobiles 200.00

Baggage or Express Train No.