

5-23-1935

Memoranda Book 096: Carey Hand Funeral Home records, May 23, 1935 to July 22, 1935

Carey Hand Funeral Home

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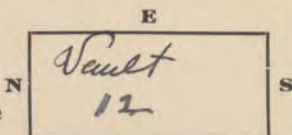
Carey Hand Funeral Home

Name of deceased Grace Taschereau
 Date of death May 22nd 1935
 Cause of death suicide by gas
 Place of death Res
 Residence 1016 S. Lelaney St
 Age 42 Y'rs 2 Mo's 15 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Friday May 24 1935 4 P M
 Account charged L. Maurice Taschereau
 Address 1016 S. Lelaney St
 Account guaranteed
 Address

Embalming & Dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose Undy & Hose 2 00
 Casket 4/3 Grey B. Cloth 235 00
 Casket with Copper Lin.
 Style of Casket R. Cor. Stale
 No. of Casket 121-Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes - White
 Name Plate None
 Cemetery Woodlawn
 Section Vault Lot

I Other Graves

X Grave on this date



Cremation Vault Pr 9mo 5.00

Single Grave

Opening and Closing Grave etc 15 00

Body Shipped to

R. R. Ticket 1 auto 5 00

Cash advanced

Telegram

Minister Lean Johnson

Casket Wagon (1) 5 00

Physician Hal Beardsall

County or City Burial

Automobiles SVS 15 00

Baggage or Express Train No.

\$312 00

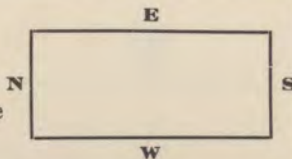
Carey Hand Funeral Home

Name of deceased *Mrs. Marion E. Hurlbut*
 Date of death *May 23 - 3:30 P.M.*
 Cause of death *Pneumonia*
 Place of death *Orlando Route #1*
 Residence *Wyoming N.Y.*
 Age *73* Y's *11* Mo's *3* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *select*
 Date *May* 1935 _____ M
 Account charged *John Willey*
 Address *Wyoming N.Y.*
 Account guaranteed *Cash*
 Address _____

Embalming *Yes* *35.00*
 Robe, Suit, Dress *White Dress* *10.00*
 Underwear and Hose *yes* *2.00*
 Casket *6/3 Grey B-Cloth* *100.00*
 Casket with Copper Lin. _____
 Style of Casket *Oct. G. Top*
 No. of Casket *S 1411-S*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Exp*
 Pillow Set *yes White*
 Name Plate *Mrs*
 Cemetery *Rochester N.Y.*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Rochester N.Y.*
 R. R. Ticket _____
 Cash advanced *Express*
 Telegram _____
 Minister *Destination*
 Casket Wagon *(2)* *10.00*
 Physician *T. A. Neal*
 County or City Burial _____
 Automobiles _____

Baggage or Express Train No. *Express 84.62*

92- Sat- May-25-35-

#24162

Carey Hand Funeral Home

Name of deceased *Mrs Nellie Simmonds*
 Date of death *May-23-35* *11-PM*
 Cause of death *Cremia*
 Place of death *Res-*
 Residence *Maitland*
 Age *64* Y'rs *1* Mo's *28* Days
 Weight *145* Height *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Sat-May-25* 193*5* *10 A* M
 Account charged *Samuel Simons*
 Address *Maitland*
 Account guaranteed *Estate*
 Address

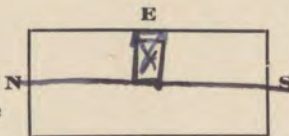
Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3-Dr Gr Doe* 100.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct. D.T.*
 No. of Casket *S 1411-S-*

Outside Box ✓
 Shipping Case, or Vault *air Seal 4-k* 75.00
 Handles *Ext-*

Pillow Set *yes*
 Name Plate ✓
 Cemetery *Greenwood*
 Section *V E 1/2* Lot *61*

Head of Grave
West
 I Other Graves

X Grave on this date



Cremation *Burial Lot* 137.50

Single Grave ✓

Opening and Closing Grave *Ty etc* 15.00

Body Shipped to *Auto Min* 5.00

R. R. Ticket ✓

Cash advanced

Telegram *Laurence*

Minister *Dr. S. S. Sauer*

Casket Wagon *(1)* 5.00

Physician *Dr. Notland*

County or City Burial

Automobiles *S.V.S* 15.00

Baggage or Express Train No. 387.50

Cash & Reader c.s. 5.00

392.50

Piano 2.50

395.00

Carey Hand Funeral Home

Name of deceased <u>Martha E. Ellis</u>		
Date of death <u>Tue May-24-</u>	<u>4:15 AM</u>	
Cause of death <u>Chro Myocarditis</u>		
Place of death <u>Res</u>		
Residence <u>941 Kuhl ave</u>		
Age <u>78</u> Y'rs <u>7</u> Mo's <u>5</u> Days		
Weight <u>145</u> Height <u>5</u> ft. <u>6</u> in. Eyes		
Funeral at <u>Chapel</u>		
Date <u>Sat May-25</u> 193 <u>5</u>	<u>11 AM</u>	
Account charged <u>Raymond Ellis</u>		
Address <u>941 Kuhl ave</u>		
Account guaranteed <u>Estate</u>		
Address		
Embalming <u>& Dressing</u>		35.00
Robe, Suit, Dress <input checked="" type="checkbox"/>		
Underwear and Hose <input checked="" type="checkbox"/>		
Casket <u>6-3-</u>		50.00
Casket with Copper Lin. <input checked="" type="checkbox"/>		
Style of Casket <u>Oct - D 9</u>		
No. of Casket <u>X</u>		
Outside Box <input checked="" type="checkbox"/>		
Shipping Case or Vault <input checked="" type="checkbox"/>		
Handles <u>Ext</u>		
Pillow Set <u>yes</u>		
Name Plate <input checked="" type="checkbox"/>		
Cemetery <u>Cremation</u>		
Section	Lot	
	E	
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S W </div>	
X Grave on this date		
Cremation <u>Cremation</u>		50.00
Single Grave <u>Muscle</u>	<u>710</u>	7.00
Opening and Closing Grave <u>Body</u>		
Body Shipped to <u>Cremated 7-AM</u>		
R. R. Ticket <u>Sun May-26-35-</u>		
Cash advanced <u>will call for ashes</u>		
Telegram		
Minister <u>M. E. Nair</u>		
Casket Wagon <u>(1)</u>		5.00
Physician <u>Dr Mallory</u>		
County or City Burial		147.50
Automobiles		
Baggage or Express Train No.		

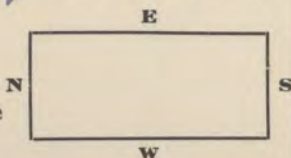
Carey Hand Funeral Home

Name of deceased John R - Woods
 Date of death May 23-35
 Cause of death Valular of Lamin Heart
 Place of death Rees
 Residence Lake Helen
 Age 80 Y'rs 193 Mo's 22 Days Gr
 Weight 6 ft. in. Eyes Gr
 Funeral at De Land -
 Date 193 M
 Account charged Steth T. Home
 Address De Land - Fla
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 D O T. Gr Bid - C
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body arrived 4-PM
 Outside Box Fri May-24-35
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 7-a M 5-25-35
 Name Plate
 Cemetery
 Section will call for ashes

37 50

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.

37 50

Carey Hand Funeral Home

Name of deceased Infant (Seay)

Date of death May 25

Cause of death Scar / Born

Place of death Res

Residence Winter Garden Fla

Age Y's Mo's Days

Weight Height ft. in. Eyes

Funeral at Grace

Date Sat May 25 193 5 P. M

Account charged Jas. M. Seay

Address Winter Garden Fla

Account guaranteed Cash

Address

Embalming

Robe, Suit, Dress

Underwear and Hose

Casket 240 W-L-S. 10.00

Casket with Copper Lin.

Style of Casket

No. of Casket

Outside Box Reg

Shipping Case or Vault

Handles

Pillow Set

Name Plate

Cemetery Winter Garden

Section Lot

10.00

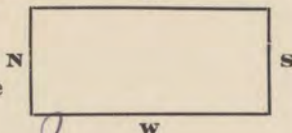
Carey Hand Funeral Home

Name of deceased Frank Porter Waterhouse
 Date of death Sun May 26-35 7:35 A
 Cause of death Angina Pectoris
 Place of death Res -
 Residence Altamont Springs Fla
 Age 78 Yrs 5 Mo's 24 Days
 Weight 165 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs May 30 1935 4 P. M
 Account charged Harold S Waterhouse
 Address Rochester N.Y.
 Account guaranteed Estate

Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Gr Doe 65.00
 Casket with Copper Lin.
 Style of Casket Oct O.Top
 No. of Casket S 1411 S -
 Outside Box
 Shipping Case or Vault
 Handles Ext
 Pillow Set Yes
 Name Plate
 Cemetery Cremation 50.00

Section Lot
Name & Date Engraved E

I Other Graves
 X Grave on this date



Cremation Brings in 48.00
 Single Grave

Opening and Closing Grave Body
 Body Shipped to Cremated 7 AM

R. R. Ticket Fri May-31-35
 Cash advanced will call for ashes

Telegram
 Minister Rev Bouterse

Casket Wagon (1) 5.00
 Physician Dr. Burks

County or City Burial
 Automobiles

Baggage or Express Train No. 203.00

Early Main Funeral Home

Name of deceased Mrs W. Helena Dakin
 Date of death May - 27 - 35 345 P.M.
 Cause of death Cancer of Uterus
 Place of death O.S.H.
 Residence 524 E. Park Ave Winter Park
 Age 65 Y'rs 11 Mo's 7 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Deat

Date 193 M
 Account charged Rev Chapman L. Dakin
 Address 524 E. Park Ave Winter Park
 Account guaranteed
 Address

Embalming & Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Emb Loe 175.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - e
 No. of Casket 1356 - 5-
 Outside Box Reg -
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes
 Name Plate ☒
 Cemetery Deat
 Section _____ Lot _____

I Other Graves
 X Grave on this date

E
W
N
S

Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Hellev City Iowa 100.24
 R. R. Ticket 44 92 - 2669 73 61
 Cash advanced 45 92
 Telegram ☒
 Minister ☒
 Casket Wagon (2) 10.00
 Physician Dr. McEuen
 County or City Burial 263 61
 Automobiles
 Baggage or Express Train No. 92 305 24
Had May - 29 - 35 4 79

city cash Refund on 177.00
300.45

Carey Hand Funeral Home

Name of deceased Baby Mincuef
 Date of death Mon May-27-35 530 PM
 Cause of death Congenital heart defect
 Place of death Reb Blue Baby
 Residence 713- Franklin
 Age ✓ Y'rs ✓ Mo's 1 Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at Grave Side
 Date Tues May-28- 1935, 10-a M
 Account charged Wm H Mincuef
 Address 713 Franklin St
 Account guaranteed Cash
 Address ✓

Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2-0- W L S 10.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt Wm
 No. of Casket ✓
 Outside Box 7-9
 Shipping Case or Vault ✓
 Handles small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section 8- Lot ✓

I Other Graves

X Grave on this date

N

E

S

W

Cremation

Single Grave Baby Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician Dr Redding

County or City Burial

Automobiles

Baggage or Express Train No.

3 50
2 00

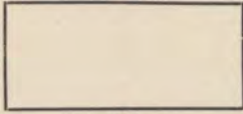
15.50

Name of deceased Wm. A. Bowen.
Date of death May 27th 1935 7 P. M.
Cause of death Aspiration of amniotic fluid
Place of death Fla Sant
Residence Orlando, Fla
Age Yrs Mo's Days
Weight Height ft. in. Eyes
Funeral at
Date 193 5 M
Account charged Paul. A. Bowen.
Address Orlando Fla
Account guaranteed
Address
Embalming 10 00
Robe, Suit, Dress
Underwear and Hose
Casket 2-0 24 x 5 10 00
Casket with Copper Lin.
Style of Casket
No. of Casket
Outside Box lined 5 00
Shipping Case or Vault
Handles
Pillow Set
Name Plate
Cemetery Vault
Section Lot
E
I Other Graves N In Vault S
X Grave on this date W
Cremation in Vault / 2 about
Single Grave 2 Mo Family
Opening and Closing Grave will
Body Shipped to take Body to
R. R. Ticket Jacksonville
Cash advanced
Telegram
Minister
Casket Wagon
Physician Dr. Suttler
County or City Burial
Automobiles
Baggage or Express Train No. 25 00

Name of deceased Lee Burch Anderson.
Date of death May 26-
Cause of death Ruptured Appendix
Place of death Winter Haven Fla
Residence Haines City
Age 45 Y's Mo's Days
Weight Height ft. in Eyes
Funeral at Haines City Fla
Date 1935 M
Account charged Clines Fun Home
Address Haines City Home
Account guaranteed check
Address
Embalming Cremation
Robe, Suit, Dress
Underwear and Hose
Casket urn
Casket with Copper Lin.
Style of Casket Body arrived
No. of Casket at 1:30 P.m.
Outside Box Free May 28-35
Shipping Case or Vault
Handles Body cremated
Pillow Set Tuesday 3 P.m.
Name Plate May 28-35
Cemetery
Section Coffin urn Lot
E
I Other Graves
X Grave on this date
W
Cremation Will call for ashes
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.

37 50

10 00



\$47.50

Name of deceased Anderson, F. Fudge
 Date of death Wed May-29-35 AM
 Cause of death Chromyocarditis - Cancer of Stomach
 Place of death Clear Lake Lodge
 Residence Plymouth
 Age 75 Y'rs 8 Mo's _____ Days _____
 Weight 160 Height 5 ft. 9 in. Eyes _____
 Funeral at Grave - Apofka
 Date Friday May 31 1935 4 P. M
 Account charged Mrs A. F. Fudge
 Address Plymouth Fla
 Account guaranteed Estate
 Address _____
 Embalming Dismissing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 Metal Sil Tin 250.00
 Casket with Copper Lin. ✓
 Style of Casket State No 1/2-C
 No. of Casket 6307-W
 Outside Box ✓
 Shipping Case or Vault air Seal 125.00
 Handles Ext
 Pillow Set yes White 1859
 Name Plate Name - 1935
 Cemetery Apofka
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on this date

W

Cremation / auto No Chg

Single Grave

Opening and Closing Grave etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Tyler 5.00

Casket Wagon 12

Physician Dr C. D. Christ

County or City Burial _____

Automobiles SVS 15.00

Baggage or Express Train No. \$ 445.00

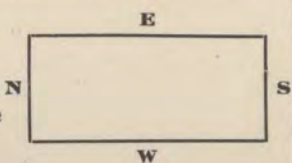
all services at grave

Name of deceased Frank Janosh
Date of death May - 26 - 35
Cause of death Sitodinal Pulser
Place of death Allen Town Penn
Residence Hells Gap Apofka Rout One
Age 36 Y'rs _____ Mo's _____ Days _____
Weight 125 Height 5 ft. 9 in. Eyes _____
Funeral at Catholic Church
Date Fri May 31 - 1935 9 H M
Account charged John Janosh Bro
Address Hells Gap Apofka Fla Rout One
Account guaranteed _____
Address _____

Embalming Body arrived train
Robe, Suit, Dress 75 Thurs morning
Underwear and Hose May 30 - 35
Casket 63 In Plush -
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket _____
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
Single Grave White
Opening and Closing Grave Tx etc
Body Shipped to Car Minn
R. R. Ticket Car R. B
Cash advanced _____
Telegram _____
Minister Father Bishop
Casket Wagon (1)
Physician _____
County or City Burial _____
Automobiles S & S
Baggage or Express Train No. _____

7. 00
15. 00
5. 00
5. 00
5. 00
5. 00
15. 00
<u>52. 00</u>

Carey Hand Funeral Home

Name of deceased Frank G. Monroe Jr
 Date of death May 30th
 Cause of death auto accident Fracture of skull
 Place of death O. G. N.
 Residence Daytona Beach, Fla
 Age 24 Y's 10 Mo's _____ Days _____
 Weight 170 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Sun June 2nd 1935 4 P. M
 Account charged Frank G. Monroe Sr
 Address Daytona Beach Fla
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress White 12.50
 Underwear and Hose _____ ~~2.00~~
 Casket 6-3-2 in. Oak 35.00
 Casket with Copper Lin. ✓
 Style of Casket Oct H. C.
 No. of Casket S-1411-5
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate Cash & O.G.H 2.00
 Cemetery ✓
 Section _____ Lot _____

E
 N S
 W

 I Other Graves _____
 X Grave on this date _____
 Cremation Cremation 50.00
 Single Grave ✓
 Opening and Closing Grave Body
 Body Shipped to Cremated 7 A M
 R. R. Ticket Mon June 3-35
 Cash advanced will call for other
 Telegram (2) Phone calls 1.50
 Minister Rev W. H. Lyon & E. J. Pace
 Casket Wagon (1) 5.00
 Physician Dr. W. E. Livan
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
amb. Serv 5.00
Auto turned over at turn near 146.00
Inguis Packing house

Name of deceased Max Schwalt.
Date of death May 30 10:20 a.m.
Cause of death Carcinoma of liver
Place of death Res
Residence 1308 E. Gore Ave
Age 70 Y'rs 8 Mo's 12 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date May 31 1935 11-A M

Account charged City

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6-3 Gr Cup 14.00

Casket with Copper Lin. _____

Style of Casket Sp Flt Top

No. of Casket _____

Outside Box Reg

Shipping Case or Vault _____

Handles Bale

Pillow Set ☒

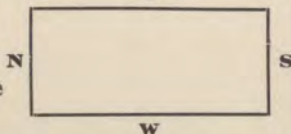
Name Plate at Rest

Cemetery Greenwood

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Trapp

Casket Wagon _____

Physician Dr. Anderson

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

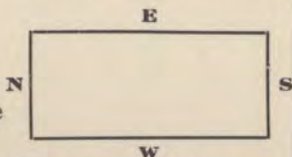
May 8-1936 - Mrs. Schwalt paid 5.00

Carey Hand Funeral Home

Name of deceased Chas. S. Sanders,
 Date of death May 30
 Cause of death Cerebral Hemorrhage.
 Place of death Daytona Beach, Fla
 Residence Allendale, Fla
 Age 46 Y'rs 4 Mo's 16 Days
 Weight 140 Height 5 ft. 11 in. Eyes Blue
 Funeral at Allendale Fla
 Date May 1935 M
 Account charged Hugh & Brooks F.H.
 Address Daytona Beach Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by auto 2 P.M.
 Outside Box Thurs 5-30-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Friday 7 a.m.
 Cemetery May 31-1935
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes expressed to
 Single Grave Hugh & Brooks
 Opening and Closing Grave und &
 Body Shipped to Daytona Beach
 R. R. Ticket Fla.
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

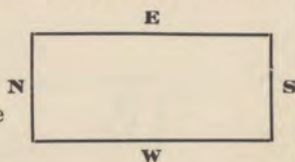
Carey Hand Funeral Home

Name of deceased Pearlie Brown
 Date of death May-30-35 6:30 PM
 Cause of death Agute Nephritis
 Place of death Q.H.
 Residence West Pine
 Age 35 Y'rs 1 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel Fun Home
 Date Sat June 1st 1935 4:30 PM
 Account charged Mrs Lola Brown
 Address 635 W. Pine St
 Account guaranteed small insurance
 Address _____

Embalming & Dressing 25.00
 Robe, Suit, Dress 4.50
 Underwear and Hose 1.00
 Casket 6-3 Br Cup 35.00
 Casket with Copper Lin. ✓
 Style of Casket Sgn Flat T
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Bale
 Pillow Set ✓
 Name Plate at Rest
 Cemetery Greenwood
 Section 8 Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave Single Grave 8.00
 Opening and Closing Grave 10.00
 Body Shipped to _____
 R. R. Ticket (1) auto No Chg
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr Mallory
 County or City Burial _____
 Automobiles 545 15.00
 Baggage or Express Train No. 97.50

Carey Hand Funeral Home

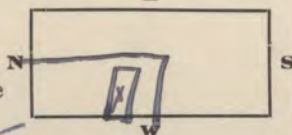
Name of deceased Alfred P. Phillips
 Date of death May 30-35 7 P.M.
 Cause of death Chro Myocarditis
 Place of death Res-
 Residence 155 Magnolia ave
 Age 76 Y'rs 1 Mo's 9 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun June 2- 1935 2-P- M
 Account charged Ambrose Phillips
 Address 603 Louise st

Account guaranteed
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Gr. Cup. 85.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt 05
 No. of Casket 22-5-
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set ✓
 Name Plate
 Cemetery Greenwood
 Section G. NW 1/4 Lot 42

I Other Graves

X Grave on this date

Grave lot
since 1875



Cremation

Single Grave

Opening and Closing Grave etc 15.00

Body Shipped to

R. R. Ticket Car for Family 5.00

Cash advanced Car for minister 5.00

Telegram

Minister Rev Chearning 5.00

Casket Wagon (11) 5.00

Physician Dr J.H. Redding

County or City Burial

Automobiles

Baggage or Express Train No. 585 15.00

165.00

Carey Hand Funeral Home

Name of deceased Anna Galey
 Date of death May 31 - 8:30 a.m.
 Cause of death Thyroid cancer
 Place of death O. G. N.
 Residence 26 E. South St
 Age 65 Yrs 6 Mo's 17 Days
 Weight 135 Height 5 ft. 3 in. Eyes
 Funeral at Chapel Home
 Date Sat June 1st 1935 11 a.m.
 Account charged Genge Galey
 Address Oakland Fla
 Account guaranteed Estate
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress White 12.00
 Underwear and Hose Yes
 Casket 6-6 Metal 350.00
 Casket with Copper Lin. Inner
 Style of Casket State N.C.
 No. of Casket One SMISIL F.
 Outside Box B-19-
 Shipping Case or Vault Yes
 Handles Ext
 Pillow Set Yes 21.00
 Name Plate Name 1935
 Cemetery Destin
 Section 39.72 39.5 Lot E
33-08 235
 I Other Graves
 X Grave on this date
 Cremation 1-RR-
 Single Grave 1-Return 103.00
 Opening and Closing Grave Pub
 Body Shipped to Beaver Pa.
 R. R. Ticket 1Cham
 Cash advanced
 Telegram
 Minister Rev Ferren
 Casket Wagon (2) 10.00
 Physician Sh. Folsom
 County or City Burial 510.00
 Automobiles
 Baggage or Express Train No. 92
Sat June 1-35

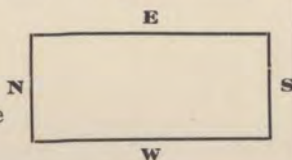
Carry Hand Funeral Home

Name of deceased Jas. B. Moore Jr.
 Date of death May 31 - 11:30 a.m.
 Cause of death Congenital Hypertrophy of Liver
 Place of death Fla Sane
 Residence 315 Bay Run St
 Age ✓ Y'rs ✓ Mo's — Days 2
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date Buried Friday May 31 1931 5 P M
 Account charged Jas B. Moore Sr
 Address 315 Bay Run St
 Account guaranteed Payments
 Address ✓

Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 20 W. P. S. H 10 00
 Casket with Copper Lin. ✓
 Style of Casket N. M. S 4/2
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section ✓ Lot ✓

I Other Graves

X Grave on this date



Cremation ✓
 Single Grave Baby Grave 3 50
 Opening and Closing Grave etc 2 00
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Telegram Auto 3 50
 Minister ✓
 Casket Wagon ✓
 Physician ✓
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓

\$19.00

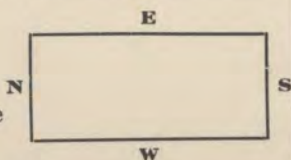
Carey Hand Funeral Home

Name of deceased *Mrs. Ransen E. Kelley*
 Date of death *May - 31 - 1935*
 Cause of death *Senility*
 Place of death *St Petersburg*
 Residence *St Petersburg*
 Age *94* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg*
 Date _____ 1935 _____ M
 Account charged *John Rhodes*
 Address *St Petersburg*
 Account guaranteed *OK -*
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose *Body covered*
 Casket *by auto 7-a m*
 Casket with Copper Lin. *Sat 6-1-35*
 Style of Casket _____
 No. of Casket *Body Cremated*
 Outside Box *7 30 a M - 6-1-35*
 Shipping Case or Vault _____
 Handles *ashes exposed to*
 Pillow Set *John Rhodes Jr St*
 Name Plate *St Petersburg Fla*
 Cemetery _____
 Section _____ Lot _____

37.50

I Other Graves

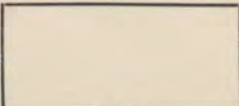
X Grave on this date



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. _____

~~37.50~~
 37.50

Carey Hand Funeral Home

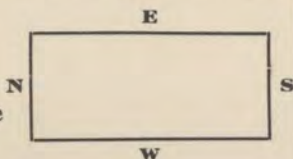
Name of deceased *Infant Butterfield*
 Date of death *June 1- 35- PM*
 Cause of death *Prematurity*
 Place of death *O. G. H.*
 Residence *1501- 3rd Div St*
 Age ☒ Yrs ☒ Mo's ☐ Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at ☒
 Date ☒ 193 _____ M
 Account charged *L. D. Butterfield*
 Address *1501- 3rd Div St*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 10.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket ☒
 Casket with Copper Lin. *Body Cremated*
 Style of Casket *4-PM Sund*
 No. of Casket *6-2-35-*
 Outside Box ☒
 Shipping Case or Vault *will call*
 Handles *for ashes*
 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 Day* 10.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Herman H. Williams
 Date of death Sun June 2-35 PM
 Cause of death O. G. St.
 Place of death O. G. St.
 Residence Winter Garden
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 1935 _____ M
 Account charged Henry S. Williams
 Address Winter Garden
 Account guaranteed J. S. Body Father
 Address Winter Garden
 Embalming care of Body 15.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3-0-14 L 35.00
 Casket with Copper Lin. Oct. H. T
 Style of Casket Oct. H. T
 No. of Casket 103 - Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Small
 Pillow Set yes
 Name Plate Oct. H. T
 Cemetery Winter Garden
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave TY 10.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister From H. G. - 5.00

Casket Wagon ✓

Physician Dr. Concup 65.00

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

works for Telden on Farm
will pay in Payments

Carey Hand Funeral Home

Name of deceased *Infant of Mr & Mrs L. H. Davis*
 Date of death *Sun June 2 - 35* *PM*
 Cause of death _____
 Place of death *St. Louis*
 Residence *115 E. Evans Ave*
 Age *✓* Y'rs *✓* Mo's *✓* Days _____
 Weight *✓* Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193_____ M
 Account charged *L. H. Davis*
 Address *115 E. Evans Ave*
 Account guaranteed *Cash*
 Address _____
 Embalming *Cremation* *5.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body Cremated*
 Casket with Copper Lin *1130 a M.*
 Style of Casket *Mon - 6-3-35 -*
 No. of Casket _____
 Outside Box *will call for casket*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves *N* *S*
 X Grave on this date *W*
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Healy*
 County or City Burial *5.00*
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased John Furlong
 Date of death June 5 - 4 P.M.
 Cause of death Pulmonary Edema - Arterio Sclerosis
 Place of death County Home
 Residence County Home
 Age 90 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Home - County Home
 Date June 6 - 1935 10 A.M.
 Account charged County

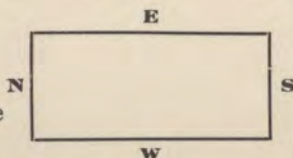
Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 40 Coffin 14 50
 Casket with Copper Lin.

Style of Casket
 No. of Casket
 Outside Box Key
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves

X Grave on this date



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

14 50

Carey Hand Funeral Home

Name of deceased		Alfred A. Lee	
Date of death		June 6 th 3:30 a.m.	
Cause of death		Nephritis	
Place of death		Heik Sant.	
Residence		King Ave	
Age	90 Y'rs	2 Mo's	16 Days
Weight		Height	ft. in. Eyes
Funeral at		Chapel	
Date		Fri June 7 - 1935 4 P. M.	
Account charged		Ethel Lee Dau	
Address		North Adams Mass	
Account guaranteed		OK	
Address			
Embalming	4 Dressing		35.00
Robe, Suit, Dress	✓		
Underwear and Hose	✓		
Casket	6-4 Metal		250.00
Casket with Copper Lin.	✓		
Style of Casket	State 1/2-C		
No. of Casket	6372- H-		
Outside Box	Reg		
Shipping Case or Vault	✓		
Handles	Ext		
Pillow Set	yes		
Name Plate	Name 1845		
Cemetery	West		
Section		Lot	
		E	
I Other Graves		N	S
X Grave on this date		<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div>	
		W	
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to		North Adams Mass.	
R. R. Ticket			
Cash advanced	Express		89.20
Telegram	(1)		72
Minister	Rev Martin of H.P.		
Casket Wagon	(2)		10.00
Physician	Dr. John Heik		
County or City Burial			384.96
Automobiles			
Baggage or Express Train No.	76		
Friday Night 6-7-35			

Carry Hand Funeral Home

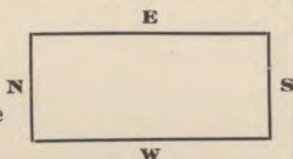
Name of deceased Lee Alexander Hawkins
 Date of death June 6 6:30 A.M. 1935
 Cause of death Myocarditis
 Place of death County Home
 Residence Route 3 - Box 86 - C. Lake Rose
 Age _____ Y'rs _____ Mo's _____ Days W. Fadden
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date Friday June 7 1935 10 a. M
 Account charged County
 Address _____

Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 43 Coffin box 1450
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves

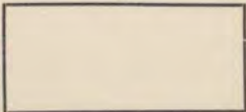
X Grave on this date



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

1450

Carey Hand Funeral Home

Name of deceased John B. Montgomery
 Date of death June 2 1935
 Cause of death Angina Pectoris
 Place of death Sarasota Fla
 Residence Sarasota Fla
 Age 68 Y'rs 8 Mo's 15 Days
 Weight 185 Height 5 ft. 9 in. Eyes _____
 Funeral at Sarasota Fla
 Date June 1935 M
 Account charged Thacker & Van Gilder and Co
 Address Sarasota Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived by
 No. of Casket express Thurs
 Outside Box 1:50 a.m. June 6
 Shipping Case or Vault 1935
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 a.m. Thurs
 Cemetery June 6 - 1935
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 W
 Cremation Expressed Ashes
 Single Grave To - Thacker &
 Opening and Closing Grave Van Gilder
 Body Shipped to and Co.
 R. R. Ticket Sarasota Fla
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

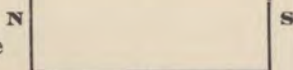
37.50

Carey Hand Funeral Home

Name of deceased *Hattie Irene Miller.*
 Date of death *June 4 - 1935*
 Cause of death *Sereno Tongue & throat*
 Place of death *Bradenton Fla*
 Residence *Bradenton Fla*
 Age *68* Y's *1* Mo's *29* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Bradenton Fla*
 Date *June* 1935 *M*
 Account charged *P.H. Wakeman and Co.*
 Address *Bradenton Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. *Body arrived*
 Style of Casket *10:30 a.m. Thurs*
 No. of Casket *June 6 - 1935*
 Outside Box _____
 Shipping Case or Vault _____
 Handles *Body Cremated*
 Pillow Set *Thurs 3 P.m.*
 Name Plate *June 6 - 1935*
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation *Will notify when*
 Single Grave *to ship 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. _____

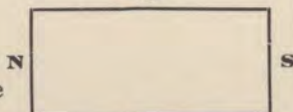
37.50

Carey Hand Funeral Home

Name of deceased Henry Schuman
 Date of death June 5
 Cause of death Pulmonary T.B.
 Place of death Sebastain, Fla
 Residence Sebastain, Fla
 Age 67 Y'rs Mo's Days
 Weight 100 Height 5 ft. 10 1/2 in. Eyes Grey
 Funeral at Sebastain, Fla
 Date June 1935 M
 Account charged C. E. Cox Fun. Home
 Address Vero Beach, Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by auto Thurs
 No. of Casket 11:30 P. m.
 Outside Box June 6 - 1935
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 3 P. m. Thurs
 Name Plate June 6, 1935
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



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

37.50

Carey Hand Funeral Home

Name of deceased Frank Grooms
 Date of death June 6 1935 a.m.
 Cause of death _____
 Place of death Winter Park Fla.
 Residence Winter Park
 Age 61 Y'rs 9 Mo's 26 Days _____
 Weight 135 Height 6 ft. 2 in. Eyes blue
 Funeral at Chapel
 Date Sun Apr 9 1935 4-P M
 Account charged Mrs Ella Grooms
 Address 2208 Temple Dr W. Winter Park
 Account guaranteed Estate
 Address gave 60 Da Noty
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gr Doe 57.50
 Casket with Copper Lin. ☒
 Style of Casket Get H. C.
 No. of Casket X
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____
wooden Box E
 I Other Graves N S
 X Grave on this date W
 Cremation Cremation 50.00
 Single Grave ☒ maire 2.50
 Opening and Closing Grave Bodies
 Body Shipped to Cremated
 R. R. Ticket 7- C M Mon
 Cash advanced June 10-35
 Telegram ☒
 Minister will call / a asher
 Casket Wagon 17 5.00
 Physician Dr Bunks
 County or City Burial ☒
 Automobiles ☒
 Baggage or Express Train No. _____

150.00

Carey Hand Funeral Home

Name of deceased Dr. Leonard G. Lamer
Date of death June 5th 1935
Cause of death Rattle Snake Bite
Place of death Res Hospital
Residence Tampa Fla
Age 68 Y'rs 1 Mo's 20 Days
Weight 170 Height 6 ft. — in. Eyes Blue
Funeral at Tampa
Date 1935 M
Account charged J. L. Reed & Son
Address 712 N. Tampa St
Account guaranteed OK
Address _____
Embalming Cremation 37.50
Robe, Suit, Dress _____
Underwear and Hose Body covered
Casket by auto 1230 PM
Casket with Copper Lin. Yes 6-7-35
Style of Casket _____
No. of Casket Body cremated
Outside Box 130 PM-6-7-35
Shipping Case or Vault _____
Handles will call for ash
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
wooden E
Box
I Other Graves _____
X Grave on this date _____
N W S
Cremation _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister _____
Casket Wagon _____
Physician _____ 37.50
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased <u>John Edward Taylor</u>		
Date of death <u>Sun June 7-1935</u>		<u>As</u>
Cause of death _____		
Place of death <u>Res</u>		
Residence <u>Altamont Springs</u>		
Age <u>54</u> Y'rs	<u>1</u> Mo's	<u>4</u> Days
Weight <u>150</u>	Height <u>5</u> ft.	<u>7</u> in. Eyes _____
Funeral at <u>Chapel</u>		
Date <u>Sun June 9</u> 193 <u>5</u>		<u>5:30 P</u> M
Account charged <u>Mrs Ruth McLamb</u>		<u>Dau</u>
Address <u>Savannah Ga</u>		
Account guaranteed <u>Cash</u>		
Address _____		
Embalming & Dressing		<u>35.00</u>
Robe, Suit, Dress <input checked="" type="checkbox"/>		
Underwear and Hose <input checked="" type="checkbox"/>		
Casket <u>6-3-Gr Soc</u>		<u>135.00</u>
Casket with Copper Lin. <input checked="" type="checkbox"/>		
Style of Casket <u>Get O.T.H.C.</u>		
No. of Casket <u>S 1411 S-</u>		
Outside Box <u>Reg</u>		
Shipping Case or Vault <input checked="" type="checkbox"/>		
Handles <u>Ext</u>		
Pillow Set <u>yes</u>		
Name Plate <input checked="" type="checkbox"/>		
Cemetery <u>West</u>		
Section _____	Lot _____	
	E	
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> E W N S </div>	
X Grave on this date		
Cremation <u>minis Piano</u>		
Single Grave _____		
Opening and Closing Grave _____		
Body Shipped to <u>Savannah Ga</u>		
R. R. Ticket <u>1-954-3-477</u>		<u>23.85</u>
Cash advanced _____		
Telegram _____		
Minister <u>Dean Johnson</u>		<u>15.00</u>
Casket Wagon <u>(2)</u>		
Physician <u>Dr Scott</u>		
County or City Burial _____		<u>208.85</u>
Automobiles _____		
Baggage or Express Train No. <u>92</u>		
<u>Mon - 6-10-35</u>		

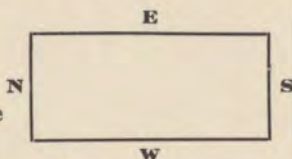
Carey Hand Funeral Home

Name of deceased Lorena Phillips
 Date of death June 9 - 7:30 a.m.
 Cause of death Rheumatoid Arthritis
 Place of death Res
 Residence 153 Magnolia Ave
 Age 67 Y'rs 2 Mo's 2 Days
 Weight 100 Height 5 ft. 6 in. Eyes
 Funeral at Chapel Fun. Home
 Date Monday June 10 1935 5 P. M
 Account charged Ambrosia Phillips
 Address 603 Louise St City
 Account guaranteed Insurance
 Address

Embalming <u>Dissection</u>	35.00
Robe, Suit, Dress	6.50
Underwear and Hose	
Casket <u>6-392</u>	25.00
Casket with Copper Lin.	
Style of Casket <u>Sec. O.T.</u>	
No. of Casket <u>22-5</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault	
Handles <u>Short</u>	
Pillow Set	
Name Plate <u>at Rest</u>	
Cemetery <u>Greenwood</u>	
Section <u>G- NW 1/4</u> Lot	

I Other Graves

X Grave on this date



Cremation <u>one aut.</u>	5.00
Single Grave	
Opening and Closing Grave <u>P.Y. etc</u>	15.00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister <u>Rev Cheering</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Claude Anderson</u>	
County or City Burial	
Automobiles <u>S & S</u>	15.00
Baggage or Express Train No.	166.50

Carey Hand Funeral Home

Name of deceased Jessie Chambers
 Date of death June - 9 - 35
 Cause of death acute Heart Failure
 Place of death Res
 Residence 412 Landendale Ave (Dania Fla)
 Age 80 Y'rs 11 Mo's 7 Days
 Weight 180 Height 5 ft. 6 in. Eyes
 Funeral at 412 Landendale

Date _____ 193_____ M

Account charged Fanning H. Home

Address Ch

Account guaranteed Ch

Address _____

Embalming Cremation 37.50

Robe, Suit, Dress _____

Underwear and Hose Body arrived

Casket by Express 1230 P.M.

Casket with Copper Lin. by June 11-35

Style of Casket _____

No. of Casket Body cremated

Outside Box 3-P.M. Tues - 6-11-35

Shipping Case or Vault _____

Handles will call for Ashes

Pillow Set _____

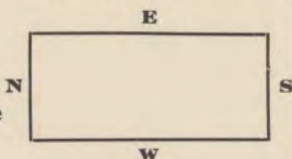
Name Plate _____

Cemetery _____

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Mrs Theresa C. Letson
 Date of death June 10 - 35
 Cause of death Senility
 Place of death Laloochee Fla
 Residence Laloochee Fla
 Age 73 Y'rs 6 Mo's 8 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Dade City
 Date _____ 1935 _____ M
 Account charged Coleman & Ferguson
 Address T.D. Dade City Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37. 50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by aut - 530 P.M.
 No. of Casket 6-11-35
 Outside Box Body cremated
 Shipping Case or Vault 6- P.M.
 Handles 6-11-35 -
 Pillow Set _____
 Name Plate will call for Ashes
 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 _____
 County or City Burial 37. 50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

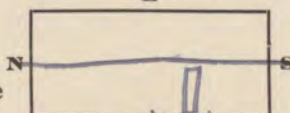
Name of deceased Clara M. Rausch
 Date of death Tues June 11 - 35 PM
 Cause of death Cerebral Hemorrhage Anterior Sclerosis
 Place of death Res
 Residence 518 - San Lola -
 Age 64 Y'rs 8 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Friday June 14 1935 9 9 A.M
 Account charged Oscar Rausch
 Address 518 S. Lola Ave.
 Account guaranteed Estate

Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 31 Bd - C 285.00
 Casket with Copper Lin. ☒
 Style of Casket 6-3 1/2 - C
 No. of Casket 3-
 Outside Box _____
 Shipping Case or Vault air Seal 125.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section S - W 1/2 Lot 23

E

I Other Graves

X Grave on this date



Cremation Burial Lot 112.50
 Single Grave (1) ant. 5.00
 Opening and Closing Grave etc 15.00
 Body Shipped to Car for Minister 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Father Bishop 5.00
 Casket Wagon (1)
 Physician Frank Harris
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 805 15.00

602.50

Carry Hand Funeral Home

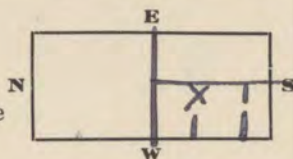
Name of deceased	E. E. Crutcher		
Date of death	Wed June - 12 - 35		A.M.
Cause of death	Electrocuted High Tension Wire		
Place of death	N. Westmeadland + Lela adair		
Residence	Jacksonville Fla		
Age	25 Yrs	2 Mo's	1 Days
Weight		Height	ft. in. Eyes
Funeral at	West		
Date	June	1935	M
Account charged	City Utilities		
Address			
Account guaranteed			
Address			
Embalming	+ Durning	35.00	
Robe, Suit, Dress			
Underwear and Hose			
Casket	6-3-52 Dur	135.00	
Casket with Copper Lin.			
Style of Casket	Oct-A-E		
No. of Casket	S-1411		
Outside Box	Reg		
Shipping Case or Vault			
Handles	Ext		
Pillow Set	yes		
Name Plate			
Cemetery	Jacksonville		
Section		Lot	
		E	
I Other Graves			
X Grave on this date			
		N	S
		W	
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to		8.80	
R. R. Ticket	1140		
Cash advanced			
Telegram	(1)	.76	
Minister	West		
Casket Wagon	(2)	10.00	
Physician	M. M. Andrews		
County or City Burial			
Automobiles		189.56	
Baggage or Express Train No.	76		
Wed Night 6-12-35			

Carey Hand Funeral Home

Name of deceased Annie Stone
 Date of death June 13^a 1935 1:30 P.M.
 Cause of death Smility
 Place of death Res.
 Residence Winter Park Fla
 Age 89 Y's 7 Mo's 23 Days
 Weight 90 Height 5 ft. 11 in. Eyes Blue
 Funeral at Chapel
 Date Mon June 17 - 1935 11-00 M
 Account charged Ann Catharine Stone
 Address Winter Park
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr B.C. 225.00
 Casket with Copper Lin. ☒
 Style of Casket Ext-H C
 No. of Casket S-1411-5-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Winter Park Fla
 Section 40 Lot C

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave Yd etc 15.00

Body Shipped to ☒

R. R. Ticket ☒

Cash advanced ☒

Telegram ☒

Minister Rev Mantori

Casket Wagon (1) 5.00

Physician Dr. Perkins

County or City Burial

Automobiles S.S. 15.00

Baggage or Express Train No. Spa of Flowers

195.00
 10.00
 205.00

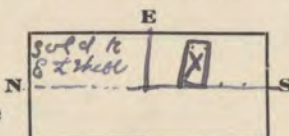
Carey Hand Funeral Home

Name of deceased Mrs. Harriett Mole
 Date of death June 13 P.m.
 Cause of death Accidental Drown
 Place of death Lake Sue
 Residence 29 E. Harvard
 Age 27 Y's 11 Mo's 14 Days
 Weight 110 Height 5 ft. — in. Eyes
 Funeral at Chapel
 Date Sun June 16 1935 5 P M
 Account charged Therese Mole
 Address 29-E. Harvard-ave
 Account guaranteed small Insurance
 Address

Embalming <u>& Dressing</u>	35.00
Robe, Suit, Dress <u>✓</u>	
Underwear and Hose <u>✓</u>	
Casket <u>6-3-Gr Plush</u>	225.00
Casket with Copper Lin. <u>✓</u>	
Style of Casket <u>Electric</u>	
No. of Casket <u>X 12- Belmont</u>	
Outside Box <u>Reg -</u>	
Shipping Case or Vault <u>✓ air Seal</u>	125.00
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate <u>✓</u>	
Cemetery <u>Greenwood</u>	
Section <u>A- S E 1/4 -</u> Lot <u>86</u>	

I Other Graves

X Grave on this date
a P B Family



Cremation <u>Burial Lot -</u>	31.25
Single Grave <u>P. B. car New</u>	5.00
Opening and Closing Grave <u>Tent & etc</u>	15.00
Body Shipped to <u>Musie</u>	10.00
R. R. Ticket <u>Car Minn</u>	5.00
Cash advanced <u>Family car No chg</u>	
Telegram <u>(1) cents -</u>	5.00
Minister <u>Rev Mr. Hair</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Harnes</u>	5.00
County or City Burial <u>Cash to Dr. Harnes</u>	
Automobiles <u>S & S</u>	15.00
Baggage or Express Train No. <u>\$</u>	481.25

Carey Hand Funeral Home

Name of deceased George W. Fox
 Date of death June 15 6 P. M.
 Cause of death Suicide cut left jugular
 Place of death O. G. N.
 Residence Orange Ave Winter Park
 Age 48 Yrs 9 Mo's 25 Days
 Weight 225 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Wed June 19 1935 3-P. M
 Account charged Mrs George W. Fox
 Address Orange Ave Winter Park
 Account guaranteed
 Address
 Embalming + Dussing
 Robe, Suit, Dress
 Underwear and Hose + Tel
 Casket 6-3 in Box
 Casket with Copper Lin. Oct H C
 Style of Casket Nat -
 No. of Casket Reg
 Outside Box
 Shipping Case or Vault
 Handles Ext -
 Pillow Set yes
 Name Plate at Rest
 Cemetery Winter Park
 Section 23 W 1/2 Lot B

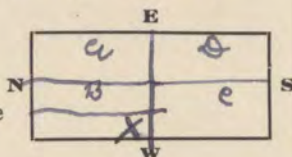
35.00

2.00

75.00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave + etc

15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev Snow

Casket Wagon (1)

5.00

Physician Dr. C. A. Hoffman

County or City Burial

Automobiles 505

15.00

Baggage or Express Train No.

147.00

Carey Hand Funeral Home

Name of deceased Baby Hawkins
 Date of death June 16 - 11 a.m.
 Cause of death monstrousity
 Place of death C. G. A.
 Residence Alabanda
 Age Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 193 M
 Account charged W. G. Hawkins
 Address Alabanda Fla
 Account guaranteed
 Address
 Embalming Cremation 5.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Cremated
 Casket with Copper Lin. 7-2m 6-17-35
 Style of Casket
 No. of Casket will call for ashur
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

E

I Other Graves

E

W

N

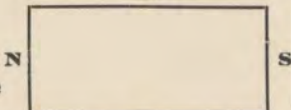
S

X Grave on this date

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

5.00

Carey Ward Funeral Home

Name of deceased Miss Mary Bodine
Date of death Mon June 17-35 1-P. M.
Cause of death _____
Place of death Res.
Residence 1312 N. Turn Creek
Age 27 Y'rs 7 Mo's 6 Days
Weight 98 Height 5 ft. 4 in. Eyes Blue
Funeral at Chapel of Home
Date Thurs June 20 1935 3 P. M.
Account charged Frank Bodine
Address 1312 N. Turn Creek
Account guaranteed small Estate
Address _____
Embalming Dressing 25.00
Robe, Suit, Dress White 5.00
Underwear and Hose _____
Casket Yew 25.00
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket _____
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
E
I Other Graves 
X Grave on this date _____
Cremation Cremated 50.00
Single Grave _____
Opening and Closing Grave _____
Body Shipped to Body Cremated
R. R. Ticket June 21 1935
Cash advanced 7-a m.
Telegram Rev. J. B. Sargent
Minister will call for ashes
Casket Wagon _____
Physician Dr. Wentch
County or City Burial _____
Automobiles _____
Baggage or Express Train No. 105.00
105.00

Carey Hand Funeral Home

Name of deceased Mrs. Nellie Barnum Alvord
 Date of death May-June-16-35
 Cause of death Cut on back of head
 Place of death Hendersonville N.C.
 Residence Clematis Fla
 Age 72 Y'rs 11 Mo's 1 Days _____
 Weight 145 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Tuesday-June 18 1935 1-P M
 Account charged Donald Alvord
 Address Clematis Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose Brong Lin 40.00
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by Baggage Tag # 91
 No. of Casket 11- a m June 6 1 P-35
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 2- P. M. 6-18-35-
 Pillow Set _____
 Name Plate will call for ashes
 Cemetery _____
 Section _____ Lot _____

E
 N S
 W

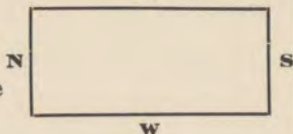
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial 90.00
 Automobiles _____
 Baggage or Express Train No. _____

Carry Hand Funeral Home

Name of deceased Alice Swinnerton
 Date of death June - 16 - 35
 Cause of death Myocarditis
 Place of death Miami
 Residence Miami
 Age 69 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1935 M
 Account charged W. L. Philbrick
 Address T.H. Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket by Express 1230 P.M.
 Casket with Copper Lin. 6-18-35
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 2-P. M. 6-18-35
 Shipping Case or Vault _____
 Handles Express ashes to
 Pillow Set W. L. Philbrick
 Name Plate T.H. Miami Fla
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____ 37.50
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased *Mrs. J. ad. Mae Collins*
 Date of death *May 20 - 35*
 Cause of death *Cerebra Hemorrhage*
 Place of death *Avon Park Fla*
 Residence *Avon Park -*
 Age *65* Y'rs _____ Mo's _____ Days _____
 Weight *130* Height _____ ft. _____ in. Eyes _____
 Funeral at *Avon Park -*
 Date _____ 193____ M
 Account charged *Stevens + Blyth*
 Address *S.H. Seaburg Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *4-3 Metal Sil Fin*
 Casket with Copper Lin. *Inner*
 Style of Casket *State*
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault *Body arrived*
 Handles *Ex - by auto 2-P.M*
 Pillow Set *Tue - 6-18-35*
 Name Plate *Body Cremated*
 Cemetery *3-P.M. 6-18-35*
 Section _____ Lot _____
Copper Can E
 I Other Graves N S
 X Grave on this date W
 Cremation *ashes Del to*
 Single Grave *Stevens + Blyth*
 Opening and Closing Grave *6-19-35*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 37.50
 Baggage or Express Train No. _____

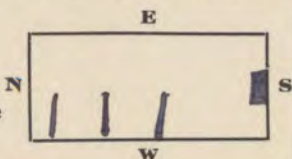
Carey Hand Funeral Home

Name of deceased Mollie R. Ross
 Date of death Tues June 18 - 35 - 4:25 PM
 Cause of death Res
 Place of death Res
 Residence 207 W. Gore ave,
 Age 56 Y'rs 11 Mo's 26 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Thurs June 20 - 1935 5 P. M
 Account charged Annie Ross
 Address 207 W. Gore ave
 Account guaranteed Insurance
 Address

Embalming & Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6- Metal 250. 00
 Casket with Copper Lin. ☒
 Style of Casket Slate 1/2 - C -
 No. of Casket Jerome Penn
 Outside Box Steel Vault
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate Name 1878 1935
 Cemetery Greenwood
 Section R Lot 55

I Other Graves

X Grave on this date



Cremation P. B. Car 5. 00
 Single Grave Car Min 5. 00
 Opening and Closing Grave etc 15 00
 Body Shipped to Car Family 5. 00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev W. H. Hairs
 Casket Wagon (1) 5 00
 Physician C. J. Collins
 County or City Burial
 Automobiles
 Baggage or Express Train No. SVS 15 00

335 00

Misc 5 00

340 00

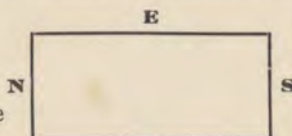
Carey Hand Funeral Home

Name of deceased Martha H. Harris
 Date of death June 18 - 9:45 P.M.
 Cause of death _____
 Place of death Maitland Fla
 Residence Winter Park Fla
 Age 73 Y'rs 9 Mo's 13 Days _____
 Weight 100 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Friday June 21 1935 4 P.M.
 Account charged John H. Harris
 Address Winter Park Fla.
 Account guaranteed Estate
 Address _____

Embalming <input checked="" type="checkbox"/> Dressing	35.00
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3</u> <u>Gr</u> <u>6th</u>	125.00
Casket with Copper Lin. <input checked="" type="checkbox"/>	
Style of Casket <u>Oct H. Co.</u>	
No. of Casket <u>3132</u> <u>Nat</u>	
Outside Box <u>Steel Vault</u>	125.00
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate <input checked="" type="checkbox"/>	
Cemetery <u>Winter Park</u>	
Section _____ Lot _____	

I Other Graves

X Grave on this date



Cremation <u>no</u> <u>By Family</u>	5.00
Single Grave _____	
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Rev Chicora Bowers</u>	
Casket Wagon <u>No Chg</u> <u>(1)</u>	5.00
Physician <u>Dr. Gardner</u>	
County or City Burial _____	
Automobiles _____	
Baggage or Express Train No. <u>SVS</u>	15.00

315.00

Mrs. Woodward
Saw at Maitland
will pay acct

315.00
5.00
320.00

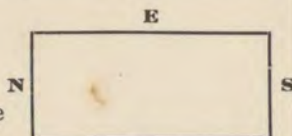
Carey Hand Funeral Home

Name of deceased Baby Mathers
 Date of death June 18 11:40 P.M.
 Cause of death Still Born
 Place of death Residence
 Residence Albando Route # 4
 Age Yrs Mo's Days
 Weight ft. in. Eyes
 Funeral at Grave Side
 Date Wed June 19 1935 4 P.M
 Account charged E. E. Mathers
 Address Albando Route # 4
 Account guaranteed
 Address

Embalming ☒
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 2-0 Wht L-S- 27.50
 Casket with Copper Lin. ☒
 Style of Casket Oct H. Top
 No. of Casket 103 Tampa
 Outside Box Reg
 Shipping Case or Vault Metal Top 5.00
 Handles small
 Pillow Set yes
 Name Plate OD
 Cemetery Gracely Cemetery
 Section Lot

I Other Graves

X Grave on this date



Cremation Family Bought
 Single Grave Casket done there
 Opening and Closing Grave own work
 Body Shipped to have permit for same
 R. R. Ticket

Cash advanced

Telegram

Minister Rev Sutton

Casket Wagon

Physician J. A. Ford

County or City Burial

Automobiles

Baggage or Express Train No.

32.50

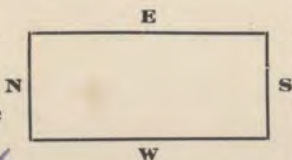
Pd. Cash 20.00

Carey Hand Funeral Home

Name of deceased Henry H. Wray
 Date of death June 19 - P.M.
 Cause of death Shot Right Temple Suicide
 Place of death O. G. N.
 Residence Laytona Beach Fla
 Age 65 Yrs 1 Mo's 0 Days
 Weight 150 Height 5 ft. 6 in. Eyes
 Funeral at Chapel F. Home
 Date Thurs June 20 1935 2 P M
 Account charged Blanche Simmons
 Address 4331 - Pearl St Jacksonville Fla
 Account guaranteed Postal Savings
 Address Donald Nicholson
 Embalming + Dressing
 Robe, Suit, Dress Blk
 Underwear and Hose yes
 Casket 6-3 Gr Doe
 Casket with Copper Lin. ✓
 Style of Casket Oct-O.T.A.C
 No. of Casket 3132 - Nat -
 Outside Box ✓
 Shipping Case or Vault air Seal
 Handles Ext -
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation auto
 Single Grave White
 Opening and Closing Grave etc
 Body Shipped to music
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev M. H. H. H.
 Casket Wagon 611
 Physician Dr. Anderson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. SVS

35.00
 10.50
 1.50
 125.00
 125.00
 5.00
 7.00
 15.00
 5.00
 5.00
 15.00
350.00

Carey Hand Funeral Home

Name of deceased Mrs. Harriet C. Wilson
 Date of death June 19 3 P.M.
 Cause of death _____
 Place of death Res
 Residence Windermere Fla
 Age 64 Y's 1 Mo's 1 Days _____
 Weight 125 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel F. Home
 Date Friday June 21 1935 11 A. M
 Account charged Mrs. J. W. Ischey
 Address Windermere Fla
 Account guaranteed Estate
 Address _____

Embalming ☒ Dressing 35.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket 6-3-Gr Plush- 150.00

Casket with Copper Lin. ☒

Style of Casket Set 1/2-

No. of Casket 1927-3-

Outside Box ☒

Shipping Case or Vault ☒

Handles Ext

Pillow Set yes

Name Plate ☒

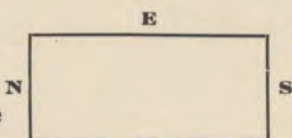
Cemetery Cremation 50.00

Section _____ Lot _____

wooden Box

I Other Graves

X Grave on this date



Cremation Body Cremated

Single Grave 2-PM Fri 6-21-35

Opening and Closing Grave

Body Shipped to will call for Ashes

R. R. Ticket Piano only

Cash advanced _____

Telegram _____

Minister Rev. C. P. Evans W. E.

Casket Wagon (1) 5.00

Physician Dr. Lawrence

County or City Burial _____

Automobiles _____

Baggage or Express Train No. \$ 240.00

Carey Hand Funeral Home

Name of deceased <u>Josephine E. Mallory</u>	
Date of death <u>Sat June 22-1935</u> <u>4:15</u> <u>A.M.</u>	
Cause of death _____	
Place of death <u>Res.</u>	
Residence <u>Crystal Lake Dr.</u>	
Age <u>66</u> Y'rs <u>9</u> Mo's <u>17</u> Days _____	
Weight <u>145</u> Height <u>5</u> ft. <u>5</u> in. Eyes _____	
Funeral at <u>Chapel</u>	
Date <u>Mon June 24</u> 1935 <u>4 P</u> M	
Account charged <u>M. B. Mallory</u>	
Address <u>Islands Road (17)</u>	
Account guaranteed _____	
Address _____	
Embalming & <u>Dressing</u>	<u>35.00</u>
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3 Set Plush</u>	<u>190.00</u>
Casket with Copper Lin. <input checked="" type="checkbox"/>	
Style of Casket <u>Oct 1/2 - C -</u>	
No. of Casket <u>1927</u>	
Outside Box <u>Reg -</u>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext -</u>	
Pillow Set <u>yes -</u>	
Name Plate <input checked="" type="checkbox"/>	
Cemetery <u>Conway</u>	
Section _____ Lot _____	
I Other Graves _____	
X Grave on this date _____	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">N</div> <div style="border: 1px solid black; width: 150px; height: 50px; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">E</div> <div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">S</div> <div style="position: absolute; bottom: -10px; left: 50%; transform: translateX(-50%);">W</div> </div> <div style="margin-left: 10px;">S</div> </div>	
Cremation <u>closed Can</u>	<u>5.00</u>
Single Grave _____	
Opening and Closing Grave <u>TVS</u>	<u>15.00</u>
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Rev. De Haan</u>	
Casket Wagon <u>(1)</u>	<u>5.00</u>
Physician <u>Dr. Day</u>	
County or City Burial _____	
Automobiles <u>SVS</u>	<u>15.00</u>
Baggage or Express Train No. _____	<u>265.00</u>

Carey Hand Funeral Home

Name of deceased *Charlie May*
 Date of death *Sat June 22-35* *130 PM*
 Cause of death *Electrocuted P. Sat up. Live Wire*
 Place of death *Res of H. M. McMillan H. Park*
 Residence *Orlando Ave Winter Park*
 Age *about 24* Y's Mo's Days
 Weight *125* Height *5* ft. *7* in. Eyes
 Funeral at *Best*

Date 193 M

Account charged *J. P. May*

Address *Moultrie Ga*

Account guaranteed *H. M. McMillan*

Address *Winter Park*

Embalming *+ Dressing* *35.00*

Robe, Suit, Dress *Wk* *12.00*

Underwear and Hose *yes* *1.50*

Casket *6-3-62* *90.00*

Casket with Copper Lin.

Style of Casket *Sp. O.T.*

No. of Casket *22-S-*

Outside Box *Reg-*

Shipping Case or Vault ☒

Handles *Short*

Pillow Set

Name Plate ☒

Cemetery *Best*

Section *Family Grave down for the Body* Lot *E*

I Other Graves

X Grave on this date

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to *Moultrie Ga*

R. R. Ticket *Exp*

Cash advanced *Express* *17.76*

Telegram *(2)* *.96-96* *1.92*

Minister ☒

Casket Wagon *(2)* *10.00*

Physician *Dr Gardner*

County or City Burial *168 18*

Automobiles *18*

Baggage or Express Train No. *74* *168.00*

Sun Night 6-23-35

Credit Express + 1776 *22.76*

C. Wagon in hif. 500 *145.24*

145.00

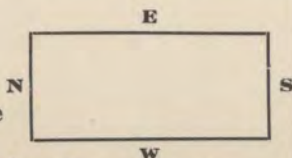
Carey Hand Funeral Home

Name of deceased Chas L. Hultner
 Date of death Sun Jun 23 5- PM
 Cause of death _____
 Place of death Res -
 Residence Rouse Road
 Age 60 Y'rs 11 Mo's 1 Days
 Weight 170 Height 6 ft. 0 in. Eyes Blue
 Funeral at Chapel - F. Home
 Date Monday June 24 1935 noon M
 Account charged Mrs Clara A. Hultner
 Address Calando Route 4
 Account guaranteed _____
 Address _____

Embalming Can of Body 15⁰⁰
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-X 25⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket Set D.T.
 No. of Casket X
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Calumet 5000
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation ✓ Body Cremated
 Single Grave ✓ 3- P. M Mon 6-24-34
 Opening and Closing Grave ✓ 6-
 Body Shipped to West Calif for Ashes
 R. R. Ticket ✓

Cash advanced _____
 Telegram Rev Tropp
 Minister Dean Johnson
 Casket Wagon (1) 10⁰⁰
 Physician Dr F. Hannes

County or City Burial _____
 Automobiles 10000

Baggage or Express Train No. _____

Set cash 35⁰⁰

Bal by the wife

Carey Hand Funeral Home

Name of deceased Wm R Wells
 Date of death Sun - June 23 - 35 PM
 Cause of death O G Carcinoma of Prostate
 Place of death O G A

Residence Apopka
 Age 77 Yrs Mo's Days

Weight 165 Height 6 ft. 0 in. Eyes

Funeral at Chapel

Date Mon June 24 1935 11 AM

Account charged W. G. Taltor

Address Apopka, Fla

Account guaranteed Estate

Address

Embalming & Dressing 35.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket 6-6-Metal Sil Lin 350.00

Casket with Copper Lin. Inner

Style of Casket State H. Co

No. of Casket

Outside Box

Shipping Case or Vault

Handles

Pillow Set

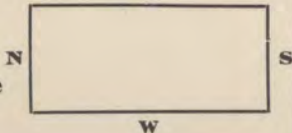
Name Plate

Cemetery West

Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Wheeling W. Va.

R. R. Ticket 77.96

Cash advanced Express .76

Telegram (1)

Minister From Apopka

Casket Wagon (2) 10.00

Physician Dr Christ

County or City Burial

Automobiles 4 73 72

Baggage or Express Train No. 80

Mon - June - 24 - 35

Consigned to

Hefner Funeral Home

Wheeling W. Va

Carey Hand Funeral Home

Name of deceased Tillman W. Haynes
 Date of death June 22
 Cause of death Chc Branchioclisis
 Place of death Res
 Residence Lakeland Fla
 Age 74 Y'rs 6 Mo's 12 Days
 Weight 125 Height 6 ft. 1 in. Eyes Brown
 Funeral at Lakeland Fla
 Date June 1935 M
 Account charged Smith & Leches Und Co
 Address Lakeland Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by auto
 Outside Box 11:45 a.m.
 Shipping Case or Vault Monday 6-24-35
 Handles _____
 Pillow Set Body Cremated
 Name Plate 3-P.M. Mon 6-24-35
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N
S
 X Grave on this date W
 Cremation Ashes expressed
 Single Grave to -
 Opening and Closing Grave Smith &
 Body Shipped to Leches Und Co
 R. R. Ticket Lakeland Fla
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

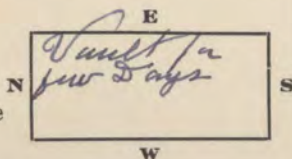
3750

Carey Hand Funeral Home

Name of deceased <u>Carroll Greene</u>	
Date of death <u>June 24</u>	
Cause of death <u>acute hemorrhage perfun</u>	
Place of death <u>Bay Pines Fla (Vet Admin Facility)</u>	
Residence <u>Oulands Rt # 4</u>	
Age <u>38</u> Y'rs	<u>7</u> Mo's <u> </u> Days
Weight <u>100</u>	Height <u>5</u> ft. <u>0</u> in. Eyes <u> </u>
Funeral at <u>Chapel - Fun Home</u>	
Date <u>June</u> 19 <u>35</u> M	
Account charged <u>Mrs Carroll Greene</u>	
Address <u>Oulands Rt # 4</u>	
Account guaranteed <u>Government Ins</u>	
Address <u> </u>	
Embalming	25 00
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3 On Exp.</u>	50 00
Casket with Copper Lin.	
Style of Casket <u>Sgt Flat Top</u>	
No. of Casket <u>22 S</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault	
Handles <u>Short</u>	
Pillow Set <u>yes</u>	
Name Plate <u>at Rest</u>	
Cemetery <u>Greenwood</u>	
Section <u>American Legion Lot</u>	
E	
I Other Graves	Grave # 28
X Grave on this date	N S
Cremation <u>2 - Cars No Chg</u>	
Single Grave	
Opening and Closing Grave	10 00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister <u>Rev C H Finnan</u>	
Casket Wagon	
Physician <u>W. H. Bradford M.D. chief</u>	
County or City Burial <u>med off</u>	
Automobiles <u>S Y S -</u>	15 00
Baggage or Express Train No.	100 00

Carey Hand Funeral Home

Name of deceased Geo G. Albertson
 Date of death Mon June 24-35 1-P.M.
 Cause of death _____
 Place of death Res Place
 Residence Alexander aptms # 52
 Age 62 Y's 1 Mo's 25 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed- 6-26- 1935 10 A M
 Account charged Mrs Lena Albertson
 Address 52- Alexander Place
 Account guaranteed insurance
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-2 Bld. C 225.00
 Casket with Copper Lin. ☒
 Style of Casket R. C. State
 No. of Casket 121 Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes it 1873
 Name Plate Name 1935
 Cemetery _____
 Section _____ Lot _____
 I Other Graves ☒
 X Grave on this date ☒
 Cremation _____
 Single Grave Later Ship. to
 Opening and Closing Grave _____
 Body Shipped to New York
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dr. Mills Robinson
 Casket Wagon (2) 10.00
 Physician Dr. M. Robinson
 County or City Burial _____
 Automobiles 270.00
 Baggage or Express Train No. _____



Carey Hand Funeral Home

Name of deceased Mr. Lennie Mathews
 Date of death Tue - June 25 - 35 12:30 PM
 Cause of death Child Birth failing kidneys
 Place of death Res
 Residence Orlando Rout 4 -
 Age 25 Y'rs 8 Mo's 18 Days
 Weight 165 Height 5 ft. 6 in. Eyes
 Funeral at Grave Side
 Date Wed June 26 - 1935 4 P M
 Account charged L. C. Mathews
 Address Orlando Rout 4 -
 Account guaranteed Estate (6-Mo Note)
 Address
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 - Emb D. 150.00
 Casket with Copper Lin. ☒
 Style of Casket Oct - 1/2 - C
 No. of Casket 1356
 Outside Box ☒
 Shipping Case or Vault am seal Clark 150.00
 Handles Ext -
 Pillow Set yes
 Name Plate yes
 Cemetery Gravelly
 Section _____ Lot _____
 _____ E _____
 I Other Graves _____
 X Grave on this date _____
 _____ W _____
 Cremation Can Man 5.00
 Single Grave _____
 Opening and Closing Grave TV etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev J A Sutton
 Casket Wagon (1) & Res 5.00
 Physician Dr J. A. Ford
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. \$ 375.00

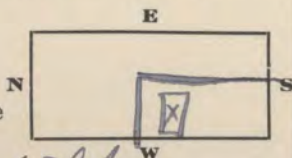
Carey Hand Funeral Home

Name of deceased Mrs Ada B Smelting
 Date of death June - 25 - 35 10.15 P.
 Cause of death Cancer of Sigmoid
 Place of death Res
 Residence Katy & Burnly
 Age 48 Y's 2 Mo's 8 Days
 Weight 85 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Thurs June 27 - 1935 2 - P M
 Account charged Shirley Smelting
 Address Orlando
 Account guaranteed Insurance

Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr emb Dor 150.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2-C
 No. of Casket 1356-S
 Outside Box R-9
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate at Res
 Cemetery Greenwood
 Section 29-SW 1/4 Lot 7

I Other Graves

X Grave on this date



Cremation Burial LA 25.00
 Single Grave
 Opening and Closing Grave Gr 15.00
 Body Shipped to Car Min 5.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon (1) 5.00
 Physician Dr McEuan
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 250.00

Carey Hand Funeral Home

Name of deceased Max Bandel
 Date of death Wed - June 26 - 35 10:20 AM
 Cause of death @ G.H. Chd Nephritis
 Place of death _____
 Residence _____

Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at _____
 Date _____ 193 _____ M

Account charged _____
 Address _____

Account guaranteed _____
 Address _____

Embalming ☒ 25 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6-3-wood 20 00

Casket with Copper Lin. _____

Style of Casket Spr Flat Top

No. of Casket Temp

Outside Box Reg

Shipping Case or Vault ☒

Handles _____

Pillow Set ☒

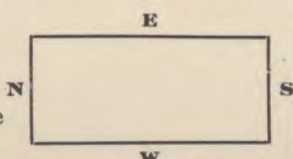
Name Plate ☒

Cemetery Jewish

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave _____

Opening and Closing Grave _____ 15 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rabi

Casket Wagon _____

Physician Dr

County or City Burial _____

Automobiles S Y S 15 00

Baggage or Express Train No. _____

Ben Solomon 75 00

Oks acct

Carey Hand Funeral Home

Name of deceased Rae M Todd
 Date of death Wed June 26- 9-PM
 Cause of death acute alcoholism
 Place of death Res
 Residence Oakland
 Age 42 Y's 9 Mo's 0 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at
 Date Fri June 28 1935 11 AM
 Account charged John Todd
 Address Oakland - 4th
 Account guaranteed J. L. Shupe
 Address Plymouth 6-Mo-Note
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Emb Doe 85.00
 Casket with Copper Lin. ☒
 Style of Casket Exp - F. T. H. Cap.
 No. of Casket 26-5-
 Outside Box Reg-
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Oakland
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on this date _____
 W _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave Tr etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Davis of M.G.
 County or City Burial _____
 Automobiles S & S- 15.00
 Baggage or Express Train No. 155.00

Carey Hand Funeral Home

Name of deceased Carl Fredrickson
 Date of death Thurs June 27 AM
 Cause of death arterial sclerosis Myocardial
 Place of death County Home
 Residence Winter Garden
 Age 62 Y's 10 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Fri June 28 1935 3 P M
 Account charged County

Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Coffin 14 50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 0
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Bale
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

E

S

W

Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister C. H. Johnson

Casket Wagon _____

Physician Dr Beardsall

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

Name of deceased Geo Bujdosch
Date of death Thurs June 28-35- PM
Cause of death Cerebra Hemorrhage
Place of death County Home
Residence Jellwood
Age 73 Y'rs 2 Mo's 18 Days
Weight 160 Height 5 ft. 7 in. Eyes
Funeral at Home
Date June 29 1935 P. M
Account charged Joe Patterson
Address Jellwood Fla
Account guaranteed Uncle
Address
Embalming & Dressing 35.00
Robe, Suit, Dress ☒
Underwear and Hose ☒
Casket 6-3-Gl. Oak 150.00
Casket with Copper Lin. ☒
Style of Casket Oct-H. C.
No. of Casket S-1411-
Outside Box ☒
Shipping Case or Vault Bolt End 150.00
Handles Ext
Pillow Set ages
Name Plate
Cemetery Tangerine Cemetery
Section _____ Lot _____

E

E
N
S
W

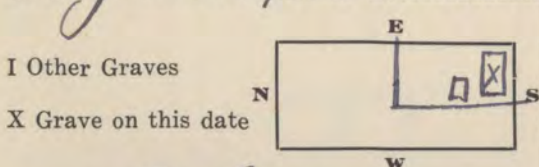
I Other Graves _____
X Grave on this date _____

Cremation _____
Single Grave Del Vault 10.00
Opening and Closing Grave Tx etc 15.00
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister _____
Casket Wagon (1) 5.00
Physician Dr. H. Beardsall
County or City Burial _____
Automobiles SYS - & etc 25.00
Baggage or Express Train No. 390.00

Carey Hand Funeral Home

Name of deceased James Albert Corder
 Date of death Thurs June 27 - 1045 - P M
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence Orlando Road # 2 - Tamiami
 Age 63 Y's 4 Mo's 0 Days
 Weight 165 Height 5 ft. 10 in. Eyes Blue
 Funeral at Chapel
 Date Sun June 30 1935 - 10 A M
 Account charged Mrs Mabel Corder
 Address Orlando
 Account guaranteed Estate

Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 In Bld-C 195.00
 Casket with Copper Lin. ☒
 Style of Casket Ext-01
 No. of Casket S 1411
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section J S.E. 1/4 Lot 171



Cremation Car Inn 5.00
 Single Grave _____
 Opening and Closing Grave T.V. etc 15.00
 Body Shipped to _____
 R. R. Ticket ☒
 Cash advanced _____
 Telegram _____
 Minister Rev Elmoek
 Casket Wagon (1) 5.00
 Physician Dr Gray
 County or City Burial _____
 Automobiles S V S 15.00
 Baggage or Express Train No. 270.00
Telegram 1.15
271.15

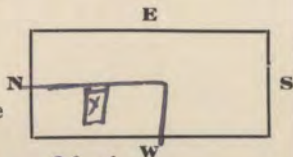
Carey Hand Funeral Home

Name of deceased Lucille Kuchart
 Date of death Tue June 28-35
 Cause of death Cancer of Breast
 Place of death O. G. H.
 Residence 725- S. Lanny Park Drive
 Age 34 Y'rs 1- Mo's 18 Days
 Weight 120 Height 5 ft. 5 in. Eyes
 Funeral at Catholic Church
 Date Mon July 1- 1935 9 A M
 Account charged Geo Kuchart
 Address 725- S. Lanny Park Drive
 Account guaranteed Estate

Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 4-4 Metal Sil Fin 250.00
 Casket with Copper Lin.
 Style of Casket State 1/2 C
 No. of Casket 6317 Walker
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section G- NW 1/4 Lot 7

I Other Graves

X Grave on this date



Cremation Burial Lot- 25.00
 Single Grave (2) Cars P. B 10.00
 Opening and Closing Grave TV etc 15.00
 Body Shipped to Car Min 5.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Father Bishop 5.00
 Casket Wagon (1)
 Physician Dr Duncan M. Egan
 County or City Burial
 Automobiles SYS- 15.00
 Baggage or Express Train No. \$ 360.00

Carey Hand Funeral Home

Name of deceased Eugenia H Cordell
 Date of death Sat June 29-35 PM
 Cause of death Bronchial Pneumonia
 Place of death Res Conway Rd
 Residence Conway
 Age 25 Y'rs 5 Mo's 4 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Sun June 30 1935 4 P. M
 Account charged Mrs Mary W Breswell
 Address Conway
 Account guaranteed Insurance
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6 3 Sil Plush 190.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2 - C
 No. of Casket 1927 - S
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes white
 Name Plate ✓
 Cemetery West
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Valdosta Ga
 R. R. Ticket _____ 11.58
 Cash advanced L. S Phone 1.00
 Telegram 38-38-35-50-32-76 2.68
 Minister From Graveland
 Casket Wagon (2) 10.00
 Physician Dr W. W. Andrews
 County or City Burial ✓ \$ 250.27
 Automobiles _____
 Baggage or Express Train No. 76
Funeral Night 6-30-35

Carey Hand Funeral Home

Name of deceased Geo H Maynard
 Date of death Sun June 30 - 1935 - 7-AM
 Cause of death _____
 Place of death Res
 Residence 52 Alexander Place
 Age 78 Y'rs 4 Mo's 5 Days _____
 Weight 140 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Tues July - 2 - 1935 1-P ^M
 Account charged Mrs Julia Maynard ^(H)
 Address 52 Alexander Place
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- In Bid - C - 225.00
 Casket with Copper Lin. ☒
 Style of Casket R. C. Slat
 No. of Casket 121 - Tampa
 Outside Box Reg -
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes H
 Name Plate ☒
 Cemetery Dust
 Section _____ Lot _____
 I Other Graves ☐
 X Grave on this date ☐
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to St Edward - N. Y.
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dr Mills Robinson
 Casket Wagon (2) 10.00
 Physician Dr Robinson 270.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

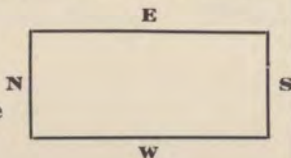
Carey Hand Funeral Home

Name of deceased James Syall
 Date of death Sun June 30- 7 PM
 Cause of death acute Nephritis
 Place of death County Home
 Residence County Home
 Age about 75 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date Mon July 1- 1935 11 AM
 Account charged County
 Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Coffin 14.50
 Casket with Copper Lin. Coffin
 Style of Casket
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles
 Pillow Set
 Name Plate
 Cemetery County Home
 Section Lot

I Other Graves

X Grave on this date



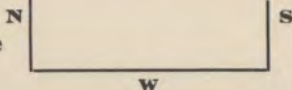
Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr Beaudahl 14.50
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Carry Hand Funeral Home

Name of deceased Harry J. Frier
 Date of death June 28 - 35
 Cause of death Cancer 7 months
 Place of death St Petersburg
 Residence St Petersburg
 Age 65 Y's 1 Mo's 21 Days
 Weight 165 Height 5 ft. 6 in. Eyes
 Funeral at St Petersburg
 Date 1937 M
 Account charged Baynard Und too
 Address St Petersburg Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body moved
 Style of Casket ly Cypress
 No. of Casket Sim June 30
 Outside Box hair
 Shipping Case or Vault
 Handles Body cremated
 Pillow Set 3-P.M. July-1-35
 Name Plate
 Cemetery Ashes Expressed to
 Section Baynard Funeral Home
St Petersburg Fla

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.

37.50

July 1 Carey Hand Funeral Home 1935

Name of deceased George G. Heid
Date of death June 29 - 1935
Cause of death Thrombosis
Place of death Miami Fla
Residence _____

Age 89 Y'rs _____ Mo's _____ Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at _____

Date _____ 1935 M

Account charged John Skellinan and Co
Address Miami Fla

Account guaranteed _____
Address _____

Embalming Cremation 37.50

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. Body Arrived

Style of Casket 2,45 a.m. Wed

No. of Casket July 3 - 1935

Outside Box _____

Shipping Case or Vault Body Cremated

Handles 5 P.M. - Wed

Pillow Set July 3 - 1935

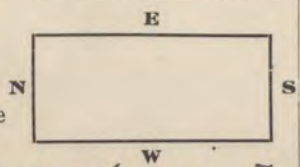
Name Plate _____

Cemetery Cremation

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation Ashes expressed to -

Single Grave John Skellinan

Opening and Closing Grave and Co

Body Shipped to Miami, Fla

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Swan C. Thompson
 Date of death July 1st 1935
 Cause of death Carcinoma of liver
 Place of death Ocala Fla Belleview
 Residence Belleview Fla.
 Age 61 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1935 _____ M
 Account charged Roberts Fun Home
 Address Ocala Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress Wm 5.00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body
 Style of Casket Arrived by auto
 No. of Casket Wed 12:30 P.M.
 Outside Box July 3-1935
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 5 P.M. Wed
 Name Plate July 3-1935
 Cemetery _____
 Section _____ Lot _____
Copper E
Can
 I Other Graves _____
 X Grave on this date _____
 Cremation Ashes expressed to
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to A. C. McDaniels
 R. R. Ticket 201 East Monroe St
 Cash advanced Franklin
 Telegram Indiana
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

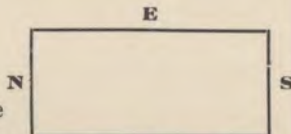
4256

Carey Hand Funeral Home

Name of deceased Hans. A. Stahm
 Date of death July 1 - 35
 Cause of death Neuritis Scleritis
 Place of death Res
 Residence Mt Lora Fla
 Age 65 Y's 1 Mo's 19 Days
 Weight 123 Height 5 Ft. 5 in. Eyes Blue
 Funeral at Mt Lora
 Date July 1935 M
 Account charged Rehbaum and Co
 Address Mt Lora Fla
 Account guaranteed Check
 Address
 Embalming Cremation 3750
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket 4:30 P.M.
 Outside Box Wed- 7-3-35
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 5 P.M. Wed
 Cemetery July 3- 1935
 Section Lot

I Other Graves

X Grave on this date



Cremation Will call for

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.

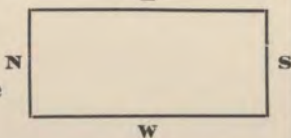
3750

Carey Hand Funeral Home

Name of deceased *Wm. Herman Lombom Jr*
 Date of death *July 1st 1935*
 Cause of death *Pulmonary Tuberculosis*
 Place of death *Fla*
 Residence *Miami*
 Age *17* Y'rs *9* Mo's *11* Days
 Weight *130* Height *5* ft. *10* in. Eyes
 Funeral at *Miami*
 Date *1935* M
 Account charged *W. H. Combs*
 Address *Same Miami Fla*
 Account guaranteed
 Address
 Embalming *Cremation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body covered*
 Style of Casket *by Express 1230-PM*
 No. of Casket *Thurs July 4-35*
 Outside Box
 Shipping Case or Vault *Body Cremated*
 Handles *2-PM. Thurs July 4-35*
 Pillow Set
 Name Plate *will call for ashes*
 Cemetery
 Section Lot

I Other Graves

X Grave on this date



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

37.50

37.50

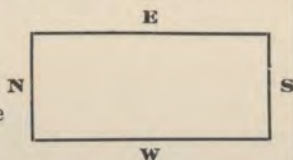
Carey Hand Funeral Home

Name of deceased Erma Rouse
 Date of death July-4-35 11:15 PM
 Cause of death Fractured Skull Base of B
 Place of death Via Sanit
 Residence Forest City
 Age 21 Y'rs 10 Mo's 7 Days
 Weight 125 Height 5 ft. 11 in. Eyes Blue
 Funeral at Chapel
 Date Sun July-7 1935 3-P. M
 Account charged Siminoli Co
 Address Sanford Fla
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Case 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket A.M.
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Case
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____
 Single Grave White 7.00
 Opening and Closing Grave & etc 8.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr
 County or City Burial 29.50
 Automobiles Pol Cash 15.00
 Baggage or Express Train No. 14.50
Siminoli Co & Pay

Esta Ridge

Carey Hand Funeral Home

Name of deceased Chas Dussel Jr
 Date of death July - 5 - 35 530 AM
 Cause of death _____
 Place of death O G H
 Residence 412 Hamwood
 Age 10 Y'rs 7 Mo's 17 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date _____ 193 _____ M
 Account charged Chas Dussel Sr
 Address _____
 Account guaranteed Ans OK
 Address _____
 Embalming Y Dussing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 5-0 W L.S 80.00
 Casket with Copper Lin. _____
 Style of Casket Oct H. T
 No. of Casket Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate O D
 Cemetery West
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 W _____
 Cremation Burial at
 Single Grave Trucksville Pa
 Opening and Closing Grave _____
 Body Shipped to Hickoryburg Pa
 R. R. Ticket 3474 - 2273 59.49
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (2) 10.00
 Physician Dr Chappel
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92
Sat - July - 6 - 35
Land

184.49

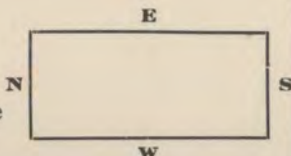
Carey Hand Funeral Home

Name of deceased Jimmie Adams
 Date of death July 7th 1935
 Cause of death about 4:30 AM
 Place of death S. Much and East of Di Loney
 Residence Don't know Prob Tampa
 Age about 35 Y'rs Mo's Days
 Weight 180 Height 5 ft. 10 in. Eyes
 Funeral at Grave
 Date Sun July 14 - 1935 11 AM
 Account charged County
 Address
 Account guaranteed
 Address

Embaling
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Coffin 14.50
 Casket with Copper Lin.
 Style of Casket Spr
 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

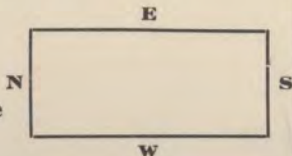


Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram Judge Wallace of
 Minister Miss Castle sign
 Casket Wagon Certificates
 Physician Sheriff Judge Shiver
 County or City Burial
 Automobiles
 Baggage or Express Train No.

14.50

Carey Hand Funeral Home

Name of deceased August L. Thomas
 Date of death July 7th a.m.
 Cause of death _____
 Place of death Res
 Residence Apopka Fla.
 Age 54 Y'rs 8 Mo's 9 Days _____
 Weight 150 Height 5 ft. 8 in. Eyes _____
 Funeral at Grave Side
 Date Tues - July - 9 1935 4 P. M
 Account charged Mrs Bertie Thomas
 Address Apopka Fla
 Account guaranteed will pay by the month
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose } 10.00
 Casket 6-3 in case 45.00
 Casket with Copper Lin. ✓
 Style of Casket Spr Flat top
 No. of Casket Tampa
 Outside Box Reg-
 Shipping Case or Vault ✓
 Handles Bale
 Pillow Set ✓
 Name Plate at Rest
 Cemetery Apopka
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave Del Box Tomb etc 10 0 0
 Opening and Closing Grave by Family
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. M. H. Briede
 County or City Burial
 Automobiles 1- Truck 10.00
 Baggage or Express Train No. _____ 100.00



Mrs Thomas works in
factory will pay each Mo

Carey Hand Funeral Home

Name of deceased George P. Mc Noursie
 Date of death June 21st 1935
 Cause of death Nephritis
 Place of death Miami Fla
 Residence _____
 Age 68 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date June 1935 M _____
 Account charged Carters Fun Home
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Calmeton 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body
 Style of Casket Arrived by express
 No. of Casket Sunday 1230 PM
 Outside Box July 7 1935
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 3 - PM - July 7 - 35
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 W
 Cremation Ashes expressed
 Single Grave to -
 Opening and Closing Grave _____
 Body Shipped to Carters F. Home
 R. R. Ticket Miami Fla
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

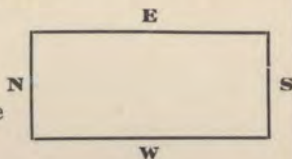
3750

Carey Hand Funeral Home

Name of deceased Fred Prosser
 Date of death July 7 - 1935
 Cause of death _____
 Place of death 2522 Elizabeth St
 Residence Chicago Ill
 Age 57 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rest -
 Date July 9 1935 _____ M
 Account charged G. A. Gunders
 Address 2522 Elizabeth St
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose 1.25
 Casket 6-3 Yr Cup. 90.00
 Casket with Copper Lin. ☒
 Style of Casket Sp. Walnut Top
 No. of Casket 22-S-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Rest
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Chicago Ill

R. R. Ticket _____

Cash advanced Ex/ur 72.54

Telegram ☒

Minister ☒

Casket Wagon (2) 10.00

Physician Dr. Butler

County or City Burial 208.79

Automobiles % 1.25

Baggage or Express Train No. 207.54

80 -

C.O.D. #1350- P'd ex/ur

at Rest -

Carey Hand Funeral Home

Name of deceased Edgar Cunningham
 Date of death July 9 - 1935
 Cause of death _____
 Place of death Res.
 Residence 68 519 S. Tyler
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight 100 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel Fun Home
 Date Wed 1935 4 P. M
 Account charged Mrs. Clara Cunningham
 Address 519 S. Tyler
 Account guaranteed Cash & Payments
 Address _____
 Embalming & Dressing 25 ⁰⁰
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Emb. Pine 25 ⁰⁰
 Casket with Copper Lin. _____
 Style of Casket End + Side 15 ⁰⁰
 No. of Casket _____
 Outside Box ☒
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Cremation 50 ⁰⁰
 Section _____ Lot _____
 I Other Graves ☐
 X Grave on this date ☐
 Cremation Body Cremated
 Single Grave 8-a.m 7-11-35
 Opening and Closing Grave _____
 Body Shipped to Ashes Will Call For
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev. Turner
 Casket Wagon Trust ME
 Physician Dr. Sutton
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 10150

Carey Hand Funeral Home

Name of deceased Amelia H. Austin
 Date of death July 9th
 Cause of death _____
 Place of death Res
 Residence 857 N. Orange Ave
 Age 98 Y'rs 5 Mo's 17 Days
 Weight 125 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel Fun Home
 Date Wed 1935 3 P.M
 Account charged N. A. Austin
 Address Orlando Fla
 Account guaranteed Estate
 Address _____
 Embalming ☒ Disposal 17.50
 Robe, Suit, Dress ☒ music 7.50
 Underwear and Hose ☒ _____
 Casket 6-3-8 Gr Doe 70.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation 50.00
 Section _____ Lot _____

E
 N S
 W

 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Body cremated
 R. R. Ticket 8AM. 7-11-35
 Cash advanced _____
 Telegram _____
 Minister Rev. Gansaway 5.00
 Casket Wagon 11
 Physician Dr. Harris
 County or City Burial _____
 Automobiles 150.00
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Chas Henry Burtis
 Date of death July 9th
 Cause of death Cardio-Vascular Renal Disease
 Place of death St Petersburg Fla
 Residence St Petersburg Fla
 Age 67 Y'rs 3 Mo's 27 Days
 Weight Height ft. in. Eyes
 Funeral at St Petersburg Fla
 Date July 1935 M
 Account charged The Baynard Co
 Address St Petersburg Fla
 Account guaranteed
 Address
 Embalming Cremation 3750
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto Tuesday
 Outside Box 2:30 P.M. - July 9 - 35
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 2:45 P.M. Tuesday
 Cemetery July 9 - 1935
 Section Lot

E

I Other Graves

N

S

W

X Grave on this date

W

 Cremation Ashes expressed to
 Single Grave Baynard Co
 Opening and Closing Grave St Pete Fla
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750

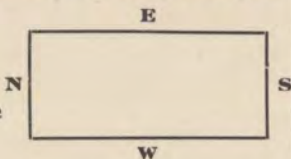
Carey Hand Funeral Home

Name of deceased *Lidney & Clarke*
 Date of death *July 8* 1935
 Cause of death *Emmilia*
 Place of death *Res*
 Residence *Sarasota*
 Age *86* Y'rs *5* Mo's *0* Days
 Weight *120* Height *5* ft. *7* in. Eyes
 Funeral at *Sarasota*
 Date *July 1935* M
 Account charged *Thacker & Van Gilder*
 Address *Sarasota*
 Account guaranteed
 Address
 Embalming *Cumulation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Liner *Body armor*
 Style of Casket *by Express*
 No. of Casket *Acc 76-210 AM*
 Outside Box *7-10-35*
 Shipping Case or Vault
 Handles *Body Cumulated*
 Pillow Set *9-9 m 7-10-35*
 Name Plate
 Cemetery *Ashes Expressed*
 Section *Thacker & Van Gilder*

37.50

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.

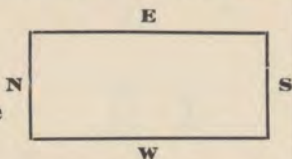
37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Ada E. Douglass*
 Date of death *July 8*
 Cause of death *Concussion of Stomach*
 Place of death *Res*
 Residence *St. Petersburg Fla*
 Age *about 53* Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *St. Petersburg Fla*
 Date *193* M
 Account charged *John S. Rhodes*
 Address *St. Petersburg*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body arrived*
 Casket with Copper Lin. *by auto*
 Style of Casket *9-a.m. 7-10-35*
 No. of Casket
 Outside Box *Body Cremated*
 Shipping Case or Vault *930 a.m.*
 Handles *7-10-35*
 Pillow Set *ashes Expressed to*
 Name Plate *John S. Rhodes*
 Cemetery *Funeral Home*
 Section *St. Petersburg* Lot *Fla*

I Other Graves

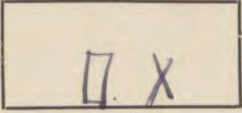
X Grave on this date



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.

37.50

Carey Hand Funeral Home

Name of deceased Margaret Miller
 Date of death Wed. July 10-35 9:45 AM
 Cause of death _____
 Place of death Res -
 Residence 1622 Dartmouth Dartmouth
 Age 60 Y'rs 2 Mo's 6 Days _____
 Weight 135 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Sun July 14 1935 3 P M
 Account charged Roy Miller
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress Velvet 25.00
 Underwear and Hose ✓
 Casket 6-6 Metal 285.00
 Casket with Copper Lin. _____
 Style of Casket Flat 1/2 - C
 No. of Casket 9532 - Temp/a C.R.B.
 Outside Box ✓
 Shipping Case or Vault an Seal 150.00
 Handles Ext
 Pillow Set yes Sil Gr
 Name Plate Name 1875
 Cemetery Greenwood
 Section 2 Lot 129
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation (2) autos 10.00
 Single Grave P.B. Can 5.00
 Opening and Closing Grave T & S 15.00
 Body Shipped to Car Inn 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram McNair
 Minister _____
 Casket Wagon (1) 5.00
 Physician S
 County or City Burial _____
 Automobiles 3 & S 15.00
 Baggage or Express Train No. 550.00

7-12- P.O. 64 300.00

Carey Hand Funeral Home

Name of deceased James W. Kelgore
 Date of death Thurs July 11-35 AM
 Cause of death _____
 Place of death in Ambulance Hunt City Limited
 Residence Winter Garden Florida
 Age 52 Y's 11 Mo's 8 Days _____
 Weight 145 Height 5 ft. 6 in. Eyes _____
 Funeral at M.E. Church Winter Garden
 Date Sat-July-13 1935 10 a M
 Account charged Robt Kelgore Mrs J. W.
 Address Winter Garden
 Account guaranteed Please + 6 Mts Note
 Address _____
 Embalming + D - 35 00
 Robe, Suit, Dress 10. 00
 Underwear and Hose _____
 Casket 6-3-Emb Dole 75. 00
 Casket with Copper Lin. ✓
 Style of Casket Sgt H.C
 No. of Casket 26-5-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set ✓
 Name Plate at Rest
 Cemetery Bureau
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave Del Box 10. 00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister From Winter Garden
 Casket Wagon (1) 5.00
 Physician Dr Lawson
 County or City Burial _____
 Automobiles 5.45 15.00
 Baggage or Express Train No. 150.00

Carey Hand Funeral Home

Name of deceased *William W. Hamlin*
Date of death *July-11-35*
Cause of death *Renals Disease*
Place of death *Ger*
Residence *Lakeland*
Age *73* Y'rs *5* Mo's *24* Days
Weight *140* Height *5* ft. *8* in. Eyes *Lot*
Funeral at *Lakeland*
Date _____ 193____ M
Account charged *Smith & Duke*
Address *F.D., Lakeland Fla*
Account guaranteed *OK*
Address _____
Embalming *Cremation* 37.50
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *6-3 Sgr Em P*
Casket with Copper Lin. _____
Style of Casket *Body gnr*
No. of Casket *10-A.M. 7-13-35*
Outside Box _____
Shipping Case or Vault *Body*
Handles *Cremated 8-a M*
Pillow Set *7-14-35*
Name Plate _____
Cemetery *Ashes Returned to*
Section *Smith & Duke* Lot _____
Lakeland E
I Other Graves *Fla* N
S
W
X Grave on this date _____
adm Box
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. _____

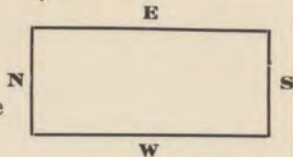
Carey Hand Funeral Home

Name of deceased Howard Milder
 Date of death June - 30 - 35
 Cause of death myocarditis
 Place of death Fla.
 Residence Miami
 Age 68 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged W. H. Combs
 Address 412 Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. Express
 Style of Casket 2 ex # 89
 No. of Casket 12-11-PM
 Outside Box Sat - 7-13-35
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 2:30 P.M.
 Name Plate 7-13-35
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 Cremation Ashes Expressed to
 Single Grave W. H. Combs
 Opening and Closing Grave Home
 Body Shipped to Miami Fla
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carry Hand Funeral Home

Name of deceased Mrs Adelaide P. Griffiths
 Date of death July - 12 - 35 -
 Cause of death Cardiac Insufficiency
 Place of death Res
 Residence De Land Fla
 Age 75 Y's _____ Mo's _____ Days _____
 Weight 185 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Sun July - 14 1935 4:30 P.M
 Account charged Both F. Home
 Address De Land Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket R.C. State N. Cap.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body arrived by
 Outside Box auto 4:30 P.M
 Shipping Case or Vault Sun - 7-14-35
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8-2 M 7-15-35
 Cemetery _____
 Section will call for ashes 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 Rev Adams
 Casket Wagon of De Land
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____



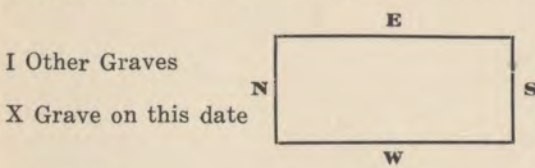
37.50

Carey Hand Funeral Home

Name of deceased Georgia Alice Martin
 Date of death July 15th 1935
 Cause of death _____
 Place of death Res
 Residence Mt Verde Fla.
 Age 70 Y'rs 7 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at M. E. Church Mt Verde
 Date July 16 1935 10 a M
 Account charged Mrs V. M. Cox
 Address Mt Verde
 Account guaranteed Cash

Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gray Emb Soc 125.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - C
 No. of Casket 1356
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Mt Verde

Section _____ Lot _____



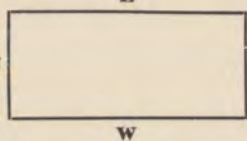
Cremation _____
 Single Grave Final & etc
 Opening and Closing Grave Del Box 15.00
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister Rev Tinsell
 Casket Wagon X Per
 Physician Dr Coleman Grandland
 County or City Burial _____
 Automobiles 5 x 5 25.00
 Baggage or Express Train No. 200.00
Ward & Tinsell

Carey Hand Funeral Home

Name of deceased Mont Sills
 Date of death July 10 - 35 6 30 PM
 Cause of death acute Pulmonary Phthisis
 Place of death Res
 Residence 921 - Colyer St
 Age 35 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date July 17th 1935 9 M
 Account charged City
 Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Coffin 14.00
 Casket with Copper Lin.
 Style of Casket Coffin
 No. of Casket ✓
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot
 E
 W
 N
 S

I Other Graves
 X Grave on this date



Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Hankins
 County or City Burial 14.00
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased *James Monty*
 Date of death *July-17-35* *10-AM*
 Cause of death *Permeious Anemia*
 Place of death *Winter Park*
 Residence *Brucester N.Y.*
 Age *67* Y'rs *0* Mo's *27* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Rest*

Date _____ 19*35* _____ M

Account charged *Edna S. Stiles*
 Address *% N.J. Gannon 315-317 John St*

Account guaranteed *Bridgeport Conn*

Address _____

Embalming *Dressing* 35.00

Robe, Suit, Dress *shirt & tie* 19.95

Underwear and Hose 3.29

Casket *6-3-62 Cup* 89.50

Casket with Copper Lin. _____

Style of Casket *Sgt H. C.*

No. of Casket *26-*

Outside Box *Reg*

Shipping Case or Vault _____

Handles *Shut*

Pillow Set *yes*

Name Plate *at Rest*

Cemetery *Rest*

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

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Section _____ Lot _____

Section _____ Lot _____

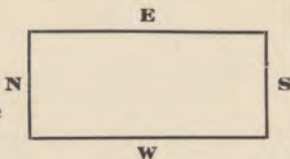
Section _____ Lot _____

Section _____ Lot _____

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave *N.J. Gannon*

Opening and Closing Grave _____

Body Shipped to *Bridgeport Conn*

R. R. Ticket *RR Pass*

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon *121*

Physician *Dr. E. S. Christ*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. *92*

Thurs - 7-18-35

10.00

157.74

Carey Hand Funeral Home

Name of deceased Mrs. Olive C. Waterman Jackson
 Date of death July-19-35 450 - P-M
 Cause of death _____
 Place of death Res -
 Residence 114 - E. Concord
 Age 85 - Y's 0 Mo's 8 Days _____
 Weight 90 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Mon July-22-1935 4-P M
 Account charged Mr. John Shuman
 Address 114 East Concord
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Sil Plush 110.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - C -
 No. of Casket 1927 - S
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes white
 Name Plate ☒
 Cemetery Cumtation
 Section _____ Lot _____
 I Other Graves ☐ N
E
S
W
 X Grave on this date ☐
 Cremation Cremation 50.00
 Single Grave _____
 Opening and Closing Grave ashes
 Body Shipped to Expressed to
 R. R. Ticket M. J. Waterman
 Cash advanced Waterloo
 Telegram R.F.D # 2 Indiana
 Minister Rev Wherry
 Casket Wagon (1) 5.00
 Physician Dr S.M. Robinson
 County or City Burial 200.00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home ,

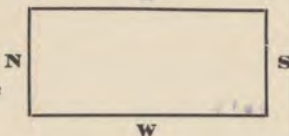
Name of deceased Josiah Barfield
 Date of death July - 17 - 35 -
 Cause of death Refaction of Stomach
 Place of death Rel
 Residence Miami Fla
 Age 80 Y'rs 3 Mo's 17 Days 9
 Weight 165 Height 5 ft. 8 in. Eyes Gr
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged King Funeral Home
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Oct Emb Rush
 Casket with Copper Lin. _____
 Style of Casket Body unweel
 No. of Casket Express 10-AM
 Outside Box Sat - 7-20-35
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 8-AM - 7-21-35
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 Cremation Ashes Expressed to
 Single Grave King Funeral Home
 Opening and Closing Grave Home
 Body Shipped to Miami Fla
 R. R. Ticket A.B. BARFIELD
 Cash advanced 5461 North
 Telegram Danbury Road
 Minister Milwaukee Wis
 Casket Wagon _____
 Physician _____ 37.50
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased *Mrs Anna Stanaland*
 Date of death *July-21-35* *130- A.M.*
 Cause of death *O.G.H.*
 Place of death *O.G.H.*
 Residence *1410- Sou Westmound*
 Age *61* Y'rs *7* Mo's *0* Days
 Weight *140* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at *Chapel*
 Date *Mon July-22 1935* *2 P M*
 Account charged *Walter Stanaland*
 Address *1410 Sou Westmound*
 Account guaranteed *Wife (2) sons will*
 Address *Pay 20.00 Per Mo*
 Embalming *4 Dressing* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-12 Cont Joe* *150.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct 1/2 - C -*
 No. of Casket *1356-1/2* *5-*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *Patrick*
 Section *West fence* Lot *E*

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *T & Ste* *15.00*

Body Shipped to *✓*

R. R. Ticket *✓*

Cash advanced *✓*

Telegram *✓*

Minister *Rev Bookhart*

Casket Wagon *(1)* *5.00*

Physician *Dr Anderson*

County or City Burial

Automobiles *S V S* *15.00*

Baggage or Express Train No.

7-20- Amb Sen

220.00
2.00
225.00

Carey Hand Funeral Home

Name of deceased <u>Mrs. Evelyn N. Cartmel</u>	
Date of death <u>July 21 - 1935</u>	
Cause of death <u>Chro Myocarditis</u>	
Place of death <u>Residence</u>	
Residence <u>Conway Fla</u>	
Age <u>64</u> Y'rs	8 Mo's <u>6</u> Days
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Moulton & Kyle Chapel - Jay Fla</u>	
Date <u>Wed - July 24 - 1935</u> <u>3 P. M</u>	
Account charged <u>John Sorensen</u>	
Address <u>Gilands Fla</u>	
Account guaranteed <u>Estate</u>	
Address _____	
Embalming <u>& Dressing</u>	35 ⁰⁰ / ₁₀₀
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3- Sn Bnd-C-</u>	365 ⁰⁰ / ₁₀₀
Casket with Copper Lin. <input checked="" type="checkbox"/>	
Style of Casket <u>B. Cal State</u>	
No. of Casket <u>6008 - S.</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>yes</u> <u># 1820</u>	
Name Plate <u>Name 1934</u>	
Cemetery <u>Jacksonville Fla</u>	
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 <u>Express & Tax</u>	8 ⁸⁰ / ₁₀₀
Telegram <u>Long & Phone</u>	2 ⁰⁰ / ₁₀₀
Minister <u>at Jacksonville Fla</u>	
Casket Wagon <u>(2)</u>	10 ⁰⁰ / ₁₀₀
Physician <u>Mr. Collins</u>	
County or City Burial _____	420 ⁸⁰ / ₁₀₀
Automobiles _____	
Baggage or Express Train No. <u>80</u>	
<u>Tues - 7-23-35</u>	

Carey Hand Funeral Home

Name of deceased	Marvin A. Turner		
Date of death	July 22 nd 1935		
Cause of death	Suicide hung him self		
Place of death	Residence		
Residence	Lakeside Drive - Merritt Park		
Age	46 Y'rs	3 Mo's	23 Days
Weight	170	Height	6 ft. — in. Eyes
Funeral at	Chapel		
Date	Wed July 24 1935 3 P M		
Account charged	Mrs Marvin A. Turner		
Address	Merritt Park, Fla.		
Account guaranteed	Estate & Insurance		
Address			
Embalming & Dressing		35	00
Robe, Suit, Dress			
Underwear and Hose	Tie & Socks		
Casket	6-3 Gr Bld C	350	00
Casket with Copper Lin.			
Style of Casket	R. Co State		
No. of Casket	12 1/2 - 9		
Outside Box			
Shipping Case or Vault	air Seal	150.	00
Handles	Ext		
Pillow Set	yes W 1889		
Name Plate	Name 1935		
Cemetery	on the Place		
Section		Lot	
		E	
I Other Graves			
X Grave on this date			
		N	S
		W	
Cremation	(2) autos No Chg in c		
Single Grave	Murrie No Chg in c		
Opening and Closing Grave	& etc	15.	00
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister	Rev M. H. Haire		
Casket Wagon	(1)	5.	00
Physician	Dr. Hart		
County or City Burial			
Automobiles	S & S	15.	00
Baggage or Express Train No.		5	70 00