

7-22-1935

Memoranda Book 097: Carey Hand Funeral Home records, July 22, 1935 to September 18, 1935

Carey Hand Funeral Home

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Carey Hand Funeral Home

Name of deceased Josephine H Lee
 Date of death July
 Cause of death Heart Failure
 Place of death Res
 Residence Cocoa - Fla
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged M. T. Hindle
 Address T. D. Cocoa Fla
 Account guaranteed Cash -
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket y auto 6-P.M.
 No. of Casket Monday 7-22-31
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 7-23-31
 Pillow Set S. A. M
 Name Plate _____
 Cemetery Asher Exposed to
 Section M. T. Hindle Lot _____
Funeral Director
 I Other Graves N
S
 X Grave on this date _____
 Cremation Cocoa Fla
 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

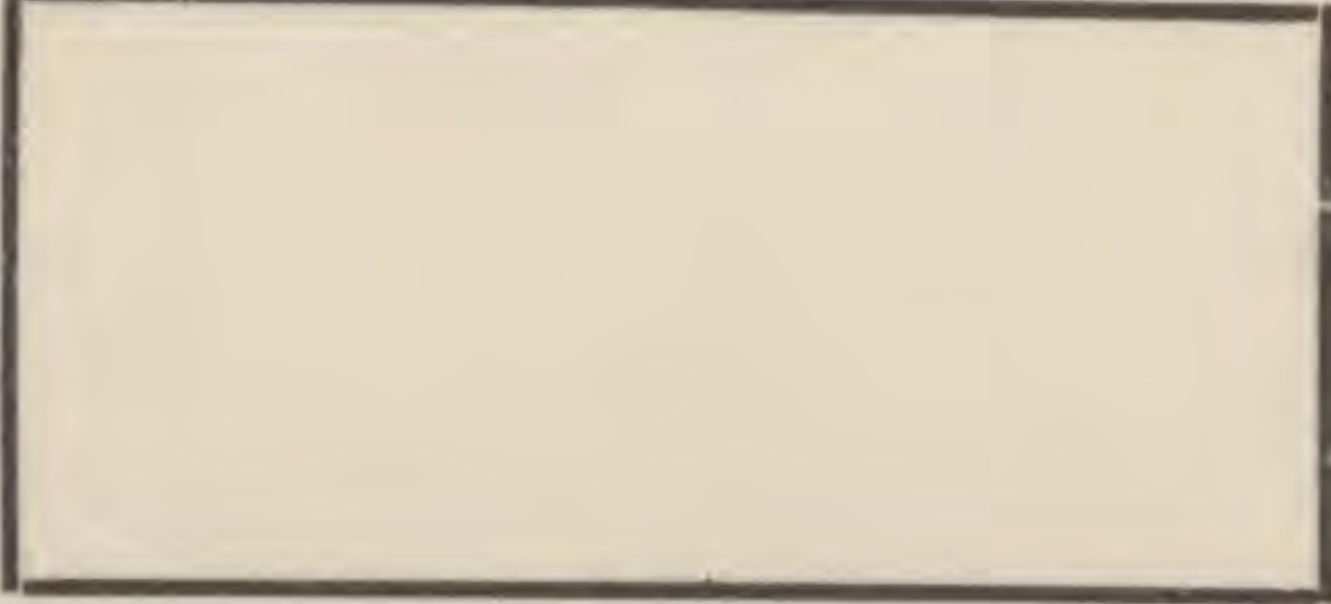
Carey Hand Funeral Home

| | | | |
|------------------------------|---------------|------------------------------------|-------------|
| Name of deceased | | Miss. Laura Laing | |
| Date of death | | Tues July-23-1935 A.M. | |
| Cause of death | | Chro Myocarditis- Fracture of neck | |
| Place of death | | Res | |
| Residence | | 14 N Larsona Blvd | |
| Age | 78 | Y'rs | 7 |
| | | Mo's | 13 |
| | | Days | |
| Weight | 100 | Height | 5 ft. 6 in. |
| | | Eyes | |
| Funeral at | | Chapel | |
| Date | | Wed July-24 1935 4-P. M | |
| Account charged | | Charles E Laveron | |
| Address | | 14 - N. Larson Blvd | |
| Account guaranteed | | by payments | |
| Address | | | |
| Embalming | + Dressing | | 35.00 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 6-3 - In Doe | | 52.50 |
| Casket with Copper Lin. | ✓ | | |
| Style of Casket | Oct 0 5/16 | | |
| No. of Casket | X | | |
| Outside Box | ✓ | | |
| Shipping Case or Vault | ✓ | | |
| Handles | Ext | | |
| Pillow Set | yes | | |
| Name Plate | ✓ | | |
| Cemetery | Cremation | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | | N | S |
| X Grave on this date | | W | |
| Cremation | Cremation | | 50.00 |
| Single Grave | Musie | | 7.50 |
| Opening and Closing Grave | | | |
| Body Shipped to | Body cremated | | |
| R. R. Ticket | July 25- 7AM | | |
| Cash advanced | | | |
| Telegram | | | |
| Minister | | | |
| Casket Wagon | (1) | | 5.00 |
| Physician | Dr F. Hammer | | |
| County or City Burial | | | 150.00 |
| Automobiles | | | |
| Baggage or Express Train No. | | | |

Carey Hand Funeral Home

| | |
|--|---------|
| Name of deceased <u>Peter Melmer</u> | |
| Date of death <u>July-21-35</u> | |
| Cause of death <u>Chro Myocarditis</u> | |
| Place of death <u>Res</u> | |
| Residence <u>Miami Fla</u> | |
| Age <u>61</u> Y'rs <u>1</u> Mo's <u>8</u> Days | |
| Weight <u>160</u> Height <u>5</u> ft. <u>5</u> in. Eyes | |
| Funeral at <u>Miami</u> | |
| Date | 193 M |
| Account charged <u>King Funeral Home</u> | |
| Address <u>29-N. W. 3rd Ave Miami Fla</u> | |
| Account guaranteed | |
| Address | |
| Embalsming <u>Cremation</u> | 37.50 |
| Robe, Suit, Dress | |
| Underwear and Hose <u>Body arrived</u> | |
| Casket <u>by Express</u> | 1230 PM |
| Casket with Copper Lin. <u>Tues-7-23-35</u> | |
| Style of Casket | |
| No. of Casket <u>Body Cremated</u> | |
| Outside Box <u>2-P M 7-23-35</u> | |
| Shipping Case or Vault | |
| Handles <u>Ashes Expressed to</u> | |
| Pillow Set <u>King Funeral</u> | |
| Name Plate <u>Home</u> | |
| Cemetery <u>Miami Fla</u> | |
| Section | Lot |
| <div style="display: flex; justify-content: space-around; align-items: center;"> E <div style="border: 1px solid black; width: 150px; height: 60px; position: relative;"> E N S W </div> S </div> | |
| 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 | 37.50 |
| Physician | |
| County or City Burial | |
| Automobiles | |
| Baggage or Express Train No. | |

Carey Hand Funeral Home

Name of deceased Daniel H. Webster
 Date of death Tues. July - 23rd 5 P.m.
 Cause of death Myocarditis (Chro
 Place of death Res
 Residence Essex Rd Winter Park
 Age 93 Y'rs 9 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date July 1935 M
 Account charged Mrs. Josiah Howell
 Address Winter Park Fla
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr Bld-C 250.00
 Casket with Copper Lin.
 Style of Casket R. Car Slat
 No. of Casket 121
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Destination
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Middletown N.Y.
 R. R. Ticket 2.48 87 03
 Cash advanced _____
 Telegram _____
 Minister Hest -
 Casket Wagon (2) 10.00
 Physician Dr. Burkes -
 County or City Burial 382 03
 Automobiles _____
 Baggage or Express Train No. 76
Tr. Night 7-26-35

Carey Hand Funeral Home

Name of deceased Charles A. Baucom
 Date of death Tues - July - 23 - 35
 Cause of death Acute Nephritis
 Place of death Res
 Residence 37 N. Hughes
 Age about 60 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel - Fun Home
 Date Thurs July 25 - 1935 4 P M
 Account charged Mrs. Chas. A. Baucom
 Address 37 N. Hughes
 Account guaranteed small insurance
 Address _____
 Embalming ☒ Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Flat Top 38.00
 Casket with Copper Lin. _____
 Style of Casket Sp. Flat Top
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Bale
 Pillow Set ☒ _____
 Name Plate at Rest
 Cemetery Greenwood
 Section G Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on this date _____
 W _____
 Cremation _____
 Single Grave Single Grave 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Self
 Casket Wagon _____
 Physician Dr. Hal Beardsall
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 505 15.00
100.00

Carey Hand Funeral Home

Name of deceased Baby - Lungan
 Date of death Tues July - 23 - 35 PM
 Cause of death Still Born Prematurity
 Place of death O. G. H. 7/24/35
 Residence 1226 Ridgewood
 Age Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 1935 M
 Account charged Mr. L. E. Lungan.
 Address Orlando Fla
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0-4-X
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation
 Section Lot

E

E
N
S
W

 I Other Graves
 X Grave on this date
 Cremation Cremation 5.00
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Cremated 4-PM
 R. R. Ticket 7-24-35
 Cash advanced will call for Ashes
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Collins
 County or City Burial
 Automobiles 5.00
 Baggage or Express Train No.

Carey Hand Funeral Home

| | | | |
|------------------------------|--------------------|--------|------------------|
| Name of deceased | Mrs Hattie B Gandy | | |
| Date of death | July - 24 - 35 | 145 | A |
| Cause of death | acute myocarditis | | |
| Place of death | O. G. H. | | |
| Residence | Cairo Ga | | |
| Age | 59 Y'rs | 3 Mo's | 27 Days |
| Weight | 150 | Height | 5 ft. 6 in. Eyes |
| Funeral at | least - | | |
| Date | July | 1935 | M |
| Account charged | C. J. Gandy | | |
| Address | Cairo Ga | | |
| Account guaranteed | ok | | |
| Address | | | |
| Embalming | + Dressing | 25 | 00 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 6-3 Emul Plush | 65 | 00 |
| Casket with Copper Lin. | | | |
| Style of Casket | Sgt - OT | | |
| No. of Casket | 26-5 | | |
| Outside Box | Rtg | | |
| Shipping Case or Vault | | | |
| Handles | short | | |
| Pillow Set | ✓ | | |
| Name Plate | at Rest | | |
| Cemetery | Cairo Ga. | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | | | |
| X Grave on this date | | | |
| | | N | S |
| | | W | |
| Cremation | | | |
| Single Grave | | | |
| Opening and Closing Grave | | | |
| Body Shipped to | Cairo Ga | | |
| R. R. Ticket | 1-993 | 1-496 | 14.88 |
| Cash advanced | | | |
| Telegram | | | |
| Minister | | | |
| Casket Wagon | (2) | | 10.00 |
| Physician | Dr. Hanner | | |
| County or City Burial | | | |
| Automobiles | | | 14.88 |
| Baggage or Express Train No. | 92 | | |
| Wed - July - 24 - 35 | | | |

Carey Hand Funeral Home

Name of deceased Chas. C. Coleman
 Date of death July 22nd
 Cause of death Cancer of Scurvy
 Place of death Res.
 Residence Tavares Fla
 Age 89 Y'rs 10 Mo's 8 Days
 Weight 200 Height 5 ft. 10 in. Eyes Blue
 Funeral at Tavares, Fla.
 Date July 1935 M
 Account charged Harris Fun Home
 Address Reesburg Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto 9:30
 Outside Box A.M. Tuesday
 Shipping Case or Vault July 23rd
 Handles 1935
 Pillow Set
 Name Plate Body Cremated
 Cemetery 2 P.M. Tuesday
 Section July 23rd Lot 1935
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation Ashes expressed
 Single Grave to
 Opening and Closing Grave Harris
 Body Shipped to Fun Home
 R. R. Ticket Reesburg 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 | Mrs Mary M Lewis | | |
| Date of death | July 24- | P.m. | |
| Cause of death | Coronary Sclerosis | | |
| Place of death | Res | | |
| Residence | 509 Delaney Park Drive | | |
| Age | Y'rs | Mo's | Days |
| Weight | Height | ft. | in. Eyes |
| Funeral at | Dest | | |
| Date | 193 | | M |
| Account charged | H. N. Deasey | | |
| Address | 509 Delaney Park Dr | | |
| Account guaranteed | Estate | | |
| Address | | | |
| Embaling | Drussing | | 35.00 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 6-3 Gr Bld-C | | 475.00 |
| Casket with Copper Lin. | yes | | |
| Style of Casket | R.C. State | | |
| No. of Casket | 600 8-S- | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | | | |
| Handles | Ext | | |
| Pillow Set | yes - White | 18.52 | |
| Name Plate | Name | 19.35 | |
| Cemetery | | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | | | |
| X Grave on this date | | | |
| | | W | |
| Cremation | Burial | | |
| Single Grave | Westminster | Ind | |
| Opening and Closing Grave | | | |
| Body Shipped to | Washington D.C. | | |
| R. R. Ticket | 4 R. | | 78.09 |
| Cash advanced | | | |
| Telegram | | | |
| Minister | | | |
| Casket Wagon | (2) | | 10.00 |
| Physician | Dr Carl Hoffman | | |
| County or City Burial | | | 598.09 |
| Automobiles | | | |
| Baggage or Express Train No. | 92 | | |
| Thurs July 25-35 | | | |
| Pd Ckfr RR 78.09 | | | |

Carey Hand Funeral Home

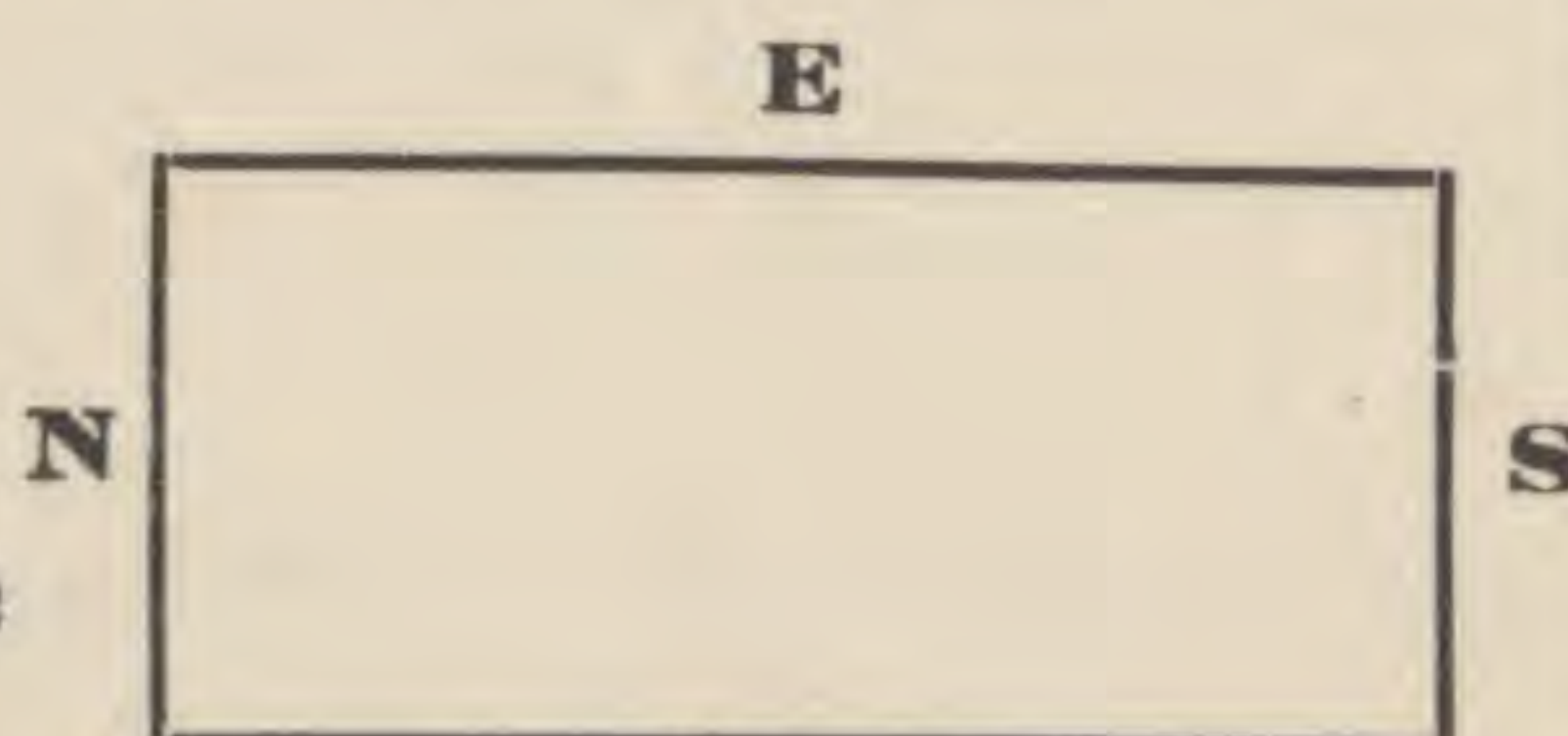
Name of deceased *Mrs Lydia Carl*
 Date of death *Wed- July 24-35* *8- PM*
 Cause of death *Coronary Thrombosis*
 Place of death *Yla Sant*
 Residence *Nasbrook Heights New Jersey*
 Age *76* Y'rs *9* Mo's *5* Days
 Weight *135* Height *5* ft. *6* in. Eyes
 Funeral at *Deaf*

Date *193*
 Account charged *Mrs Lydia C. Banghart*
 Address *Baltimore Md*
 Account guaranteed

Address
 Embalming *✓ Dressing* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-6- Metal Walnut* *575.00*
 Casket with Copper Lin. *✓*
 Style of Casket *B.C. State 1/2-C*
 No. of Casket *National 19356*
 Outside Box *R-19*
 Shipping Case or Vault *✓*
 Handles *Ext. By 4m*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *Flushing L.I. N.Y.*
 Section Lot

I Other Graves

X Grave on this date



Cremation *Burial Flushing L.I. N.Y.*

Single Grave

Opening and Closing Grave

Body Shipped to *New York*
 R. R. Ticket *3421-1950*

Cash advanced

Telegram

Minister

Casket Wagon *(2)*

Physician *Dr*

County or City Burial *✓*

Automobiles *S.S*

Baggage or Express Train No. *92*

Sat-7-27-35

55.71

10.00

15.00

\$ 675.71

Carey and Funeral Home

Name of deceased *Infant of Mr & Mrs Murray*
Date of death *7-24-35* *PM*
Cause of death *O.G.H. Hydrocephalic*
Place of death _____
Residence *523 Citrus ave*
Age *✓* Y'rs *✓* Mo's *✓* Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at *Grave side*
Date *Thurs 7-25-1935* *4 PM*
Account charged *Mr O Murray*
Address *523 Citrus ave*
Account guaranteed _____
Address _____
Embaling _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *2-0-Nm* *10.00*
Casket with Copper Lin. _____
Style of Casket *Bought Case*
No. of Casket *done their own*
Outside Box *work*
Shipping Case or Vault *have*
Handles *permit for same*
Pillow Set _____
Name Plate _____
Cemetery *Shawdy*
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 *Frank Harris* *10.00*
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____
will pay 2.00 Pr w/

Carey and Funeral Home

Name of deceased Ariste M. Lorbach.
 Date of death July
 Cause of death _____
 Place of death Res
 Residence West Palm Beach Fla
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at ✓
 Date ✓ 193 _____ M _____
 Account charged Simpson Funeral Home
 Address West Palm Beach Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation # 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Adco 84.22.
 Outside Box Thurs July 25-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 94.22. July 25-35
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Hold 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

Carey Hand Funeral Home

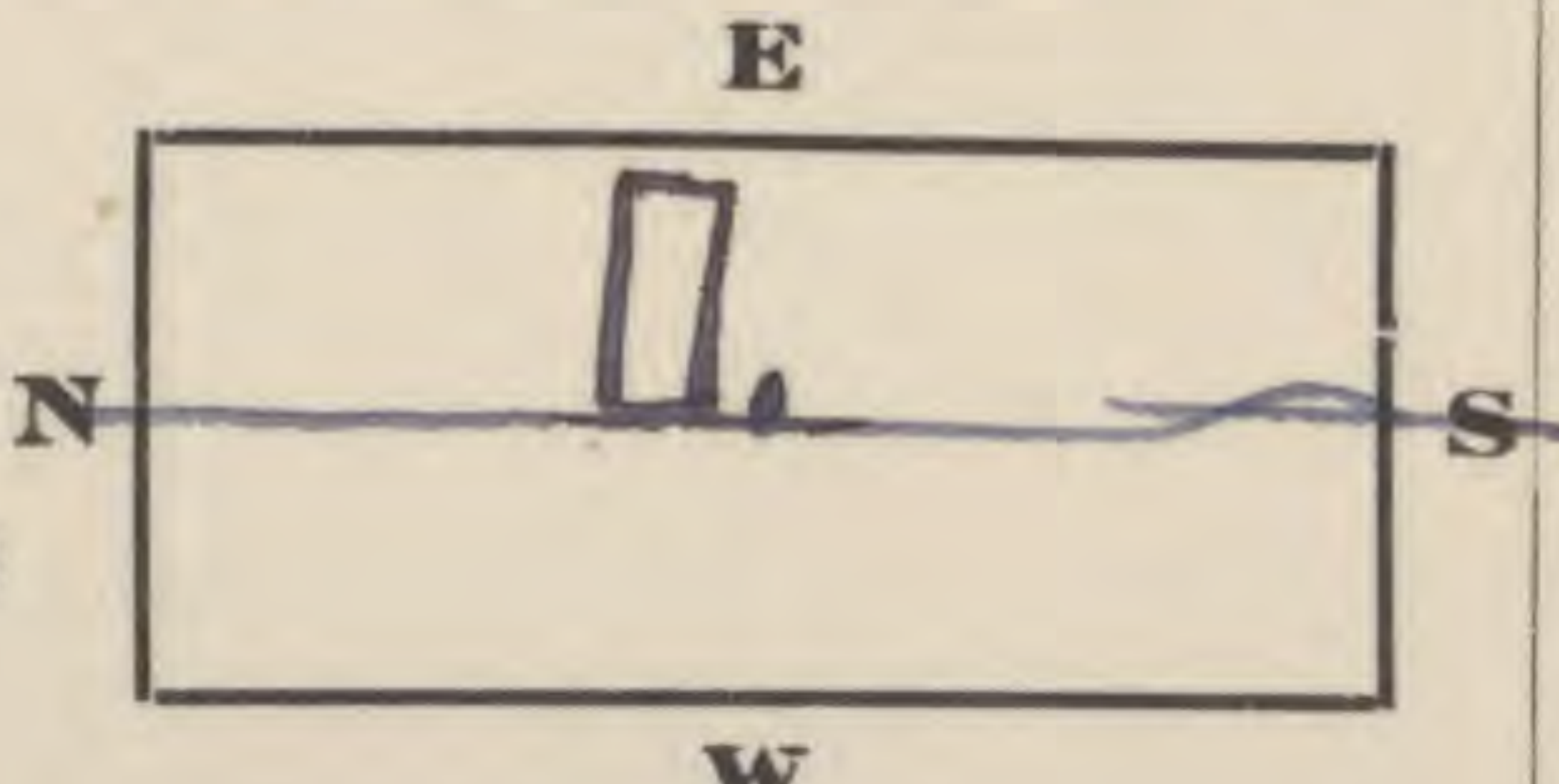
Name of deceased Mr Joe Jones
 Date of death July 25 1935 6:30 PM
 Cause of death myocarditis acute
 Place of death Res
 Residence 57 East Robt ave
 Age 81 Y'rs 3 Mo's 4 Days
 Weight 150 Height 5 ft. 5 in. Eyes
 Funeral at Catholic Church
 Date Sat July 27 1935 5 P. M
 Account charged Mrs John Jones
 Address 57 E Robinson Orlando
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 4-3-Gr Bid-P 250.00
 Casket with Copper Lin. ✓
 Style of Casket R. E. Slate
 No. of Casket 121-7
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section V H 1/2 Lot 50

E
 N IX S

 I Other Graves
 X Grave on this date
 Cremation N P B Car W 5.00 10.00
 A P B Car 5.00
 Single Grave
 Opening and Closing Grave Y etc 15.00
 Body Shipped to Clard Car 5.00
 R. R. Ticket Car min 5.00
 Cash advanced
 Telegram
 Minister Dean Johnson 5.00
 Casket Wagon
 Physician Dr F. H. Hames
 County or City Burial
 Automobiles S + S -
 Baggage or Express Train No. SVS 15.00

340.00

Carey Hand Funeral Home

| | | | |
|------------------------------|--|--------|---------------|
| Name of deceased | Mrs Amelia E. Andersson | | |
| Date of death | Sat July-27-35 AM | | |
| Cause of death | Cancer of Stomach. | | |
| Place of death | Res - | | |
| Residence | Oakland | | |
| Age | 69 | Y'rs | 3 Mo's 7 Days |
| Weight | | Height | ft. in. Eyes |
| Funeral at | Chapel | | |
| Date | Monday July 29 | 1935 | 11 AM |
| Account charged | Mrs Jennie Woodward | | |
| Address | 1720 Charles St | | |
| Account guaranteed | small Insurance | | |
| Address | | | |
| Embalming | ✓ Dressing | | 25.00 |
| Robe, Suit, Dress | ✓ | | |
| Underwear and Hose | ✓ | | |
| Casket | 6-3-Emel Box | | 75.00 |
| Casket with Copper Lin. | ✓ | | |
| Style of Casket | Sp. F. T. H C | | |
| No. of Casket | 26-5 | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | ✓ | | |
| Handles | Shat | | |
| Pillow Set | ✓ | | |
| Name Plate | at Rest | | |
| Cemetery | Greenwood | | |
| Section | G- E 1/2 | Lot | 39 |
| I. Other Graves |  | | |
| X Grave on this date | | | |
| Cremation | Closed | | 5.00 |
| Single Grave | | | |
| Opening and Closing Grave | T & etc | | 15.00 |
| Body Shipped to | | | |
| R. R. Ticket | | | |
| Cash advanced | | | |
| Telegram | | | |
| Minister | Rev Harry Trayer | | 5.00 |
| Casket Wagon | (1) | | |
| Physician | Dr. C. D. Christ | | |
| County or City Burial | | | |
| Automobiles | 5 & 5 | | 15.00 |
| Baggage or Express Train No. | | | 140.00 |

Carey Hand Funeral Home

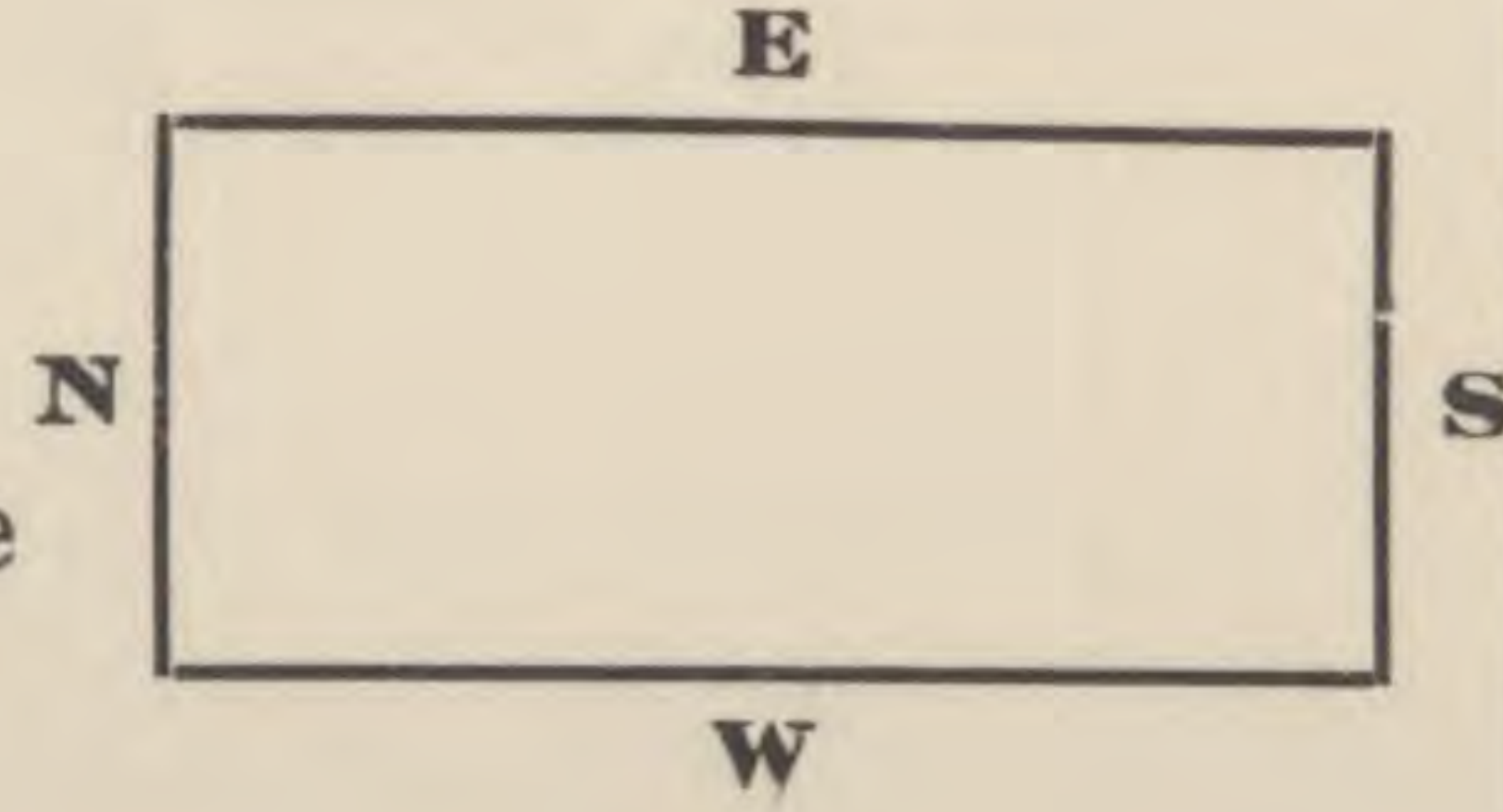
Name of deceased *Mr. Albert E. Turner*
 Date of death *Sun July - 28 - 35* *230 AM*
 Cause of death *Cystitis*
 Place of death *C. G. H.*
 Residence *Coe*
 Age *79* Y'rs *9* Mo's *0* Days
 Weight *150* Height *5* ft. *7* in. Eyes
 Funeral at *Dest*

Date *193* M
 Account charged *A. L. Turner*
 Address *Coe*
 Account guaranteed
 Address

Embalming *+ Dressing* *25 00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Oak Doe* *39 50*
 Casket with Copper Lin. ✓
 Style of Casket *Sq. Fil. of Tr*
 No. of Casket *26-*
 Outside Box *17-9*
 Shipping Case or Vault ✓
 Handles *Shut*
 Pillow Set ✓
 Name Plate ✓
 Cemetery *Dest*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Amey Mrs*

R. R. Ticket *2072 1093* *31 45*

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician *Dr. Scott* *96 15*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

County 14 50

Cash 10 00

6 Mo Not 40 00

64 50

Pd. Cash for RR

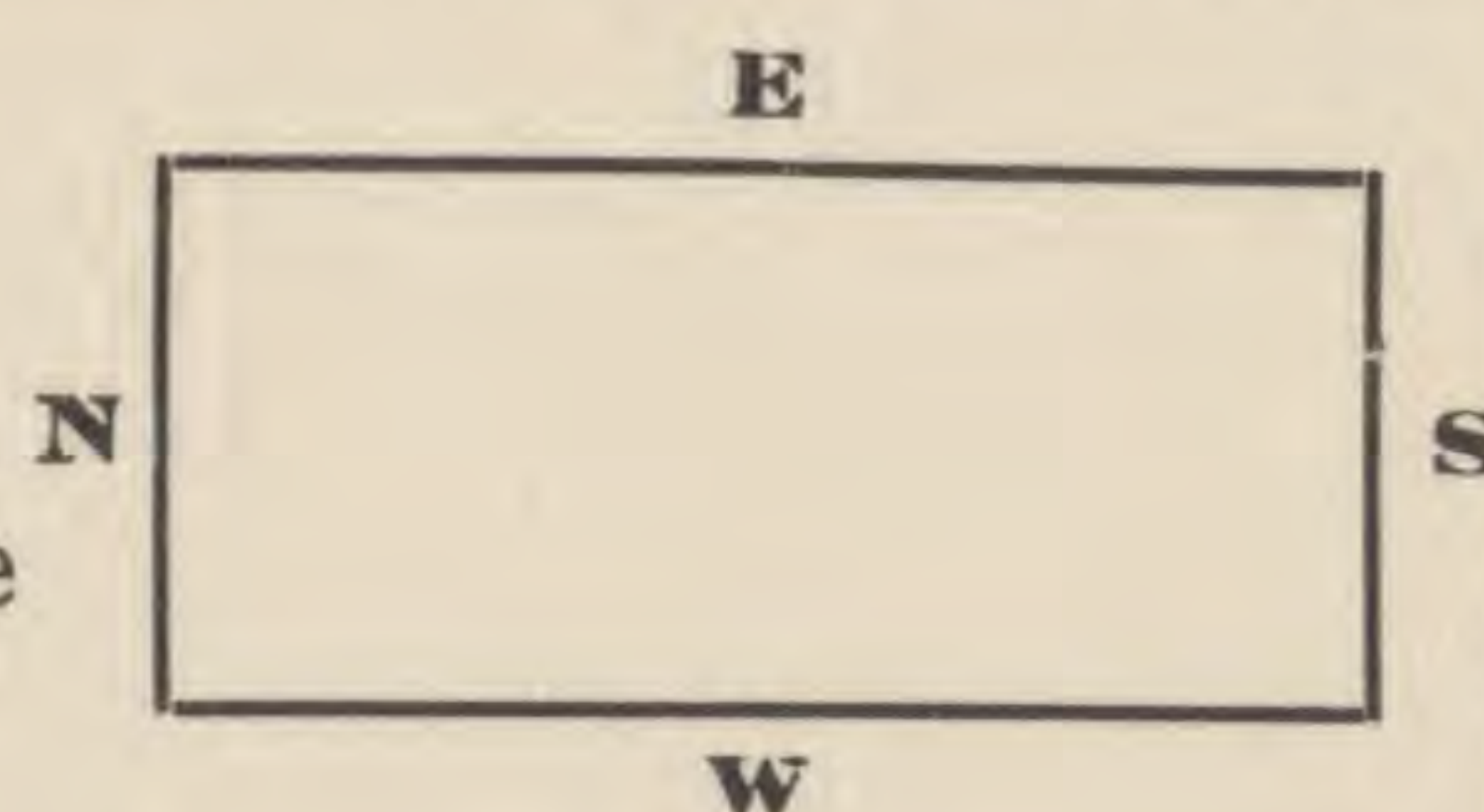
Carry Hand Funeral Home

Name of deceased *Mr. Myer Ruben*
 Date of death *July 27-35*
 Cause of death *accidental Drowned*
 Place of death *Daytona Beach Fla*
 Residence *Birmingham Ala*
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight *140* Height *5* ft. *8* in. Eyes _____
 Funeral at *Daytona Beach Fla*
 Date _____ 193____ M____
 Account charged *Baggett & Heath*
 Address *712, Daytona Beach Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body arrived by*
 Casket with Copper Lin. *Auto 9-9 M*
 Style of Casket *Men July-29-35*
 No. of Casket _____
 Outside Box *Body Cremated*
 Shipping Case or Vault *2-P M*
 Handles *7-29-35*
 Pillow Set _____
 Name Plate *Ashes Expressed*
 Cemetery *X Baggett & Heath*
 Section _____ Lot _____

and box

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. _____

38.50

37.50

Carey Hand Funeral Home

Name of deceased Neal Mc Kay
Date of death Mon-July-29-35 5:30 PM
Cause of death Perforated Gastric Ulcer
Place of death Fla Sant
Residence Apopka
Age 72 Y'rs Mo's Days
Weight 154 Height 5 ft. 7 in. Eyes
Funeral at Grave Side
Date Tuesday July 30 1935 4 P. M
Account charged Wm G. Tallair
Address Estate Apopka
Account guaranteed Estate
Address
Embalming & Dressing 35.00
Robe, Suit, Dress 15.00
Underwear and Hose 1.50
Casket 6-3-Gr Du 150.00
Casket with Copper Lin. ✓
Style of Casket Oct-0, T.
No. of Casket 1411-S
Outside Box Reg
Shipping Case or Vault
Handles Ext
Pillow Set yes
Name Plate
Cemetery Apopka
Section Lot

E

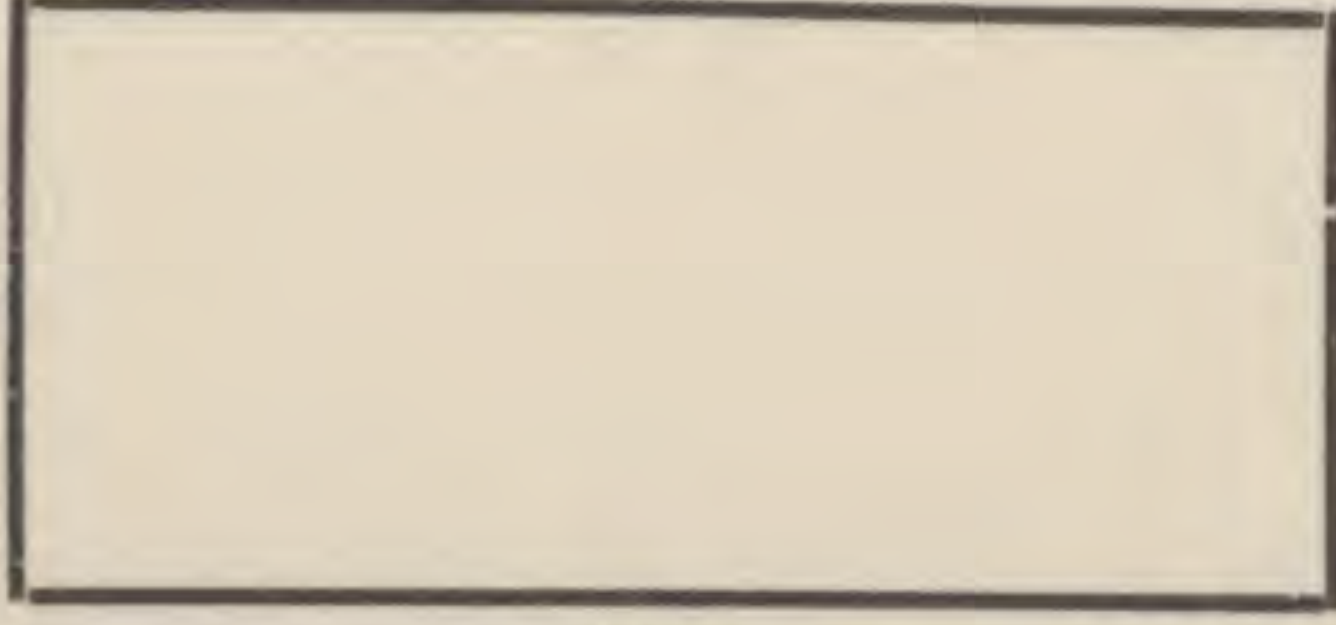
S

W

N

I Other Graves
X Grave on this date
Cremation
Single Grave
Opening and Closing Grave T & etc 15.00
Body Shipped to
R. R. Ticket
Cash advanced
Telegram
Minister Rev Preston Sellers 5.00
Casket Wagon (1)
Physician Dr. Calvert
County or City Burial
Automobiles 3 & S 15.00
Baggage or Express Train No. 236.50

Carey Hand Funeral Home

Name of deceased Baby Dinkin
 Date of death July - 29 - 35 9-10 PM
 Cause of death Still Born - Premature
 Place of death Ogden
 Residence Epiphany
 Age ✓ Yrs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at Grave Side
 Date Tues July - 30 - 1935 3 P M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 - 0 - 4 x 2 5 - 14.50
 Casket with Copper Lin. ✓
 Style of Casket See Item
 No. of Casket _____
 Outside Box 129
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Epiphany
 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. Childs
 County or City Burial _____
 Automobiles 14 50
 Baggage or Express Train No. _____

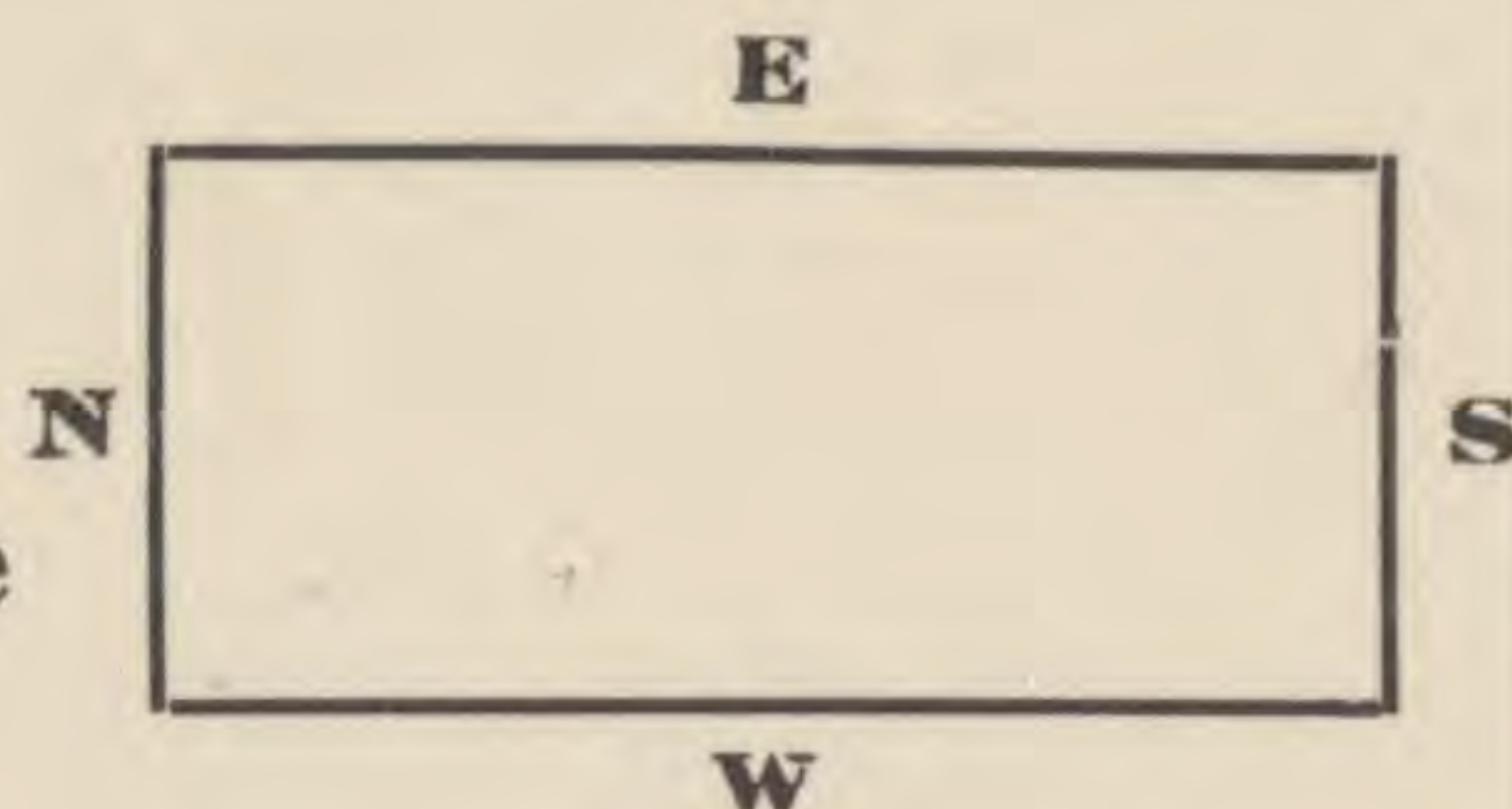
Carry Hand Funeral Home Bely-

Name of deceased Ramona A. Burney
 Date of death Tues July 30 - 35 - 950 A.M.
 Cause of death Acute Primary Broncho Pneumonia
 Place of death Res
 Residence 1114 Elmwood
 Age — Y'rs 6 Mo's 20 Days —
 Weight — Height — ft. — in. — Eyes —
 Funeral at Chapel
 Date Wed July 31 1935 10 a.m.
 Account charged Frank Burney
 Address 1114 Elmwood

Account guaranteed —
 Address —
 Embalming care of body 3
 Robe, Suit, Dress — 38 50
 Underwear and Hose — 12 50
 Casket Care of Body 2-4-
 Casket with Copper Lin. —
 Style of Casket Exp Oct H.T.
 No. of Casket 150 T
 Outside Box Reg
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —

I Other Graves

X Grave on this date

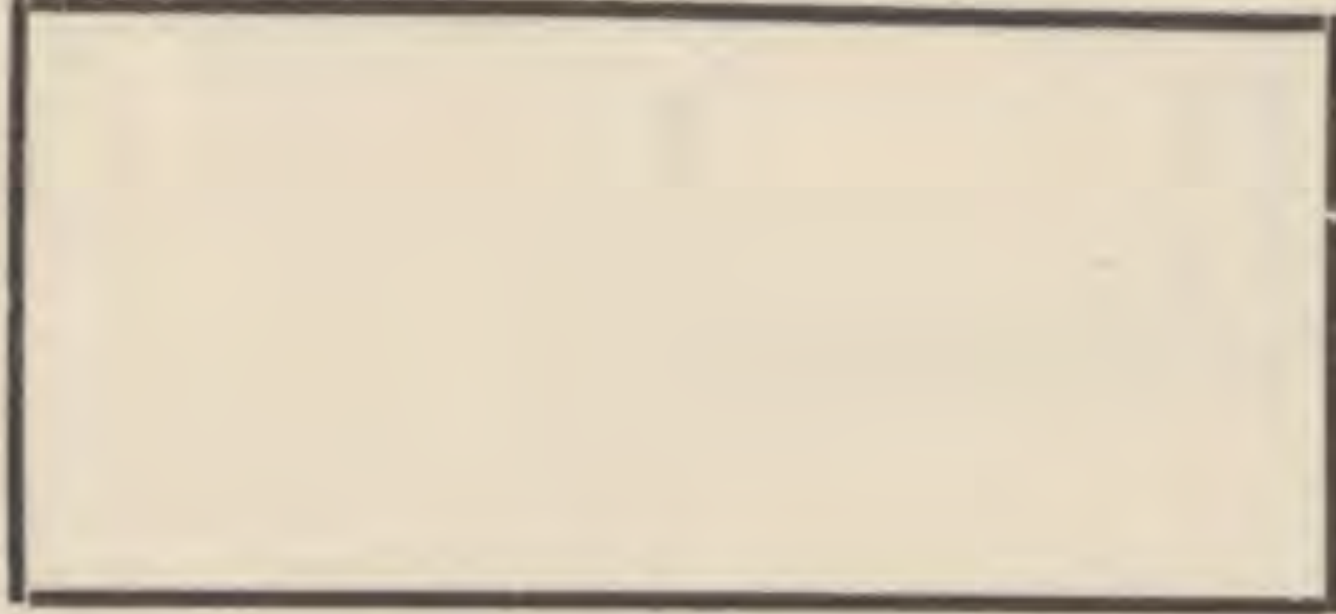


Cremation —
 Single Grave Baby Grave 3.50
 Opening and Closing Grave etc 2 00
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Telegram —
 Minister Rev Goss
 Casket Wagon —
 Physician Dr Sin Blair
 County or City Burial —
 Automobiles aut. 2 00
 Baggage or Express Train No. — 23 00

49.00

Name of deceased David Adair Bigger
 Date of death July-30-35 9:15 AM
 Cause of death Pernicious Anemia
 Place of death Res
 Residence Winter Garden
 Age ✓ Y'rs 4 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res
 Date Tue July-30- 1935 6 P M
 Account charged Colli M. Bigger
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-6-H. Plunk 39.00
 Casket with Copper Lin. _____
 Style of Casket Oct H Top
 No. of Casket 150
 Outside Box Rtg
 Shipping Case or Vault Metal Case 5.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave To etc 10.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister P.H. Means
 Casket Wagon (1) 5.00
 Physician Dr Collins
 County or City Burial _____
 Automobiles Glaid-Car 5.00
 Baggage or Express Train No. 2 64.00

Carey Hand Funeral Home

Name of deceased Mrs May Nace Doyle
 Date of death July 28
 Cause of death Cancer
 Place of death Miami Fla
 Residence Miami Fla
 Age 62 Y'rs 9 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date July 1935 M
 Account charged W. H. Combs Fun Home
 Address Miami, Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by express Tues
 Outside Box 12411 P.M. July 30-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body cremated
 Name Plate 7:30 A.M. Wed
 Cemetery July 31-35
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 W
 Cremation Ashes expressed to
 Single Grave W. H. Combs and Co
 Opening and Closing Grave Miami Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Vault Returned
 Telegram by 7:15
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

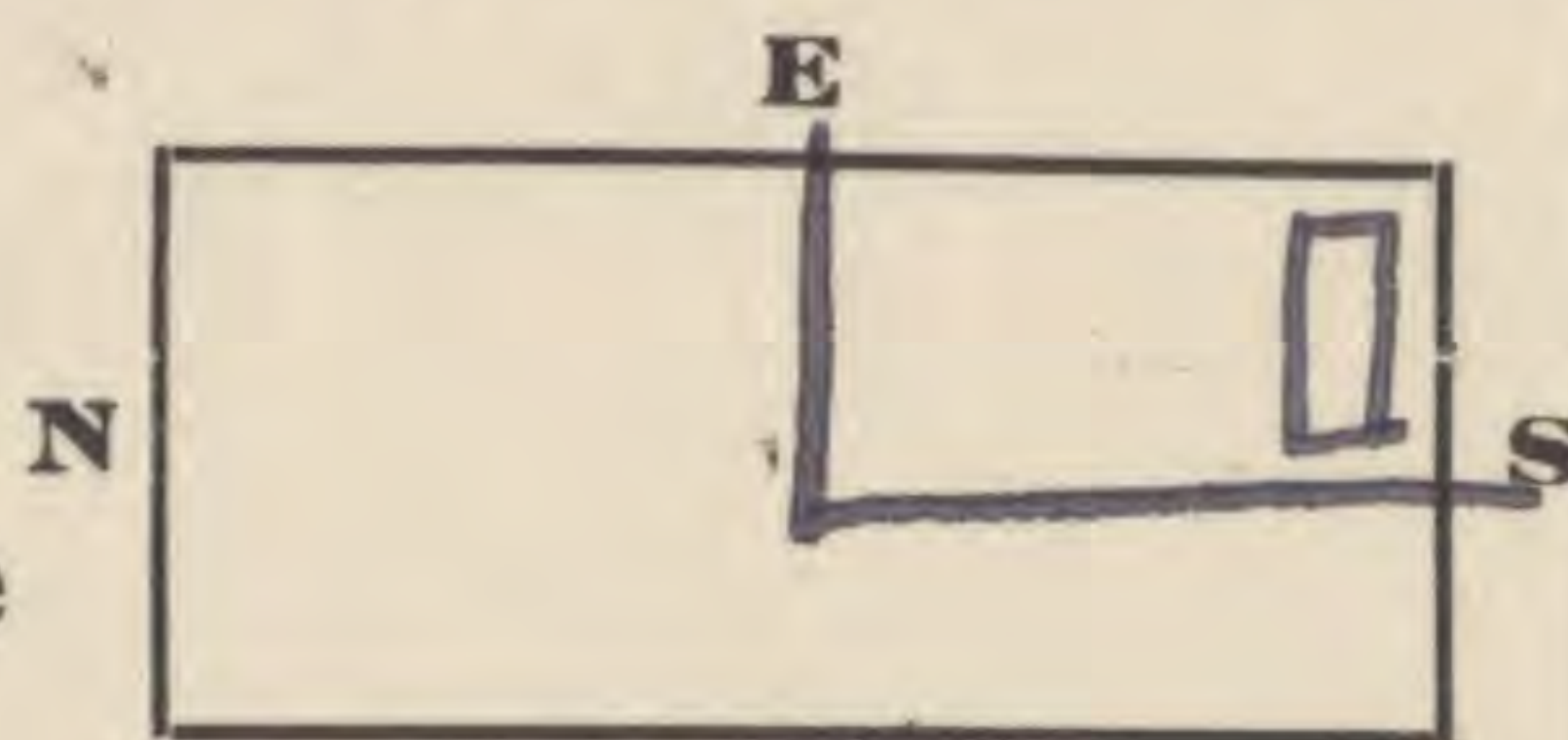
3750

Carey Hand Funeral Home

Name of deceased Reverey Young Jones
 Date of death Aug 1-35- 330 AM
 Cause of death _____
 Place of death Res-
 Residence 514 - E Jackson st
 Age 64 Y'rs 5 Mo's 5 Days _____
 Weight 150 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel
 Date Fri Aug-2- 1935 4-P. M
 Account charged Mrs R.Y. Jones
 Address 514 E. Jackson -
 Account guaranteed Lawson Jones son
 Address Clawston 4th
 Embalming + Dr 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Embl Do 85.00
 Casket with Copper Lin. ☒
 Style of Casket Sgt H.C.
 No. of Casket 26-S-
 Outside Box ☒
 Shipping Case or Vault K. Cruse 75.00
 Handles Short-
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section G. S-E-1/4 Lot 40

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.

Cash 128.75

125-6-Mo-Note

18.75

15.00

5.00

5.00

15.00

253.75

Carey Hand Funeral Home

Name of deceased Lena F. Cumber
Date of death Aug 2. 2. M.
Cause of death Infection of Parotid Glands
Place of death O. F. H.
Residence 116 E. Concord
Age 36 Y'rs 5 Mo's 4 Days
Weight 145 Height 5 ft. 4 in. Eyes
Funeral at Rest
Date Aug 193 5 M
Account charged Jas. B. Cumber
Address 116 E. Concord.
Account guaranteed Insurance
Address
Embalming & Dressing 35.00
Robe, Suit, Dress Gown 25.00
Underwear and Hose 3.95
Casket 4-3 in Bld-C 250.00
Casket with Copper Lin. 1/2
Style of Casket R E S 1/2 - C
No. of Casket 121 1/2 T
Outside Box Reg
Shipping Case or Vault ✓
Handles Ext
Pillow Set yes
Name Plate at Rest
Cemetery Rest

Section _____ Lot _____

4-1558
1-360
15100
Other Graves

X Grave on this date

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Borden Lu

R. R. Ticket + Pull -

Cash advanced ✓

Telegram ✓

Minister ✓

Casket Wagon (21)

Physician Frank Gray

County or City Burial ☒

Automobiles ✓

~~Baggage or Express~~ Train No. 92

Tri Aug-2-35-

Pd- 7624 / in R.R. & P.

[Faint handwriting]

$$\begin{array}{r} 35 \overline{) 25.00} \\ \underline{25.00} \\ 3.95 \end{array}$$

| | |
|-----|----|
| 76. | 24 |
|-----|----|

1d. 0.0

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| 74 | 24 |

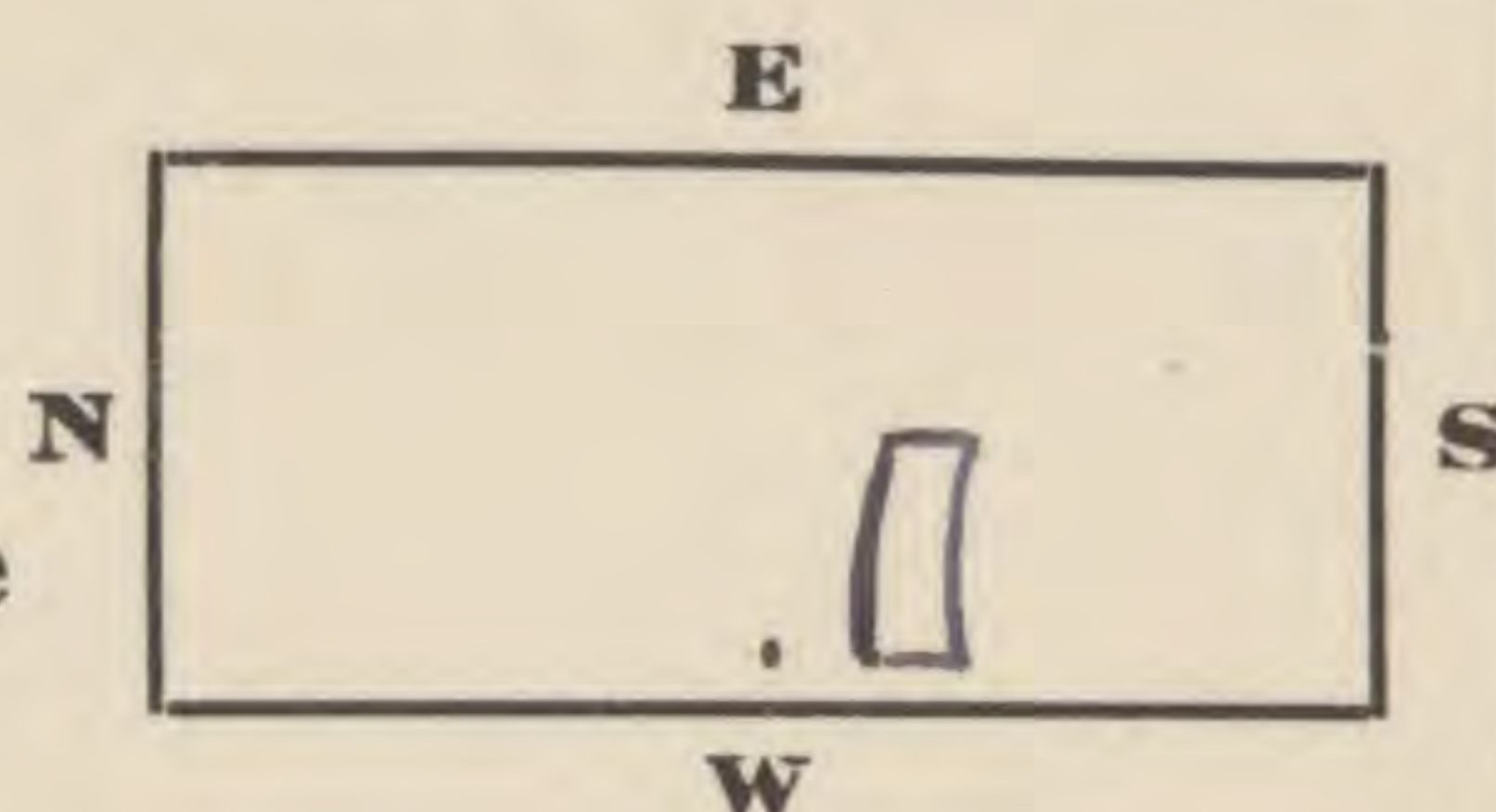
\$323,95

Carey Hand Funeral Home

Name of deceased Chas H. Pool
 Date of death Aug-3-35 AM
 Cause of death Leucetex
 Place of death Res
 Residence Winter Garden
 Age 71 Y'rs 7 Mo's 11 Days
 Weight 135 Height 5 ft. 7 in. Eyes
 Funeral at Baptist Church W. Garden
 Date Sun Aug-4- 1935 4-P M
 Account charged Mrs Celestia Pool (Wife)
 Address Winter Garden P.O. B.
 Account guaranteed Estate
 Address
 Embalming & Dress 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr Emb Top 85.00
 Casket with Copper Lin. ☒
 Style of Casket See H. C.
 No. of Casket 72 - Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Winter Garden
 Section 18 - Lot 5

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave To etc 15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister for W. G.

Casket Wagon (2) 15.00

Physician Dr Lawrence

County or City Burial ☒

Automobiles S & S 15.00

Baggage or Express Train No. 1 65.00

Cash 65.00

6-Mo Note 100.00

Waked for Dr Lawrence

Carey Hand Funeral Home *(color of)*

Name of deceased *Belle Jackson*
 Date of death *July 31-35* *9-4 M*
 Cause of death *Timothy Moss of liver* *potably*
 Place of death *O G H* *malignancy*
 Residence *324- Butts St*

Age *68* Y'rs _____ Mo's _____ Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at *Grave Side*

Date *Sat- Aug 3- 1935* *5-P M*

Account charged *City*

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket *6-3-* *14.00*

Casket with Copper Lin. _____

Style of Casket *Sgn*

No. of Casket _____

Outside Box *R+g*

Shipping Case or Vault ☒

Handles ☒

Pillow Set ☒

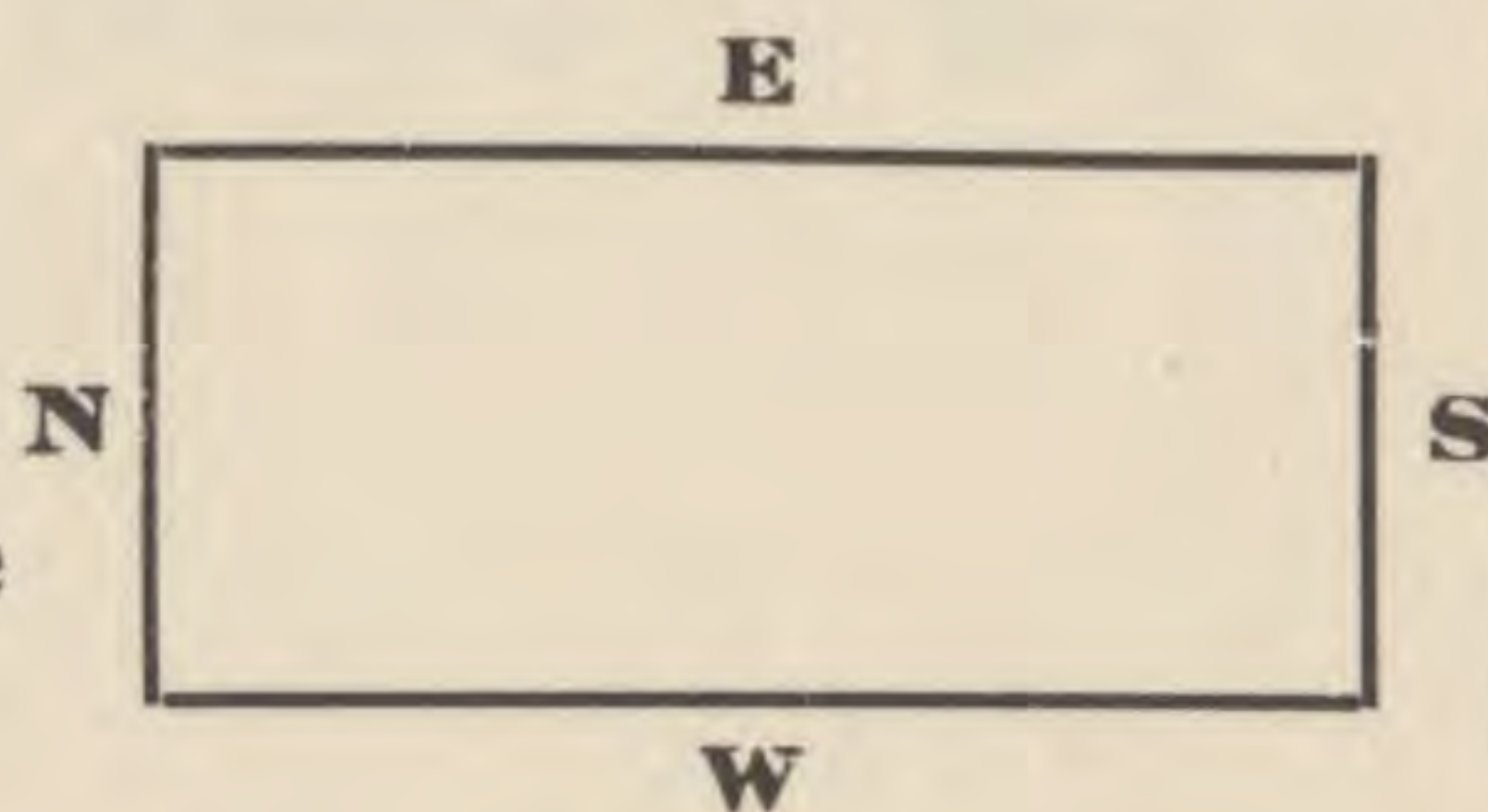
Name Plate ☒

Cemetery *Greenwood*

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician *Dr*

County or City Burial _____

Automobiles *14.00*

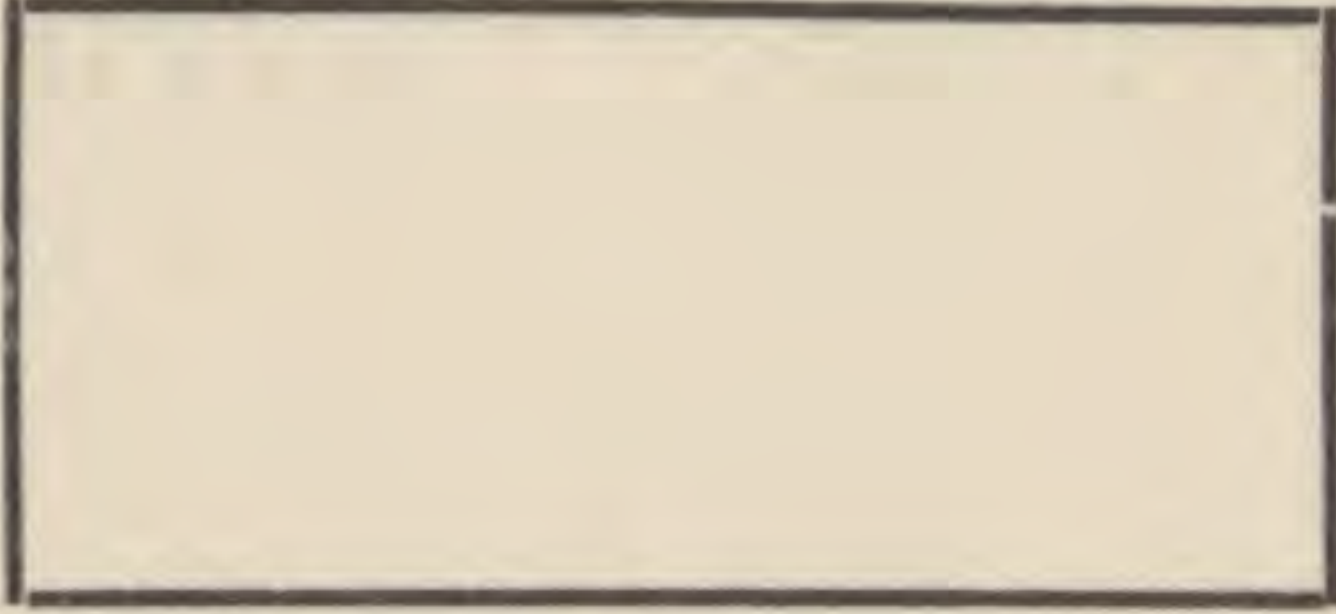
Baggage or Express Train No. _____

Smith & Strong got

the call Del. Body to us

Sat Aug-3-35

Carey Hand Funeral Home

Name of deceased Samuel Lepold
 Date of death Aug-3-35
 Cause of death Cancer of Spine
 Place of death Res
 Residence Tampa Fla
 Age 65 Y'rs 6 Mo's 12 Days
 Weight 95 Height 5 ft. 5 in. Eyes
 Funeral at Tampa
 Date _____ 193____ M
 Account charged Greenman Co
 Address T. Home Tampa Fla
 Account guaranteed Ch
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by Auto 11:30 AM
 No. of Casket Sun 8-4-35
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 7-2 m 8-5-35
 Pillow Set _____
 Name Plate Goshes Expressed to
 Cemetery Greenman Co
 Section T. Home Lot _____
Tampa E 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 Alice Gaddis
 Date of death Sun Aug 11 - 35 8:30 PM
 Cause of death Struck by auto
 Place of death 2-Mi-Son of Taft
 Residence Taft
 Age 60 Y'rs Mo's Days
 Weight 170 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Wed - Aug 7 1935 5 P M
 Account charged
 Address
 Account guaranteed
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress 10.00
 Underwear and Hose
 Casket 6-3-
 Casket with Copper Lin. Express Casket
 Style of Casket to Malett & Brown
 No. of Casket T.S. 114 Main St
 Outside Box Hamilton Ont
 Shipping Case or Vault Canada
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 W
 Cremation Cremation 50.00
 Single Grave Body cremated
 Opening and Closing Grave 7-2-35
 Body Shipped to Thurs Aug 8 - 35
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Bays of the British Chopten
 Casket Wagon (1) 5.00
 Physician Judge Wallace Taft
 County or City Burial
 Automobiles 100.00
 Baggage or Express Train No.

was walking at side of Road
struck by auto
E. J. Anderson Brooklyn N.Y.

Cary Hand Funeral Home

Name of deceased Philly. R Brim
 Date of death Tues Aug 6-35- 4:30-PM
 Cause of death Pyelonephrosis
 Place of death Res -
 Residence 1525 Lou DeLaney
 Age 1 Y'rs 8 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Aug 7- 1935 4-P M
 Account charged Amos Brim
 Address 1525 Lou DeLaney

Account guaranteed _____

Address _____

Embalming + Dressing 25. 00

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket 2-6- Th-L 32. 50

Casket with Copper Lin. ✓

Style of Casket Oct. H. T.

No. of Casket 103 - Tampa

Outside Box R+g -

Shipping Case or Vault ✓

Handles Short

Pillow Set ✓

Name Plate OD

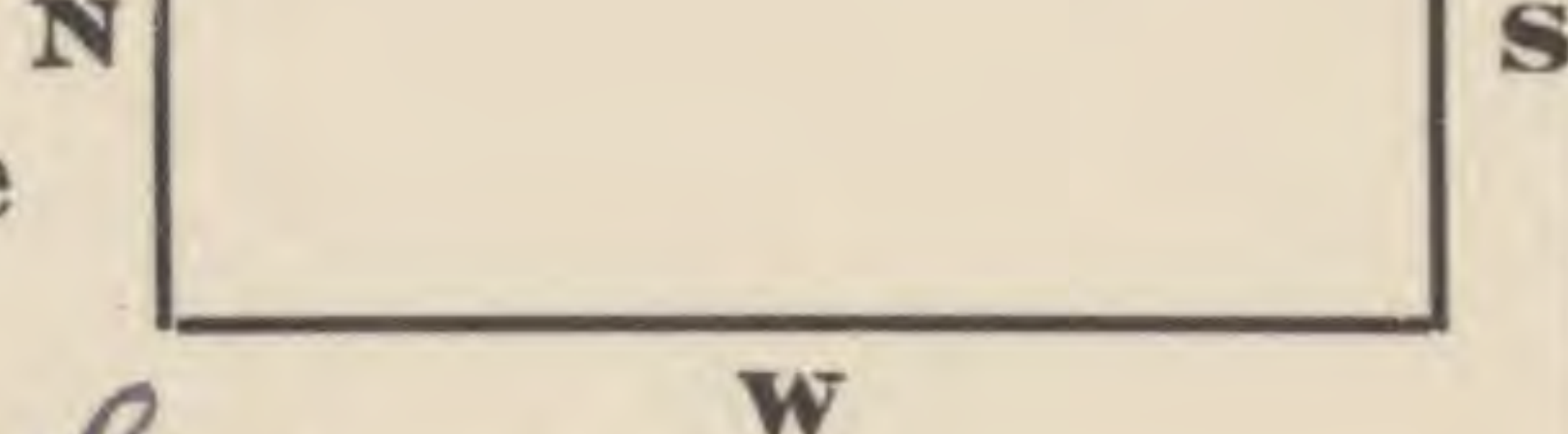
Cemetery Burien Greenwood

Section 3- Lot _____

_____ E

I Other Graves

X Grave on this date



Cremation Baby Grave 3 50

Single Grave Del Box -

Opening and Closing Grave etc 5 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Morgan Ferrell

Casket Wagon _____

Physician Dr Sinclair

County or City Burial _____

Automobiles closed-car 5 00

Baggage or Express Train No. _____

77 00

Carey Hand Funeral Home

Name of deceased Mrs. Florence D. Lancet
 Date of death Tues Aug 6-35 P.M.
 Cause of death Cerebral Hemorrhage
 Place of death O.G.H.
 Residence Indpls Ind
 Age 68 Y'rs 1 Mo's 16 Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Dest
 Date 193 M
 Account charged Mrs. Kenneth E. Lancet
 Address 4024 Winthrop Ave Indpls Ind
 Account guaranteed Ch
 Address
 Embalming Dressing 35.00
 Robe, Suit, Dress Prize Dress 7.00
 Underwear and Hose ☒
 Casket 6-3 - Dr Gr Plush 175.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - C
 No. of Casket 1927 1/2 S
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes Gr
 Name Plate ☒
 Cemetery Dest
 Section _____ Lot _____
 I Other Graves E
N S
 X Grave on this date W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Indpls Ind
 R. R. Ticket ✓ Pull 3174 775 71.98
3174 75
 Cash advanced Cash 15.00
 Telegram ☒
 Minister ☒
 Casket Wagon 2 10.00
 Physician Dr. Claude Anderson
 County or City Burial 31398
 Automobiles
 Baggage ~~or Express~~ Train No. 92
Wed Aug-7-35

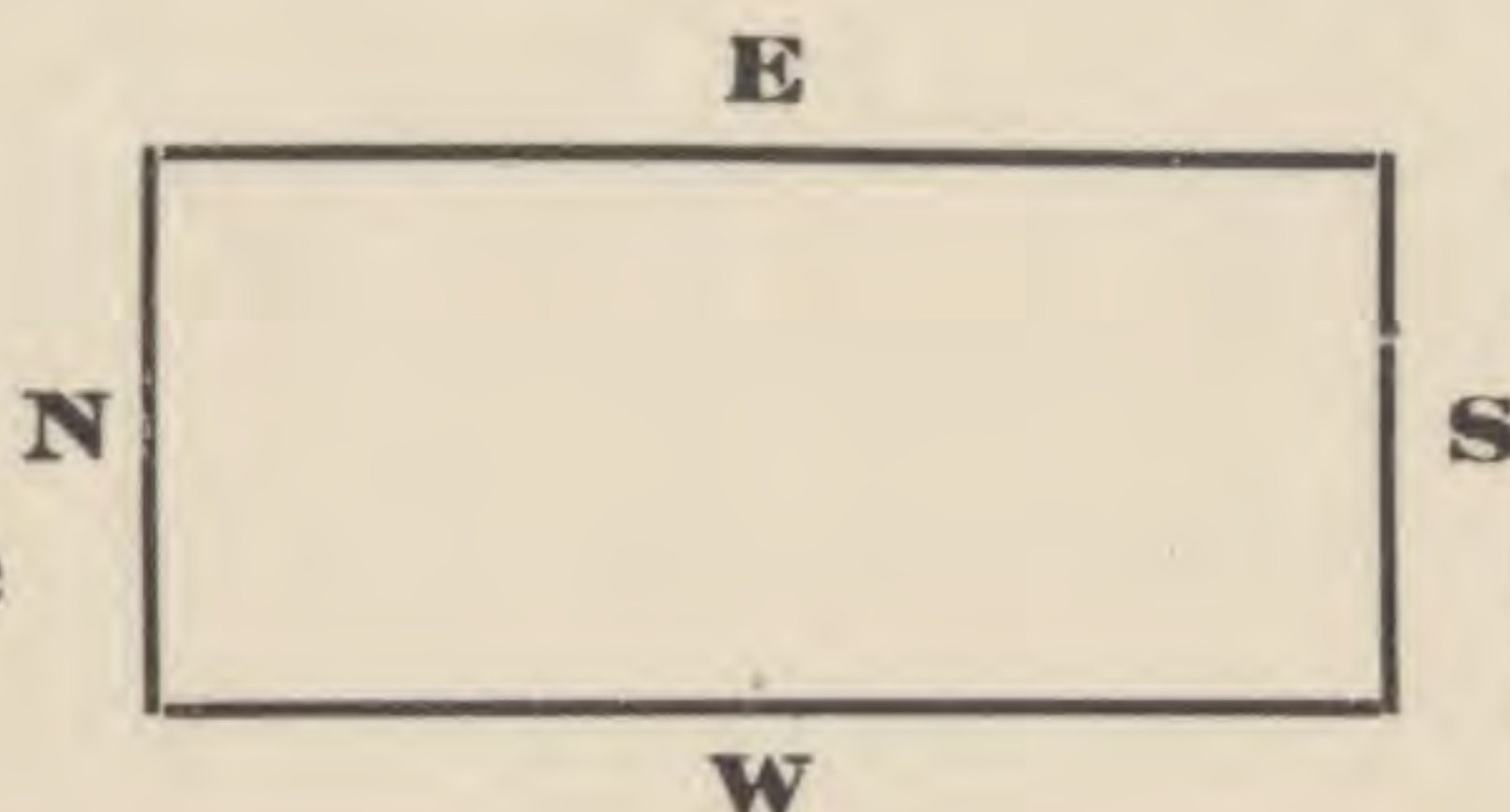
Friends of Perry Dell

Carey Hand Funeral Home

Name of deceased Euna Lee Brown
 Date of death Aug - 7 - 35 6 - AM
 Cause of death Diphtheria
 Place of death O. G. H.
 Residence Winter Garden
 Age 3 Y'rs 4 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Thurs 8-8 1935 10 A M
 Account charged James A. Branson
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress ✓
 Underwear and Hose _____
 Casket 3-6-4-2-5-
 Casket with Copper Lin. _____
 Style of Casket Oct. H. T.
 No. of Casket 103 - Tampa
 Outside Box Reg
 Shipping Case or Vault Convent
 Handles Small
 Pillow Set ✓
 Name Plate OD
 Cemetery Bureau
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave Del Box

~~Opening and Closing Grave~~ Paint & de

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Morgan

Casket Wagon _____

Physician Dr. Sinclair

County or City Burial ✓

Automobiles clared car

Baggage or Express Train No. 70

25⁰⁰

1.25

42.50

7.50

5⁰⁰

84.25
11.25

70.00

Carey Hand Funeral Home

Name of deceased Mr T. C. Shepherd
 Date of death Aug-1-35
 Cause of death Arterio Sclerosis
 Place of death Res
 Residence Kissimmee
 Age 83 Y'rs _____ Mo's _____ Days _____
 Weight 100 Height 5 6 1/2 ft. _____ in. Eyes _____
 Funeral at Kissimmee
 Date _____ 1935 _____ M
 Account charged Kissimmee F. Home
 Address Kissimmee
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body removed
 Casket by auto - 10 30 AM
 Casket with Copper Lin. Wed-8-7-35
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 8-8-35 7-AM
 Shipping Case or Vault _____
 Handles Ashes Expressed to
 Pillow Set Mr & Mrs Henry & Roberts
 Name Plate Granville N.Y.
 Cemetery _____
 Section _____ Lot _____
 I Other Graves N S
 X Grave on this date W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased John C. Huber
 Date of death Aug-5-35
 Cause of death Cancer
 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 H. L. Huber et al
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. By Express
 Style of Casket 1243-PM
 No. of Casket Wed-Aug-7-35
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles Aug-8-35
 Pillow Set 7-a M
 Name Plate _____
 Cemetery Ashes
 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 Clarence L Crabbs
 Date of death Thurs Aug-8-35 9 AM
 Cause of death Starvation due to Retrobulbar
 Place of death Res
 Residence 115 South Brown St Paralyses
 Age 69 Y'rs 0 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat-8-10- 1935 5 P M
 Account charged Mrs Cl
 Address 115 Sou Brown St
 Account guaranteed Estate
 Address _____
 Embalming ☒ Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 in Dur 75.00
 Casket with Copper Lin. ☒
 Style of Casket Oct. O T
 No. of Casket S-1411 S-
 Outside Box ☒ Brone Urn 40 00
 Shipping Case or Vault ☒ Eng Urn 5 00
 Handles Ext -
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation 50.00
 Section _____ Lot _____

E
 N S
 W

 I Other Graves _____
 X Grave on this date _____
 Cremation Body Cremated
 Single Grave 7-9 in 8-12-35
 Opening and Closing Grave _____
 Body Shipped to will call for casket
 R. R. Ticket ☒
 Cash advanced Family car No Chg
 Telegram ☒
 Minister Rev to H. H. H. H.
 Casket Wagon (1) ~~50.00~~
 Physician Dr Christ
 County or City Burial 195 00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

| | | | |
|------------------------------|--|------|----------|
| Name of deceased | Baby Munday | | |
| Date of death | Fri Aug - 9 - 35 | | |
| Cause of death | Still Born Prolapsed Cord | | |
| Place of death | Oyatt | | |
| Residence | Cocoa Fla | | |
| Age | Y'rs | Mo's | Days |
| Weight | Height | ft. | in. Eyes |
| Funeral at | | | |
| Date | 193 | M | |
| Account charged | Mrs H J Munday | | |
| Address | Titusville | | |
| Account guaranteed | Cocoa - | | |
| Address | | | |
| Embalming | | | |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 2-0 - 1/2 m | 10. | 00 |
| Casket with Copper Lin. | | | |
| Style of Casket | | | |
| No. of Casket | | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | Bought | | |
| Handles | Casket done there | | |
| Pillow Set | Own Work | | |
| Name Plate | Have permit for same | | |
| Cemetery | Cocoa | | |
| Section | Lot | | |
| | E | | |
| I Other Graves | <div style="border: 1px solid black; width: 150px; height: 50px; position: relative; margin: 0 auto;"> N S W </div> | | |
| 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 Collins | | |
| County or City Burial | | | |
| Automobiles | | | |
| Baggage or Express Train No. | 10 | 00 | |

Carey Hand Funeral Home

Name of deceased Frank M. Wood
 Date of death June 5- 1931
 Cause of death Angina Pectoris
 Place of death Daytona Beach Fla
 Residence _____
 Age 54 Y'rs 0 Mo's 22 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1931 _____ M
 Account charged Baggett & Weatherly
 Address T. S. Daytona Beach -
 Account guaranteed Cash -
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 Metal Body arrived 30.m. 8-9-35
 Casket with Copper Lin. Body had
 Style of Casket been Vault at
 No. of Casket Baggett & Weatherly
 Outside Box for Post 4-yr -
 Shipping Case or Vault _____
 Handles N.A. Vidder Rd 50.00
 Pillow Set for service
 Name Plate 8-9-35
 Cemetery _____
 Section _____ Lot _____

E

I Other Graves

 X Grave on this date

E

N

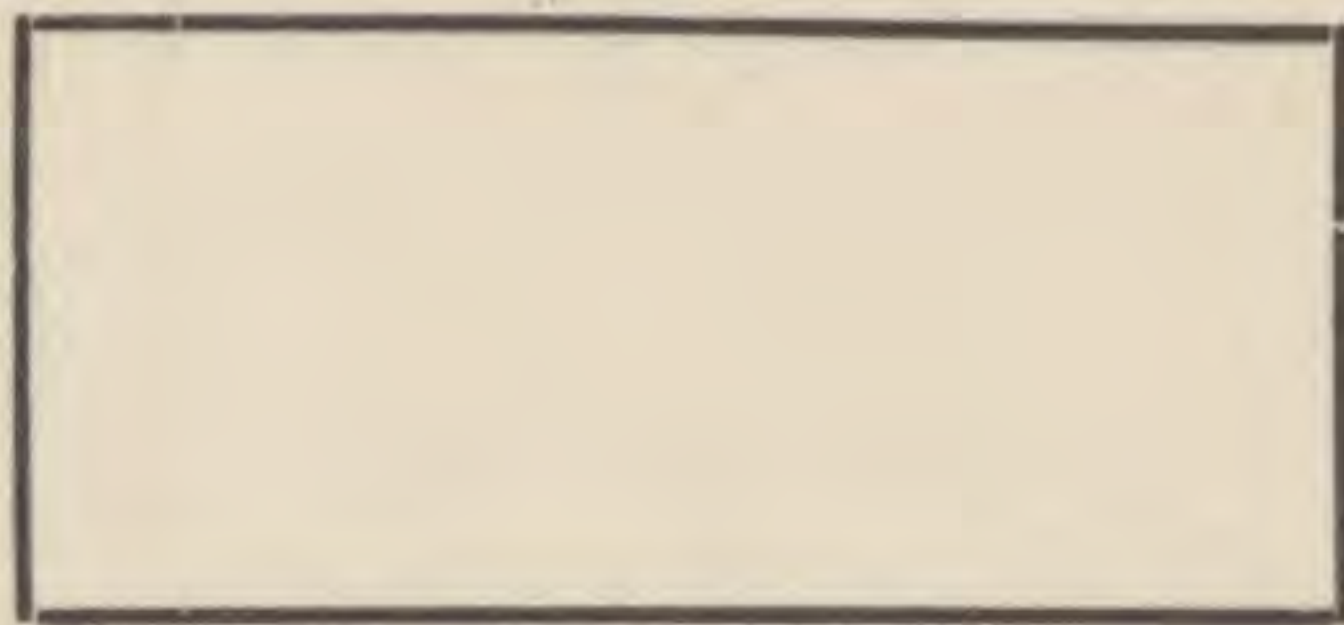
S

W

 Cremation Body cremated
 Single Grave 7-a.m. 8-10-35
 Opening and Closing Grave ashes
 Body Shipped to Expressed to
 R. R. Ticket Baggett & Weatherly
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

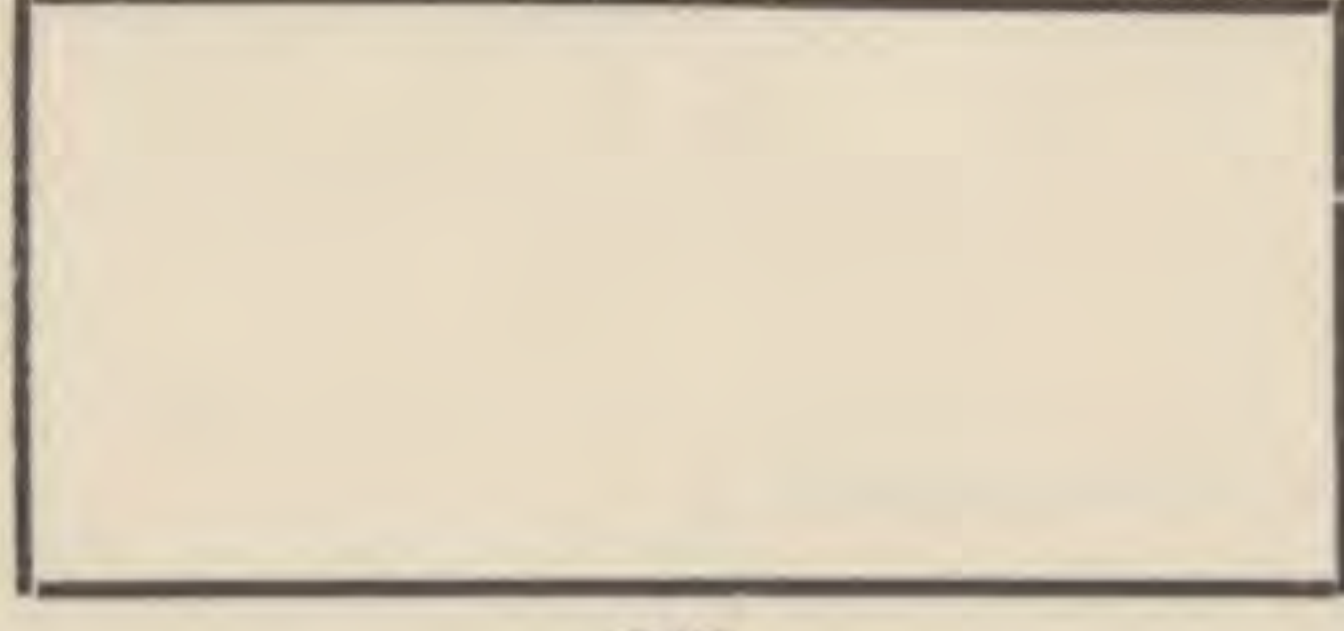
37.50

Carey Hand Funeral Home

Name of deceased Guy Milton
 Date of death Aug 8-35
 Cause of death Sclerosis of Liver
 Place of death Phillips Quarters Apothka
 Residence Phillips Quarters 547
 Age 23 Y'rs 10 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Aug-11- 1935- 10-A M
 Account charged County
 Address _____
 Account guaranteed Mrs Baughman
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Stack and Strong had
 Single Grave the Call
 Opening and Closing Grave to us
 Body Shipped to 5-PM-8-10-35
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician D. J. McBride
 County or City Burial 14.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Charles S. Whitted
 Date of death Mon Aug - 11 - 35 - 2-AM
 Cause of death _____
 Place of death Res
 Residence Apopka
 Age 76 Y'rs 11 Mo's 7 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Mon - Aug - 12 - 1935 5 P M
 Account charged Frank L. Burgquist
 Address Apopka
 Account guaranteed Mr H. G. Taltor
 Address Bank of Apopka
 Embalming & Dressing _____
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 by 6 by 6
 Casket with Copper Lin. ☒
 Style of Casket Sgt. Filt T
 No. of Casket 22 - 5 -
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Apopka
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____


Cremation ☒
 Single Grave ☒
 Opening and Closing Grave T & etc
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister Rev Sellers
 Casket Wagon _____
 Physician Dr. M. C. Bude
 County or City Burial _____
 Automobiles S & S
 Baggage or Express Train No. _____
Mr Burgquist makes
at the Bank and will
Pay monthly

25.00

85.00

15.00

15.00

140.00

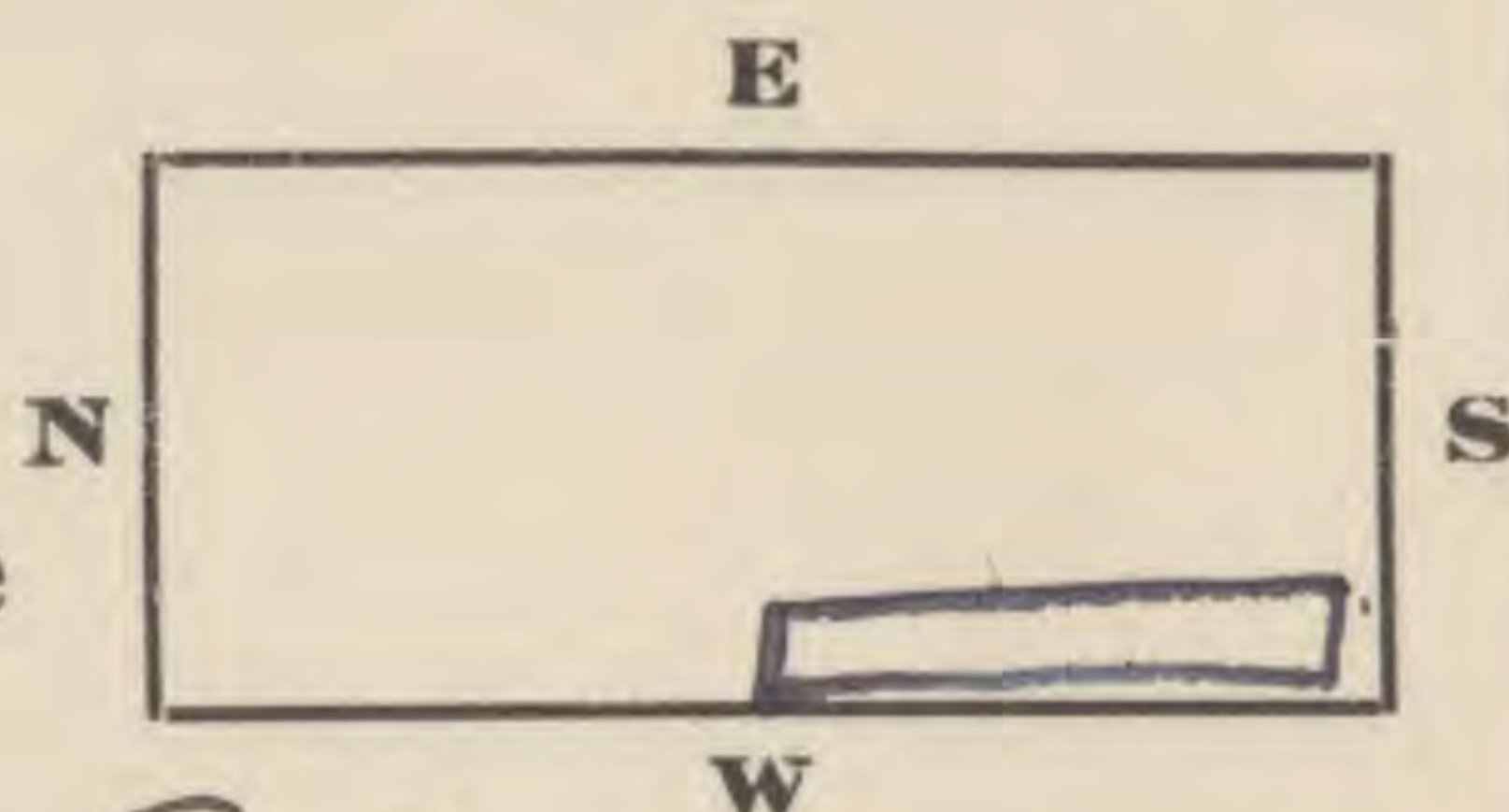
Carey Hand Funeral Home

Name of deceased *Mrs Linnie Chamberlin*
 Date of death *Sun Aug-11-35* *10 PM*
 Cause of death _____
 Place of death *Res*
 Residence *Windermere*
 Age *58* Y'rs *11* Mo's *17* Days _____
 Weight *125* Height *5* ft. *4* in. Eyes _____
 Funeral at *Chapel*
 Date *Tues- Aug-13* *1935* *3-P* M
 Account charged *Luther W. Chamberlin*
 Address *Windermere Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-Gr Plush* 175.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct 1/2-C*
 No. of Casket *1927 1/2 S-*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes* ☒
 Name Plate ☒
 Cemetery *Woodlawn*
 Section *A* *W 1/2* Lot *305*

Head of Grave South

I Other Graves

X Grave on this date



Cremation *Car - R. B* 5.00

Single Grave

Opening and Closing Grave *T & C* 15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rw Gschy* 5.00

Casket Wagon *12*

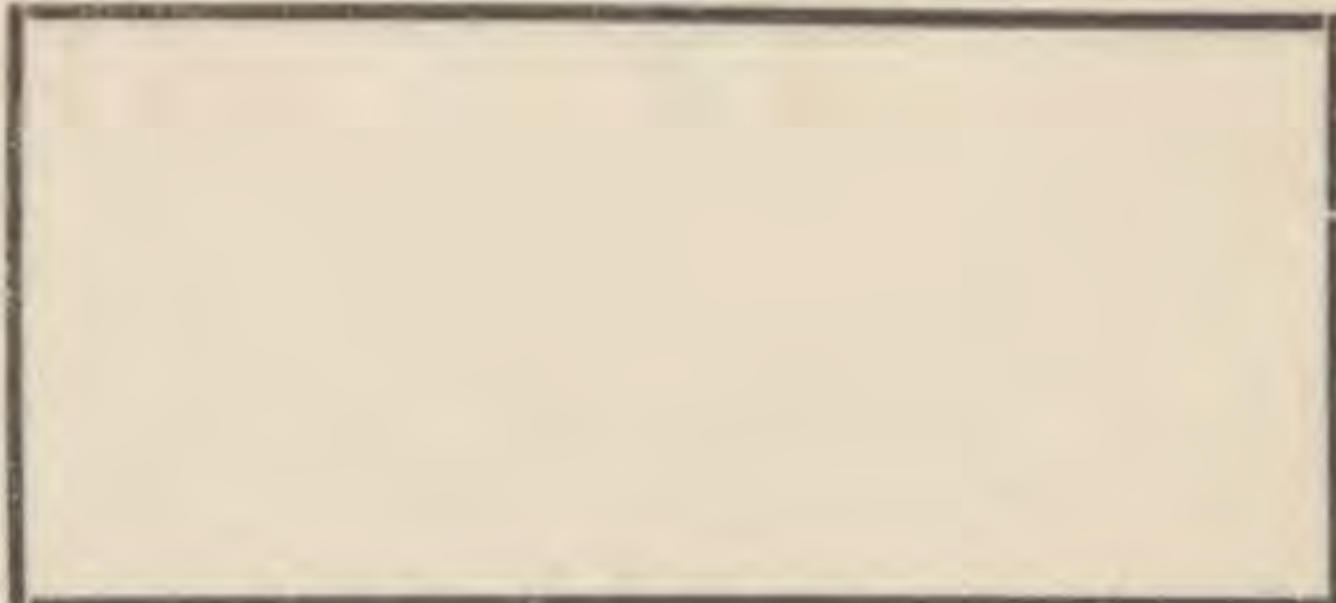
Physician *J. Lawrence*

County or City Burial

Automobiles *S & S* 15.00

Baggage or Express Train No. 250.00

Carey Hand Funeral Home

Name of deceased Leela Frances A. Mayo
 Date of death Aug 10th
 Cause of death Polar Pneumonia
 Place of death Res
 Residence Tampa Fla
 Age 38 Y'rs 1 Mo's 8 Days
 Weight 130 Height 5 ft. 6 in. Eyes Blue
 Funeral at Tampa Fla
 Date Aug 1935 M
 Account charged J. P. Reed & Son
 Address Tampa Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body Arrived
 Style of Casket Trues 10 a.m.
 No. of Casket Aug 13-35
 Outside Box _____
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 11 a.m. Trues
 Name Plate Aug 13-35
 Cemetery _____
 Section _____ Lot _____
 E
 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 <u>Sidney Harrison</u> | |
| Date of death <u>Tues Aug-13-35</u> | |
| Cause of death <u>34- Alexander Place Tuberculosis</u> | |
| Place of death <u>Res</u> <u>of throat.</u> | |
| Residence <u>34 Alexander Place</u> | |
| Age <u>76</u> Yrs <u>3</u> Mo's <u>28</u> Days | |
| Weight <u>150</u> Height <u>5</u> ft. <u>6 1/2</u> in. Eyes <u>Blue</u> | |
| Funeral at <u>Chapel Fun Home</u> | |
| Date <u>Tues Aug 13</u> 193 <u>5</u> <u>5 P.</u> M | |
| Account charged <u>Chas S Brumley</u> | |
| Address <u>34 Alexander Place City</u> | |
| Account guaranteed | |
| Address | |
| Embalming <u>Care of Body</u> | 25.00 |
| Robe, Suit, Dress <input checked="" type="checkbox"/> | |
| Underwear and Hose <input checked="" type="checkbox"/> | |
| Casket <u>6-3 G. Doe</u> | 25.00 |
| Casket with Copper Lin. <input checked="" type="checkbox"/> | |
| Style of Casket <u>Oct</u> | |
| No. of Casket <u>S-1411</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> | 5000 |
| Section | Lot |
| | E |
| I Other Graves | N <div style="border: 1px solid black; width: 150px; height: 50px; display: inline-block;"></div> S |
| X Grave on this date | W |
| Cremation <u>Body Cremated</u> | |
| Single Grave <u>7-a Mw-8-14-35</u> | |
| Opening and Closing Grave | |
| Body Shipped to <u>will call</u> | |
| R. R. Ticket <u>for ashes</u> | |
| Cash advanced | |
| Telegram | |
| Minister <u>Rev Ludney</u> | |
| Casket Wagon | |
| Physician <u>Dr. Childs</u> | |
| County or City Burial | |
| Automobiles | 100.00 |
| Baggage or Express Train No. | |

Carey Hand Funeral Home

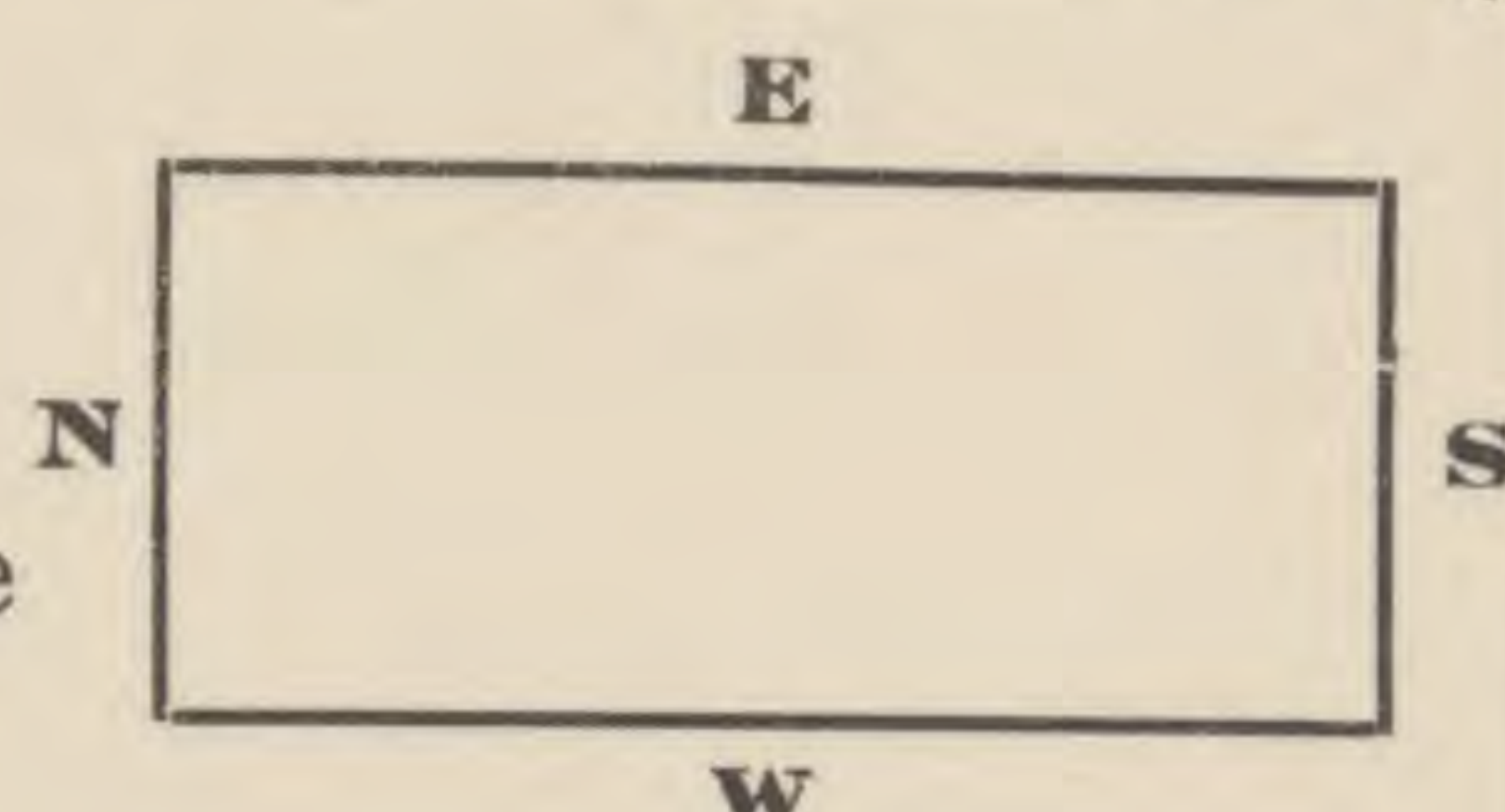
Name of deceased Laura Jane Thornton
 Date of death Aug 13 12:30 noon
 Cause of death Broncho Pneumonia
 Place of death County Home
 Residence Deland Fla
 Age 76 Y'rs 2 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel - Fun Home
 Date Wed Aug 14 193 5 11 A M
 Account charged Mrs Joseph Smith
 Address 234 W. Washington St
 Account guaranteed _____

Address _____
 Embalming Dressing 15.00
 Robe, Suit, Dress white 5.00
 Underwear and Hose _____
 Casket 6-3-Gr D 35.00

Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave M. S. Grave 7.00
 Opening and Closing Grave 10.00

Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____

Telegram _____
 Minister Dean Alcock
 Casket Wagon _____

Physician Hal Beardsall
 County or City Burial _____
 Automobiles _____

Baggage or Express Train No. _____
 15.00
 50.00
 87.00

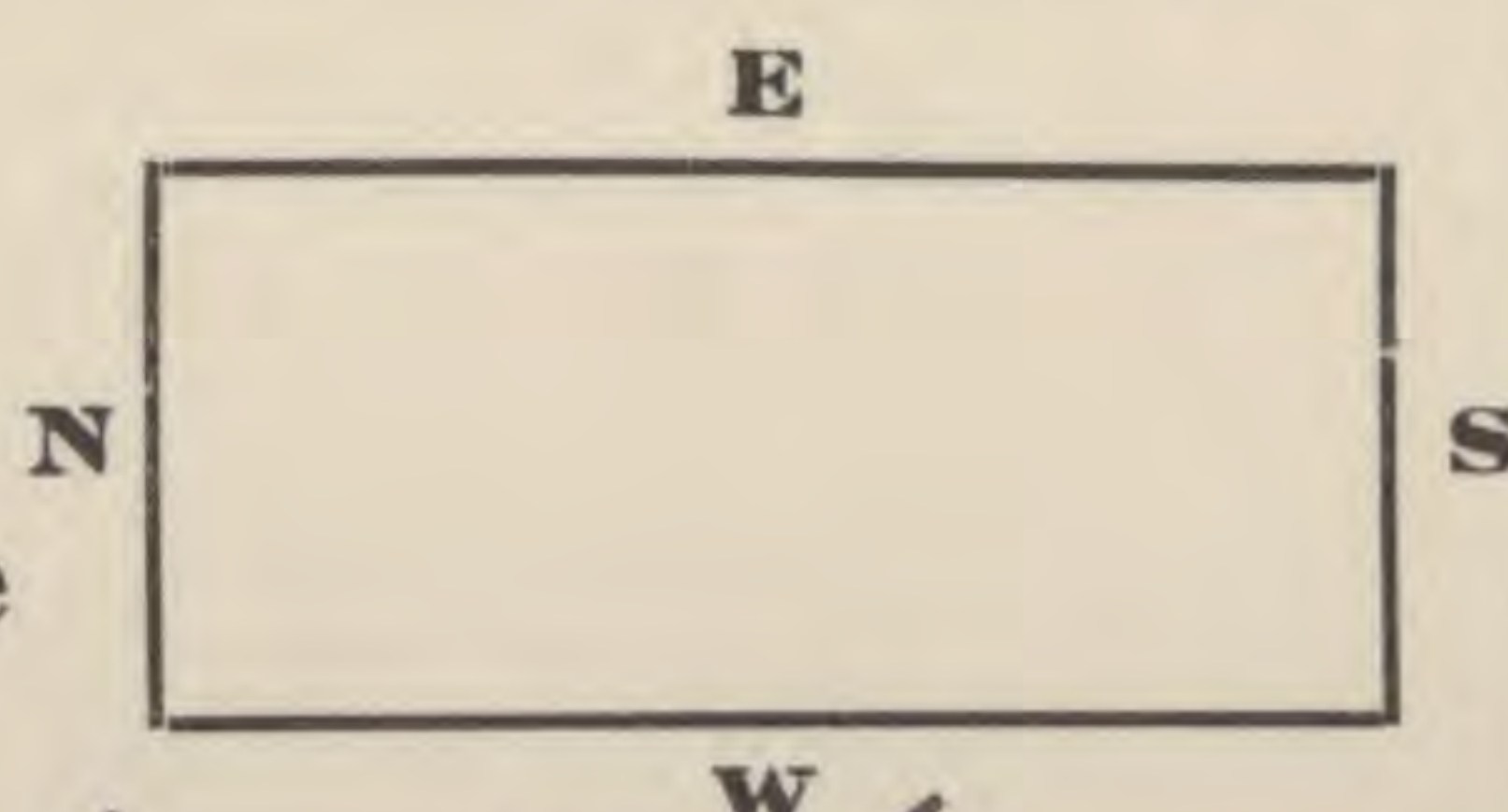
Family P. 2.00
 Casket 14.50
 Burial 5.00

Carey Hand Funeral Home

Name of deceased August Schneider
 Date of death Aug 11
 Cause of death myocarditis
 Place of death Res.
 Residence Sanford, Fla.
 Age 77 Y'rs 7 Mo's 26 Days
 Weight 130 Height 5 ft. 7 in. Eyes Blue
 Funeral at Sanford, Fla.
 Date Aug 1935 M
 Account charged Erickson Fun Home
 Address Sanford Fla
 Account guaranteed Cash.
 Address _____
 Embalming Cremation 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body
 Style of Casket arrived by auto
 No. of Casket Tues 4:15 P.M.
 Outside Box Aug 13-1935
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 A.M. Tuesday
 Cemetery Aug 13-35
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes expressed
 Single Grave to Erickson
 Opening and Closing Grave Fun Home
 Body Shipped to Sanford 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 Julia Bairden
 Date of death Aug - 15 - 35 A.M.
 Cause of death Arterio Sclerosis Senility
 Place of death County Home
 Residence _____
 Age 86 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Thurs 8-15-35 193 A M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- 14. 50
 Casket with Copper Lin. _____
 Style of Casket Sgt H M
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

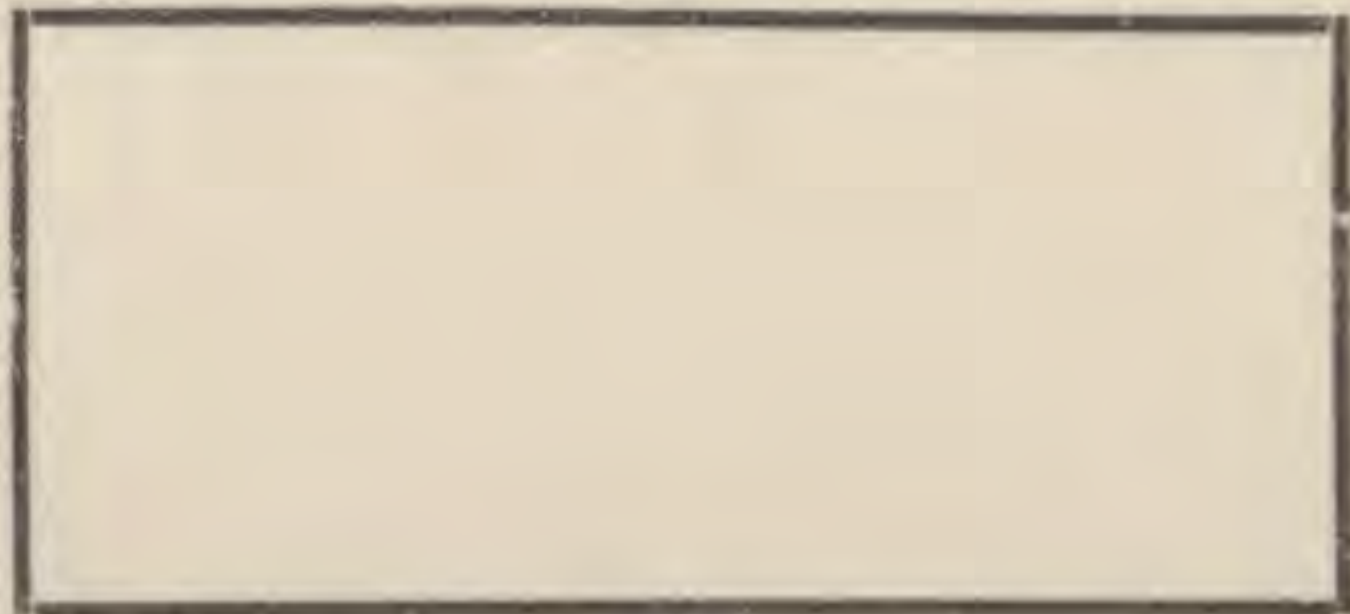
E
 N S
 W

 Cremation ☒
 Single Grave ☒
 Opening and Closing Grave ☒
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister ☒
 Casket Wagon ☒
 Physician Dr Beaudahl
 County or City Burial ☒
 Automobiles ☒
 Baggage or Express Train No. 14. 50

Carey Hand Funeral Home

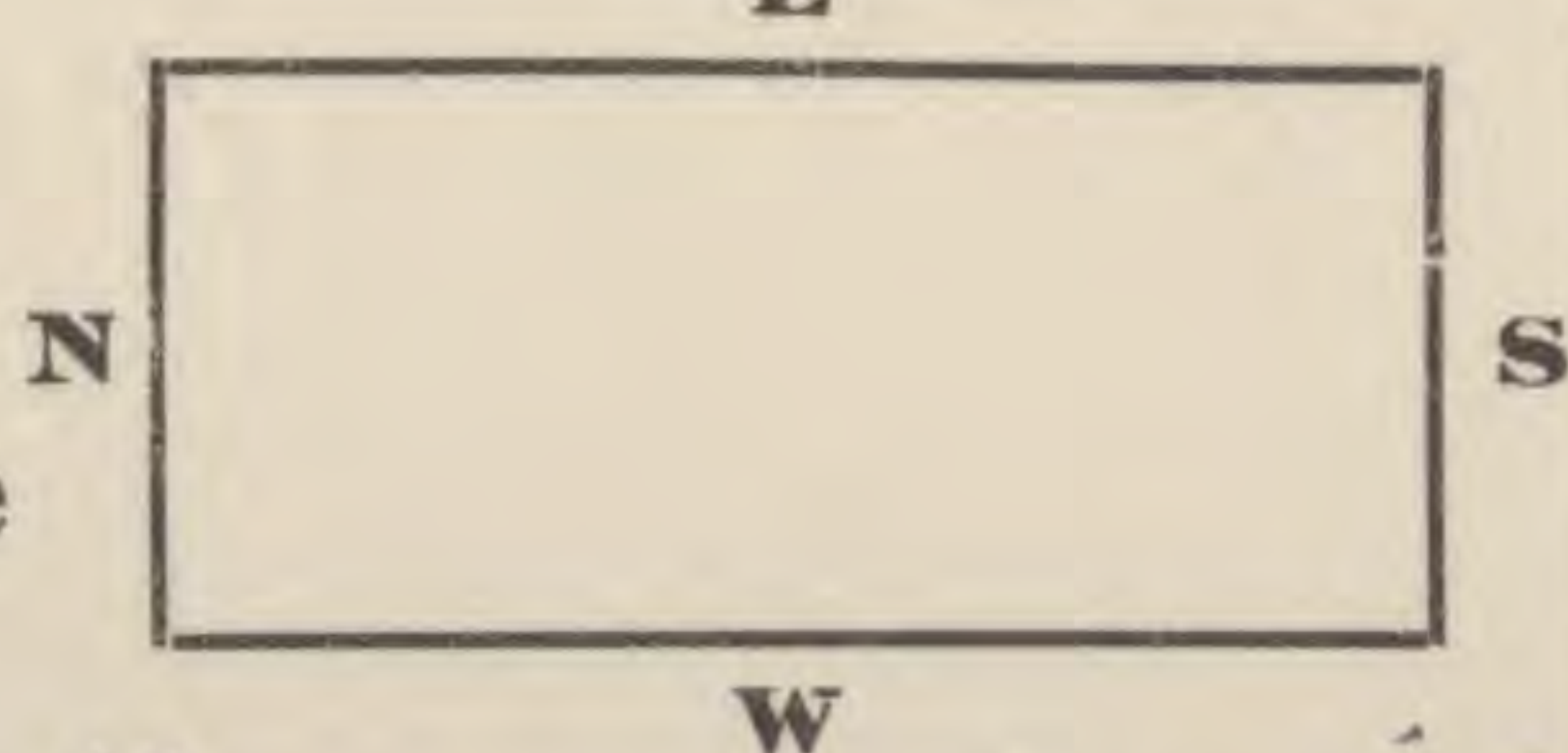
| | | | |
|------------------------------|--------------------------|--------|-------------|
| Name of deceased | Marian D. Hutches | | |
| Date of death | Fri Aug- 16- 35- 8:15 AM | | |
| Cause of death | Suicide shot in R Temple | | |
| Place of death | Res | | |
| Residence | 63- E. Concord ave | | |
| Age | 85 | Y'rs | 3 |
| | | Mo's | 8 |
| | | Days | |
| Weight | 125 | Height | 5 ft. 7 in. |
| Eyes | Dark | | |
| Funeral at | Chapel | | |
| Date | Sat 8-17- 1935- 5-P M | | |
| Account charged | Mrs M. D. Hutches | | |
| Address | 63- Concord- | | |
| Account guaranteed | Estate | | |
| Address | | | |
| Embalming | Dressing | | 35.00 |
| Robe, Suit, Dress | ✓ | | |
| Underwear and Hose | ✓ | | |
| Casket | 6-3 | | |
| Casket with Copper Lin. | ✓ | | |
| Style of Casket | Oct-09 | | 60.00 |
| No. of Casket | S-1411-5 | | |
| Outside Box | ✓ | | |
| Shipping Case or Vault | ✓ | | |
| Handles | Ext | | |
| Pillow Set | yes | | |
| Name Plate | ✓ | | |
| Cemetery | Cremation | | |
| Section | | | |
| Lot | | | |
| | E | | |
| I Other Graves | N | | |
| X Grave on this date | S | | |
| | W | | |
| Cremation | Cremation | | 50.00 |
| Single Grave | | | |
| Opening and Closing Grave | | | |
| Body Shipped to | | | |
| R. R. Ticket | Body Cremated | | |
| Cash advanced | S. A. M. Sm 8-18-35 | | |
| Telegram | will call for ashes | | |
| Minister | Rev. Luedney W. P. | | 5.00 |
| Casket Wagon | (1) | | |
| Physician | Dr. Anderson | | |
| County or City Burial | | | |
| Automobiles | | | 150.00 |
| Baggage or Express Train No. | | | |

Carey Hand Funeral Home

Name of deceased Edgar B. Van Buskirk
 Date of death Aug 15
 Cause of death Pulmonary Tuberculosis
 Place of death Res.
 Residence Winter Haven Fla
 Age 82 Y'rs 10 Mo's 27 Days
 Weight 125 Height 5 ft. 2 in. Eyes Blue
 Funeral at Winter Haven Fla
 Date Aug 1935 M
 Account charged Ward & Smith Und Co
 Address Winter Haven 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 at 9:30 P.M.
 Outside Box Friday Aug 16
 Shipping Case or Vault 1935
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Sat 8 a.m.
 Section Aug 17 - Lot 35
 E
 I Other Graves 
 X Grave on this date _____
 Cremation Ashes expressed
 Single Grave to - Ward & Smith
 Opening and Closing Grave Und Co
 Body Shipped to Winter Haven
 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 Mr Beverly Turner
 Date of death Aug 14
 Cause of death Carcinoma of head of Pancreas
 Place of death Leesburg Fla
 Residence Fruitland Park Fla
 Age 63 Y'rs 6 Mo's 16 Days
 Weight 145 Height 5 ft. 10 in. Eyes Blue
 Funeral at Leesburg Fla
 Date Aug 193 5 M
 Account charged Beyers Fun Home
 Address Leesburg 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 Friday 4:15 PM.
 Outside Box Aug 16-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Sat 8 a.m. Aug 17
 Cemetery 1935
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Mr Beyers will
 Single Grave Call for ashes
 Opening and Closing Grave Monday
 Body Shipped to Aug 19-1935
 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 Bely James H. Smith
 Date of death Fri Aug - 16 - 35 8 - P. M.
 Cause of death Acute Bronch Pneumonia
 Place of death O. G. H.
 Residence Cocoa
 Age — Y'rs 8 Mo's 26 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Dest
 Date — 1935 M
 Account charged Ralph Smith
 Address Cocoa Fla
 Account guaranteed Cash
 Address —
 Embalming Care of Body 10.00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 2-6 H L S 15.00
 Casket with Copper Lin. —
 Style of Casket Sgt H M
 No. of Casket —
 Outside Box Reg
 Shipping Case or Vault —
 Handles Small
 Pillow Set —
 Name Plate QD
 Cemetery Cocoa
 Section — Lot —
 I Other Graves —
 X Grave on this date —
 Cremation Family Bought
 Single Grave Casket Done there
 Opening and Closing Grave our work
 Body Shipped to Have Permit
 R. R. Ticket for same
 Cash advanced —
 Telegram —
 Minister —
 Casket Wagon —
 Physician Dr Sinclair
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. — 25.00

Carey Hand Funeral Home

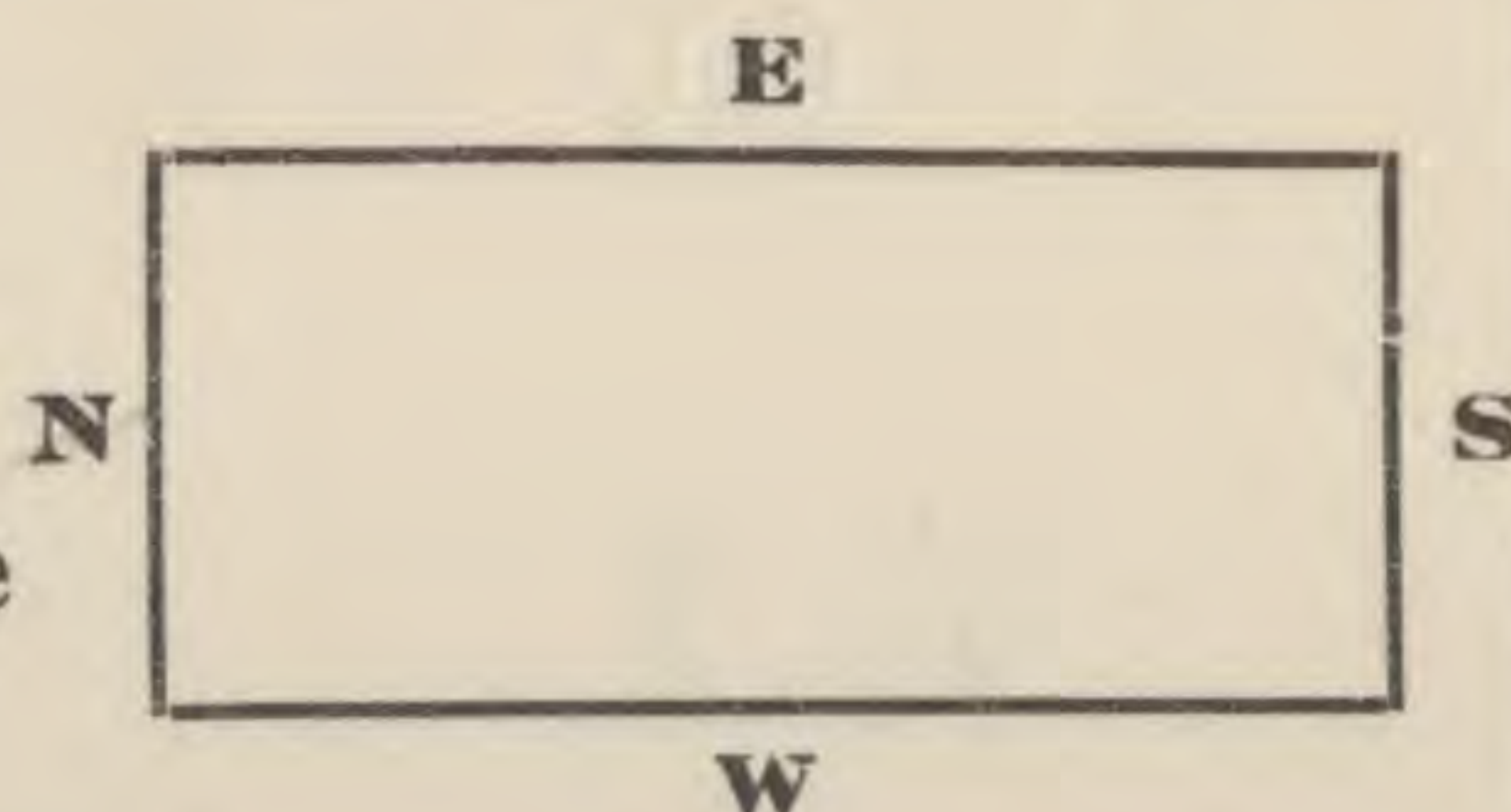
Name of deceased Robt L Stewart
 Date of death Aug-13-1935
 Cause of death Nephritis
 Place of death Bier
 Residence Miami
 Age 70 Y'rs 6 Mo's 6 Days
 Weight 90 Height 5 ft. 7 in. Eyes
 Funeral at Miami
 Date _____ 193____ M
 Account charged W. H. Combs Co
 Address 421 Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body lined
 Style of Casket by order
 No. of Casket 3-a m
 Outside Box Sat Aug-17-35
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 7-a m-8-17-35
 Name Plate _____
 Cemetery Ashes Exposed to
 Section W. H. Combs Lot _____
Funeral Home
 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 _____ 37.50
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
Truck from Ala Brought Body

Carey Hand Funeral Home

Name of deceased Capt. Brainard T. Ball
 Date of death Aug-13-35
 Cause of death Cancer of Intestines
 Place of death _____
 Residence Miami Fla
 Age 86 Y'rs 8 Mo's 21 Days _____
 Weight 125 Height 5 ft. 9 in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged W. H. Combs Co
 Address 121 Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose Body removed
 Casket by auto
 Casket with Copper Lin. 3-AM
 Style of Casket Sat-Aug-17-35
 No. of Casket _____
 Outside Box Body Cremated
 Shipping Case or Vault Sat 8-17-35
 Handles 7-AM
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery W. H. Combs Co
 Section Miami Fla 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.

Truck from Ala Brought Body

37.50

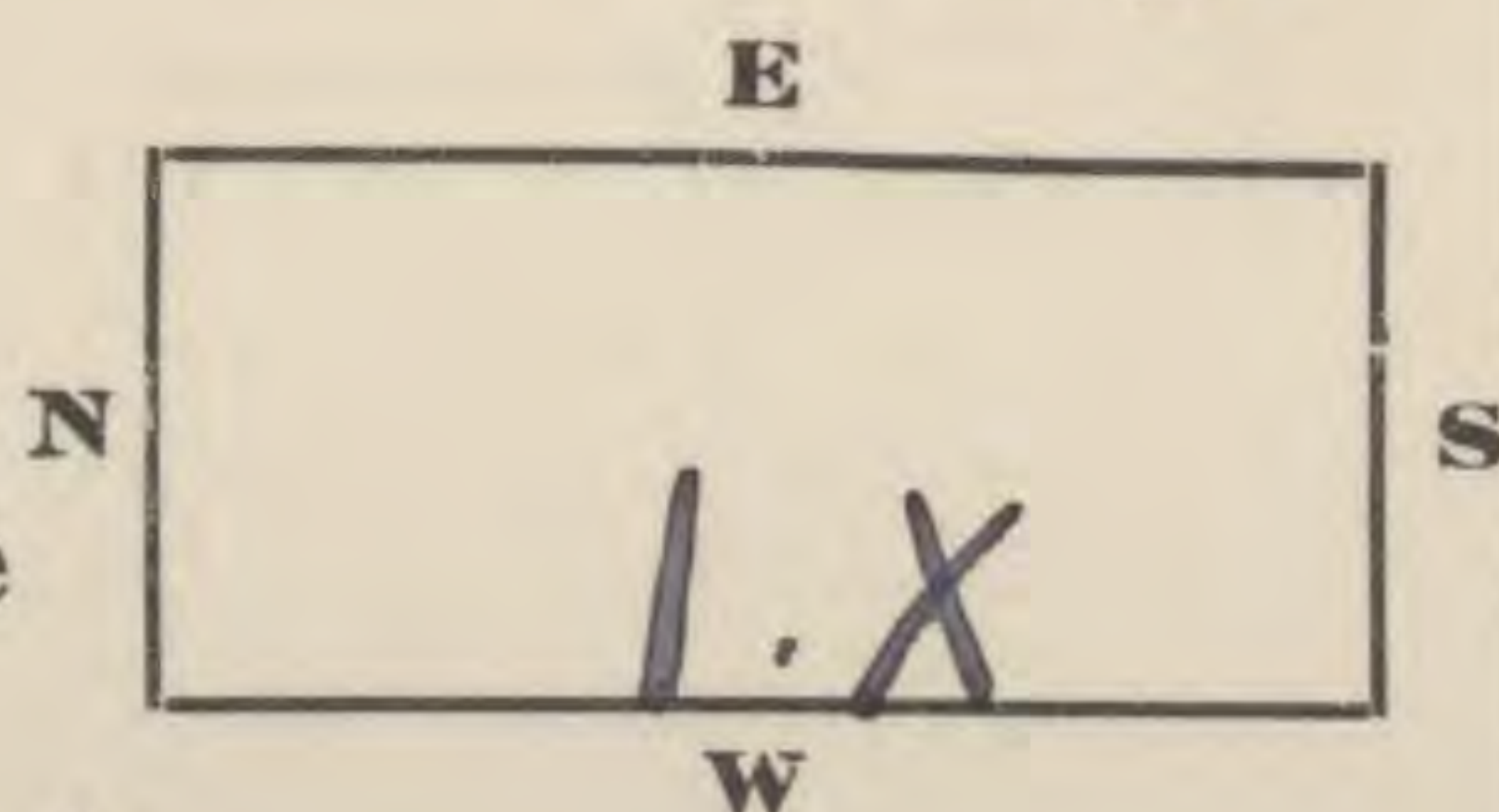
37.50

Carey Band Funeral Home

Name of deceased Walter Griffin
 Date of death Aug 17 - Noon
 Cause of death Uremia - chronic nephritis
 Place of death C. G. H.
 Residence Winter Garden Fla
 Age 61 Y's ✓ Mo's 24 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel - Fun Home
 Date Sun - Aug 18, 1935 4 P. M
 Account charged Walter Griffin
 Address Winter Garden Fla
 Account guaranteed Estate
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 Gr Bad. C 125.00
 Casket with Copper Lin _____
 Style of Casket Det N. C.
 No. of Casket S-1411-S
 Outside Box R-9
 Shipping Case or Vault Metal Case 5.00
 Handles Ext
 Pillow Set eyes
 Name Plate _____
 Cemetery Greenwood
 Section S Lot 33

I Other Graves _____
 X Grave on this date _____



Cremation none 75.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev
 Casket Wagon _____
 Physician Dr. Hay
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

252.50
 9.25
250.00

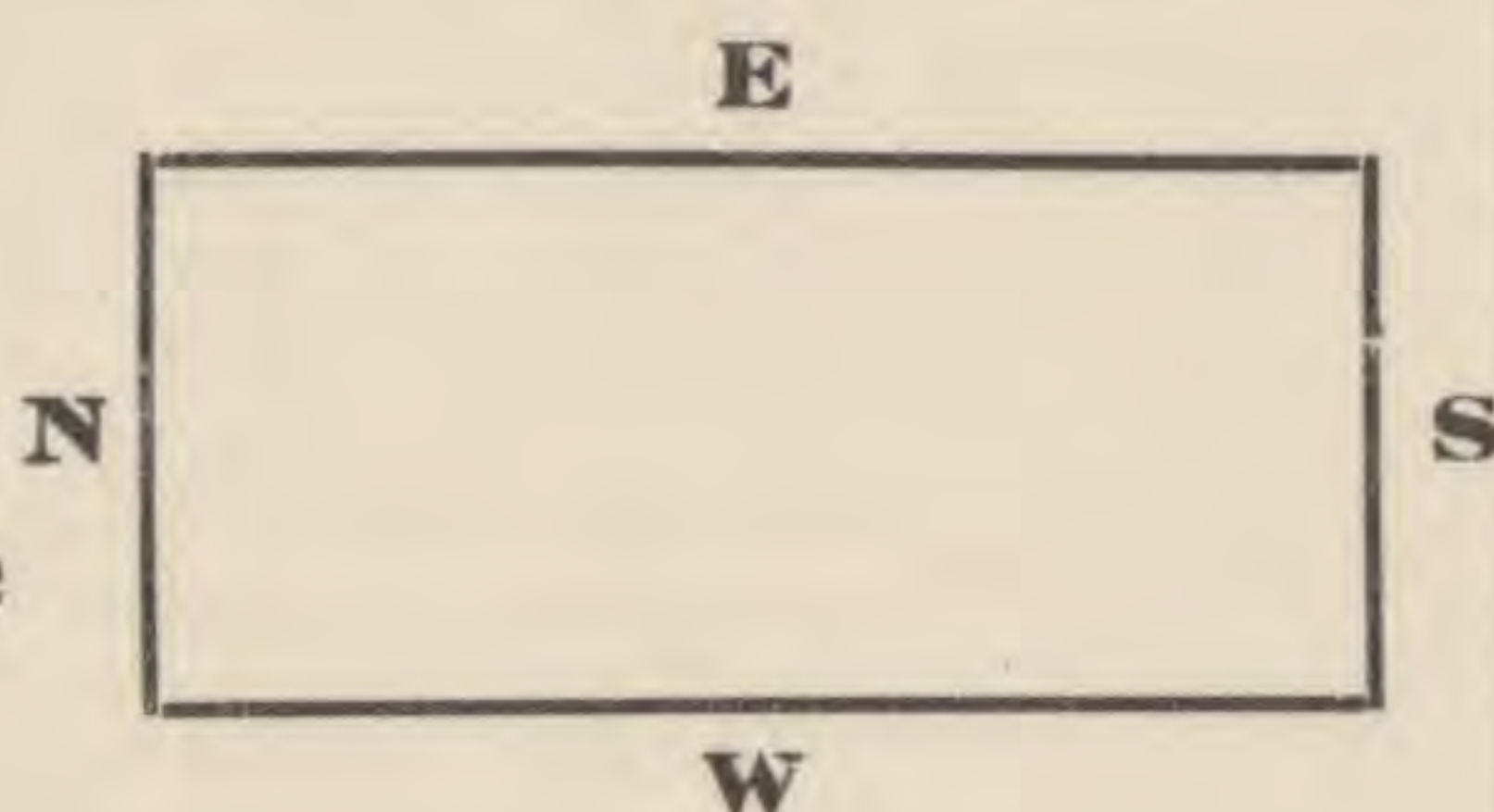
Carey Hand Funeral Home

Name of deceased Julia Kessler
 Date of death Aug 19 8:00 P.M.
 Cause of death acute coronary thrombosis
 Place of death Eola Park
 Residence 17 S. Osceola
 Age 71 Y'rs ✓ Mo's 24 Days
 Weight 175 Height 5 ft. 6 in. Eyes
 Funeral at West
 Date Aug 1935 M
 Account charged Charles Kessler
 Address 17 S. Osceola
 Account guaranteed Estate
 Address

Embalming ✓ Dressing 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Metals
 Casket with Copper Lin. ✓
 Style of Casket State 1/2-E
 No. of Casket 9532 Tampa 225 00
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate Name 1864 1935
 Cemetery Westminster
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Sandusky Ohio

R. R. Ticket Bought Direct

Cash advanced _____

Telegram (1) 7 74

Minister West

Casket Wagon (2) 10 00

Physician Sam Shriver

County or City Burial

Automobiles

Baggage or Express Train No. 74

Tri Night 8-23-35

270 74

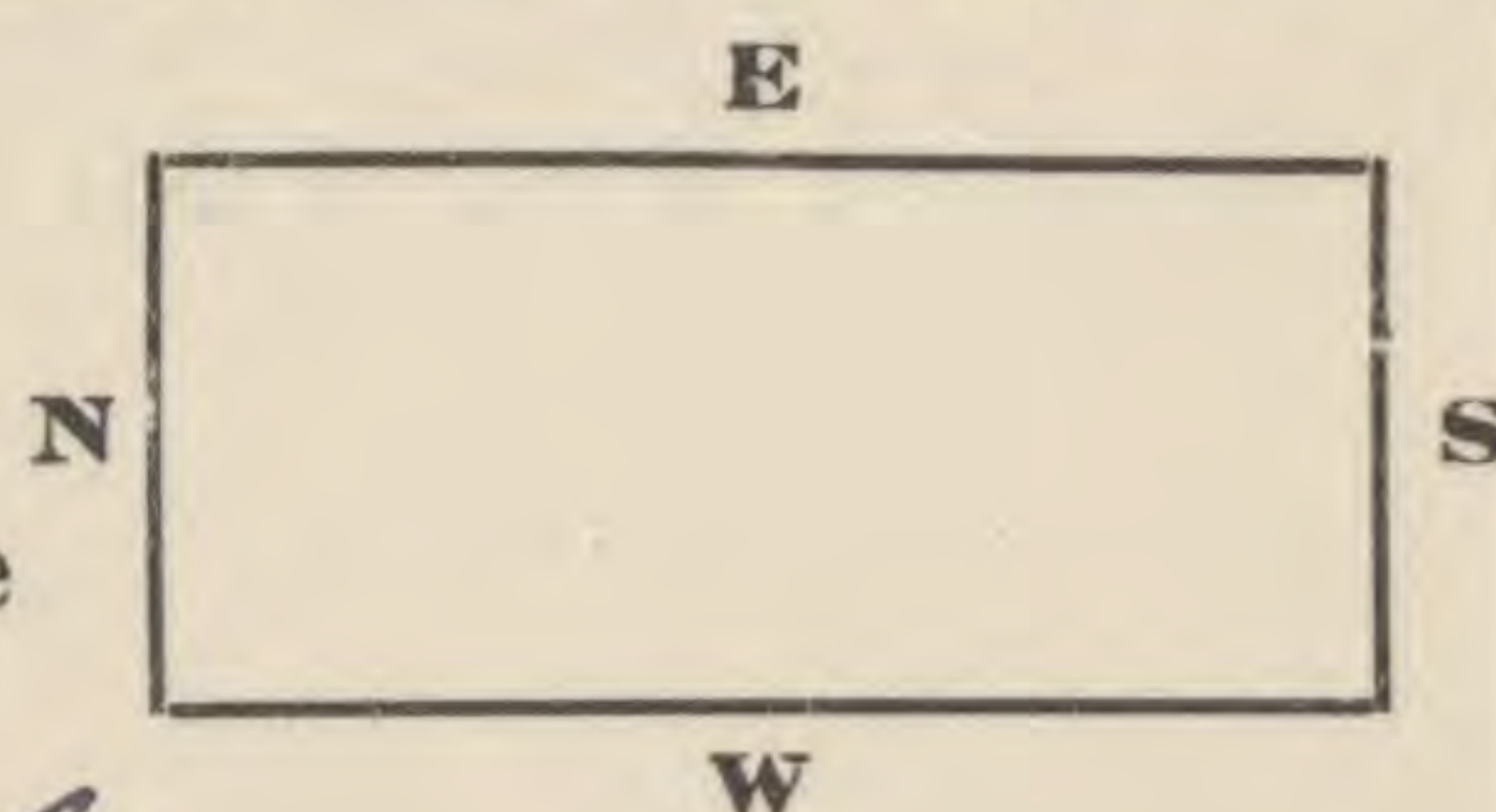
Chester J. Wagner
1318 Columbus ave
Sandusky Ohio

Carey Hand Funeral Home

Name of deceased Jack Patterson Richard
 Date of death Aug 17
 Cause of death Accident - Hypoxia
 Place of death Miami Fla
 Residence Miami Fla
 Age 53 Y'rs 8 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date Aug 1935 5 M
 Account charged W. H. Comb and Co
 Address Miami 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 express
 Outside Box Tuesday 12:40
 Shipping Case or Vault P. M.
 Handles Aug 20-1935
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Wickham 2 P. M.
 Section Aug 21 Lot 1935-

I Other Graves

X Grave on this date



Cremation 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. _____

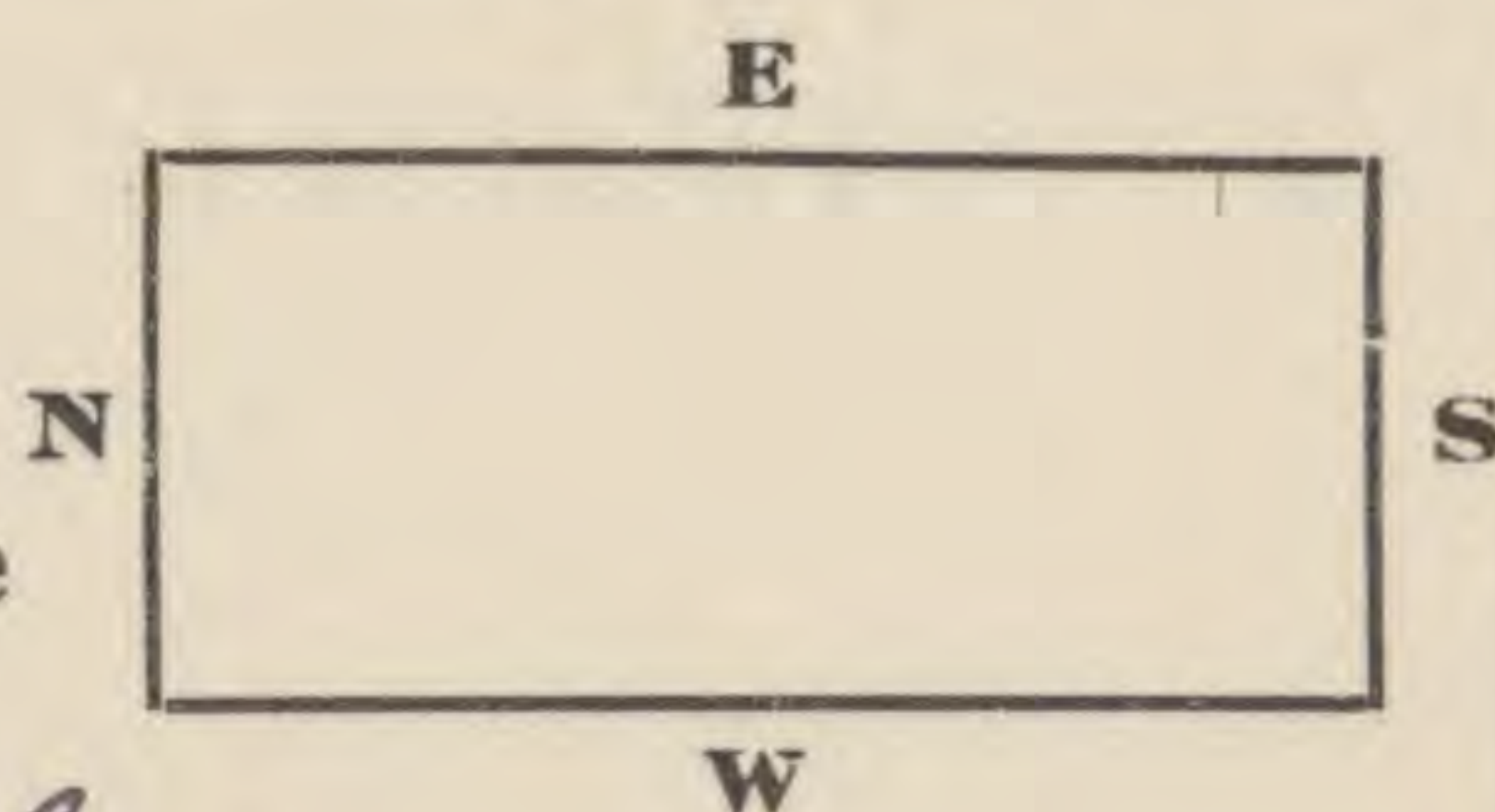
3750

Carey Hand Funeral Home

Name of deceased Mr. Wm B. Schuber
 Date of death Aug 18th
 Cause of death Paresis
 Place of death Coconut Grove (Miami)
 Residence 3918 Main Highway Coconut Grove Fla
 Age 70 Y'rs 8 Mo's 18 Days
 Weight 135 Height 5 ft. 9 in. Eyes
 Funeral at Coconut Grove Miami
 Date Aug 193 5 M
 Account charged W. H. Glantz and Co
 Address Miami Fla
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by Express Wed
 Outside Box 12:40 P. M.
 Shipping Case or Vault Aug 21-35
 Handles
 Pillow Set Body Cremated
 Name Plate Wed 2 P M
 Cemetery Aug 21-35
 Section Lot

I Other Graves

X Grave on this date



Cremation

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.

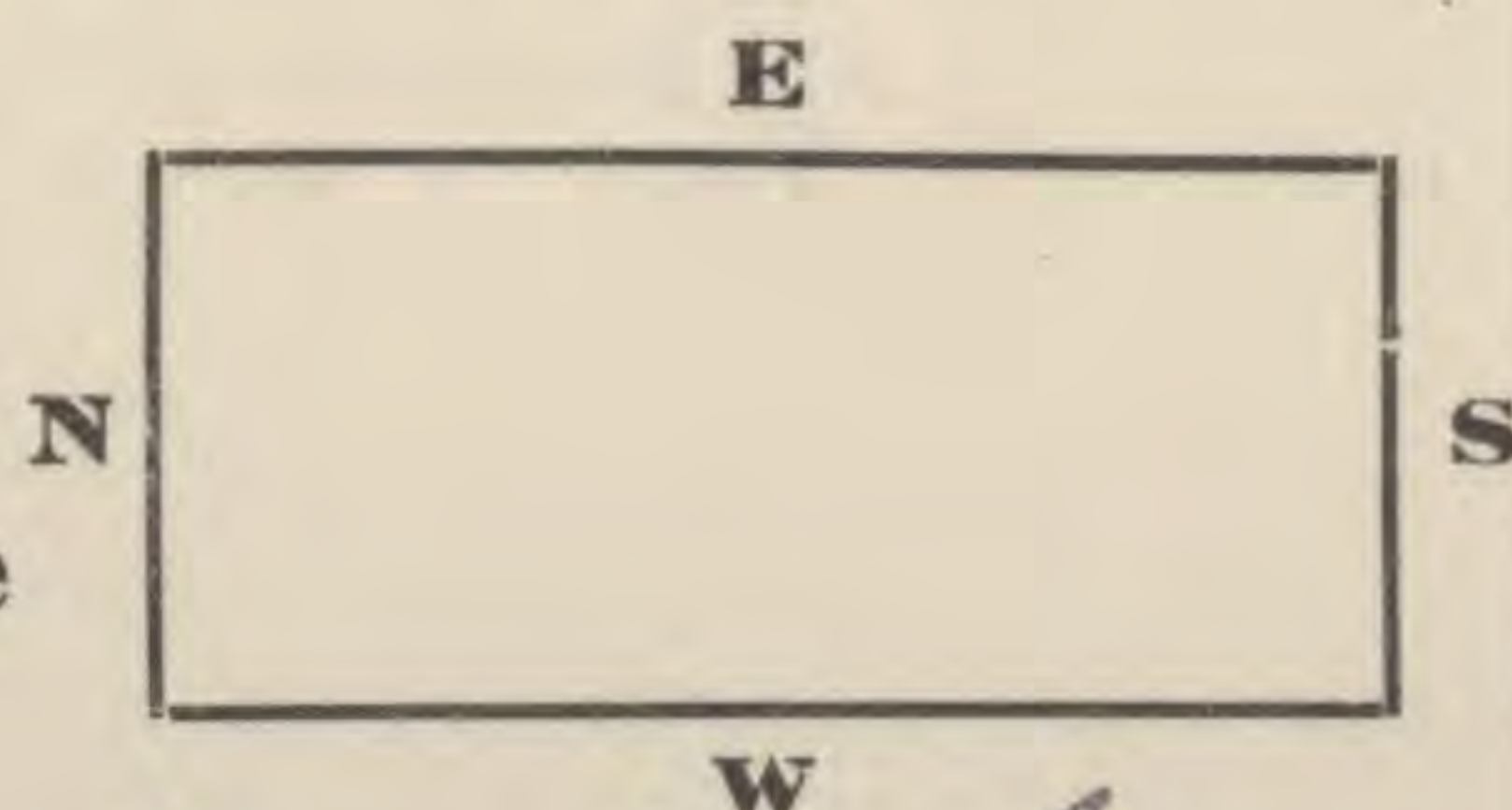
37.50

Carey Hand Funeral Home

Name of deceased Mary Mezaro
 Date of death Aug 19
 Cause of death Apoplexy (Cerebral)
 Place of death Sanford Fla
 Residence Sanford Fla
 Age 76 Y'rs 5 Mo's 3 Days
 Weight 135 Height 5 ft. in. Eyes Brown
 Funeral at Sanford Fla
 Date Aug 1935 M
 Account charged Erickson Fun Home
 Address Sanford. Fla
 Account guaranteed Cash
 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 Wed
 Outside Box 3:15 P. m.
 Shipping Case or Vault Aug 21-35
 Handles _____
 Pillow Set Body Cremated
 Name Plate 3:30 P. m. Wed
 Cemetery Aug 21-35
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation ashes expressed
 Single Grave to Erickson Fun
 Opening and Closing Grave Home
 Body Shipped to Sanford, Fla
 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

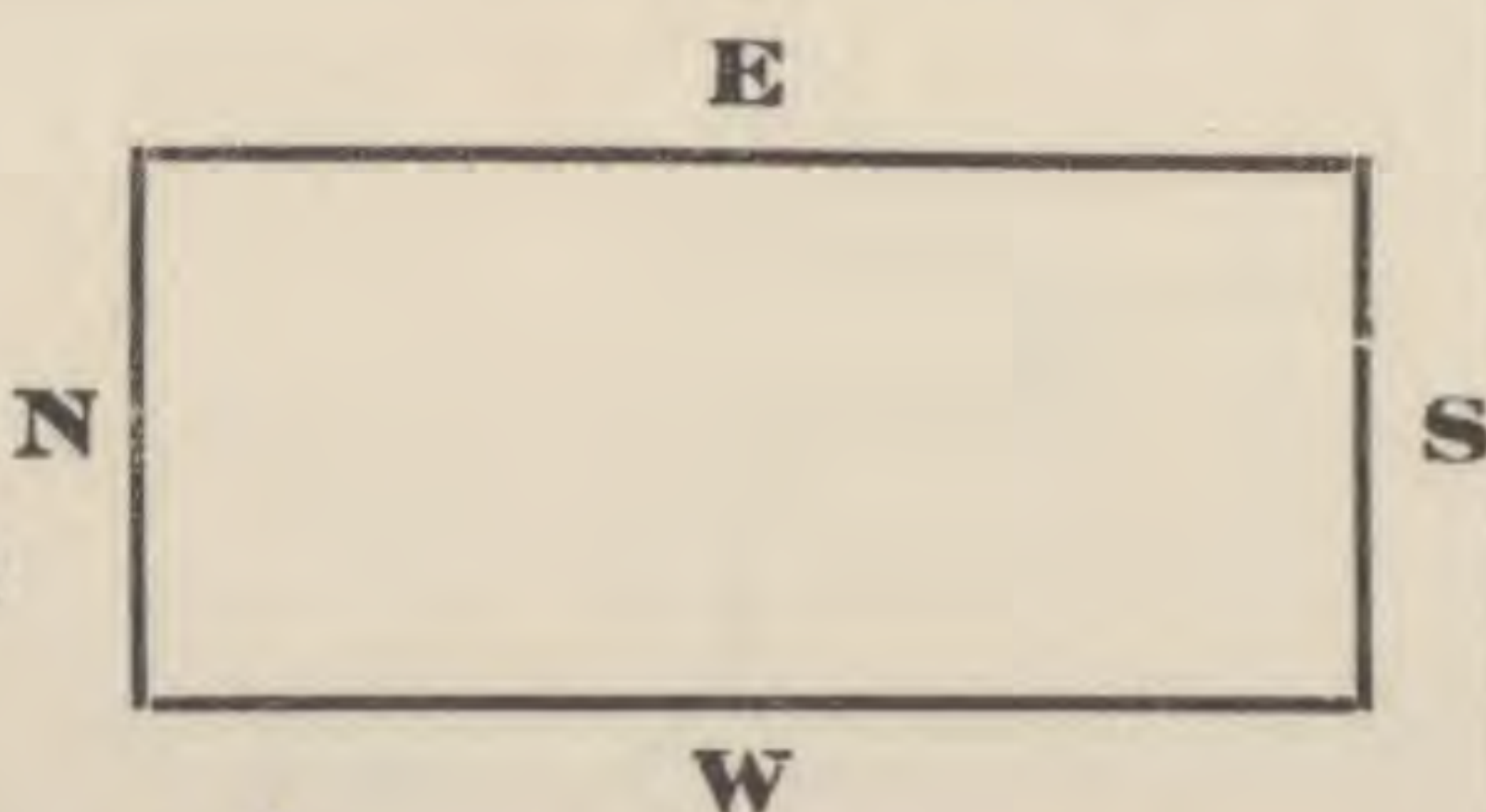
| | | | |
|------------------------------|---|---------------|--------------------------|
| Name of deceased | <u>Columbus Highsmith</u> | | |
| Date of death | <u>Aug 21 - 7 a.m.</u> | | |
| Cause of death | ----- | | |
| Place of death | <u>County Home</u> | | |
| Residence | <u>Oakland, Fla</u> | | |
| Age | <u>72</u> Y'rs | <u>4</u> Mo's | <u>5</u> Days |
| Weight | ----- | Height | ft. ----- in. Eyes ----- |
| Funeral at | <u>Graveside</u> | | |
| Date | <u>Thurs Aug - 22</u> | 193 <u>5</u> | <u>10 A</u> M |
| Account charged | <u>County</u> | | |
| Address | ----- | | |
| Account guaranteed | ----- | | |
| Address | ----- | | |
| Embalming | ----- | | |
| Robe, Suit, Dress | ----- | | |
| Underwear and Hose | ----- | | |
| Casket | <u>6-3-</u> | | <u>14.50</u> |
| Casket with Copper Lin. | ----- | | |
| Style of Casket | ----- | | |
| No. of Casket | ----- | | |
| Outside Box | <u>Reg</u> | | |
| Shipping Case or Vault | ----- | | |
| Handles | ----- | | |
| Pillow Set | ----- | | |
| Name Plate | ----- | | |
| Cemetery | <u>County Home</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: 60px; position: relative;"> <div style="position: absolute; top: -15px; left: 50%; transform: translateX(-50%);">E</div> <div style="position: absolute; bottom: -15px; left: 50%; transform: translateX(-50%);">W</div> <div style="position: absolute; right: -15px; top: 50%; transform: translateY(-50%);">S</div> </div> <div style="margin-left: 10px;">S</div> </div> | | |
| Cremation | ----- | | |
| Single Grave | ----- | | |
| Opening and Closing Grave | ----- | | |
| Body Shipped to | ----- | | |
| R. R. Ticket | ----- | | |
| Cash advanced | ----- | | |
| Telegram | ----- | | |
| Minister | ----- | | |
| Casket Wagon | ----- | | |
| Physician | <u>Dr. Beardsall</u> | | |
| County or City Burial | <u>14.50</u> | | |
| Automobiles | ----- | | |
| Baggage or Express Train No. | ----- | | |

Carey Hand Funeral Home

Name of deceased Alice M. Fry
 Date of death Aug 22 - 9:15 a.m.
 Cause of death _____
 Place of death Res.
 Residence Albando Rt #3 - Box 68
 Age 74 Y'rs 10 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Aug 23 1935 4 P. M
 Account charged Mr. Finner Swanger
 Address 419 Lou Osceola
 Account guaranteed _____
 Address _____
 Embalming Care of Body
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-62 Maple
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 22 - S -
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set ✓
 Name Plate at Rest
 Cemetery Patrick
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation 1 auto
 Single Grave _____
 Opening and Closing Grave Y etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Swann
 Casket Wagon (1)
 Physician Dr. Beardsall
 County or City Burial _____
 Automobiles 3 & 5
 Baggage or Express Train No. _____

20.00
~~75.00~~

75.00

5.00

15.00

5.00

15.00

\$135.00

135

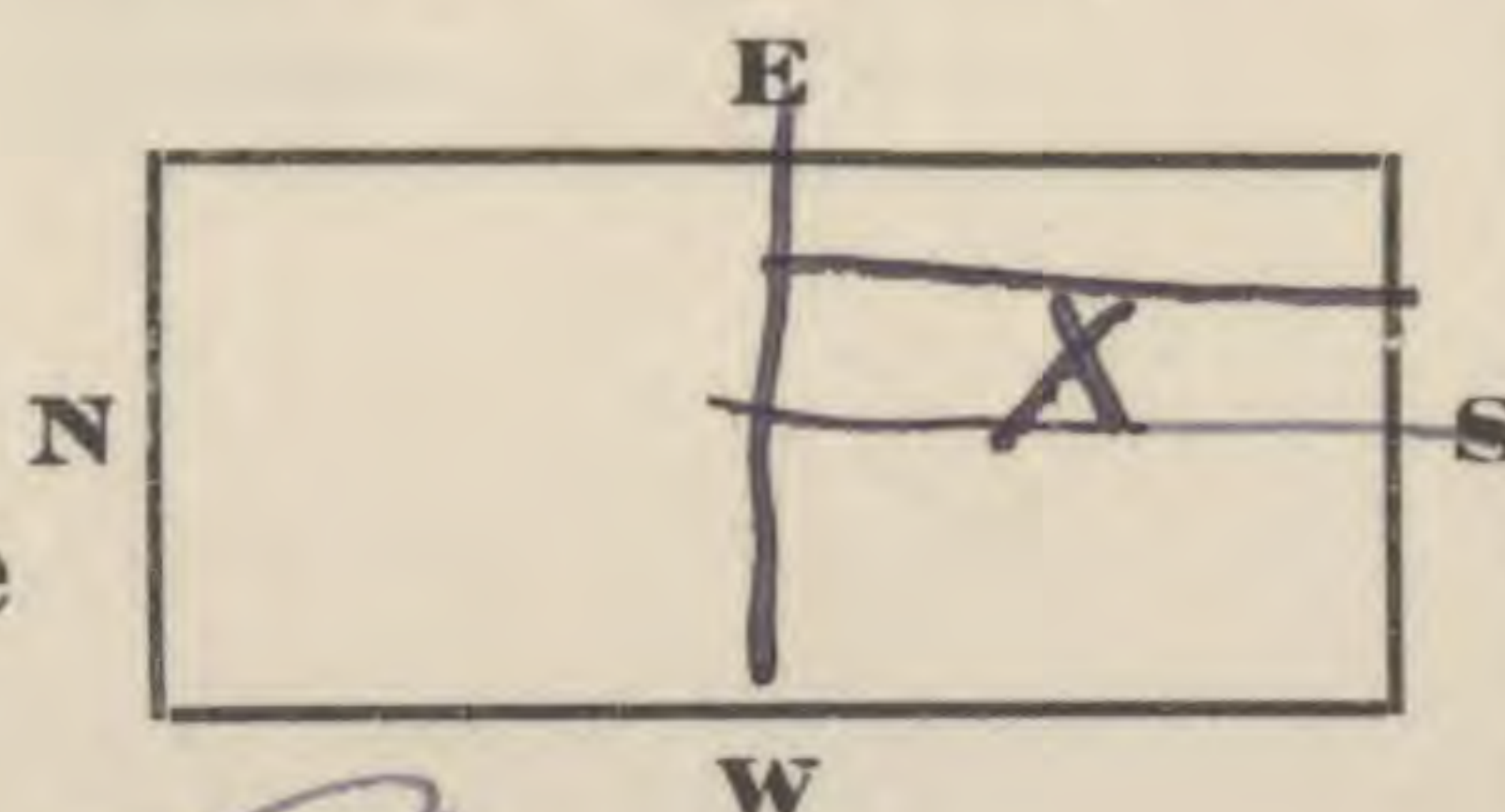
Carey Hand Funeral Home

Name of deceased Cyrus H. Stults
 Date of death Aug 21
 Cause of death Chronic Myocarditis
 Place of death Res
 Residence Clearwater Fla
 Age 76 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel Fun Home
 Date Sat - Aug 24 1935 10:30 AM
 Account charged Mrs Cyrus H. Stults
 Address Clearwater Fla
 Account guaranteed Estate
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Gr Bld. C-
 Casket with Copper Lin.
 Style of Casket Oct. H.C.
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate Name
 Cemetery Winter Park
 Section Blk-2 W 1/2 Lot 2

I Other Graves

X Grave on this date



Cremation Floral River 10.00

Single Grave

Opening and Closing Grave etc 15.00

Body Shipped to

R. R. Ticket Car for Minister 5.00

Cash advanced music 7.50

Telegram

Minister Rev Turner

Casket Wagon (1) 5.00

Physician cloud car 5.00

County or City Burial

Automobiles

Baggage or Express Train No. SVS 15.00

Body music SAT 10:30 8-22-35 62.50

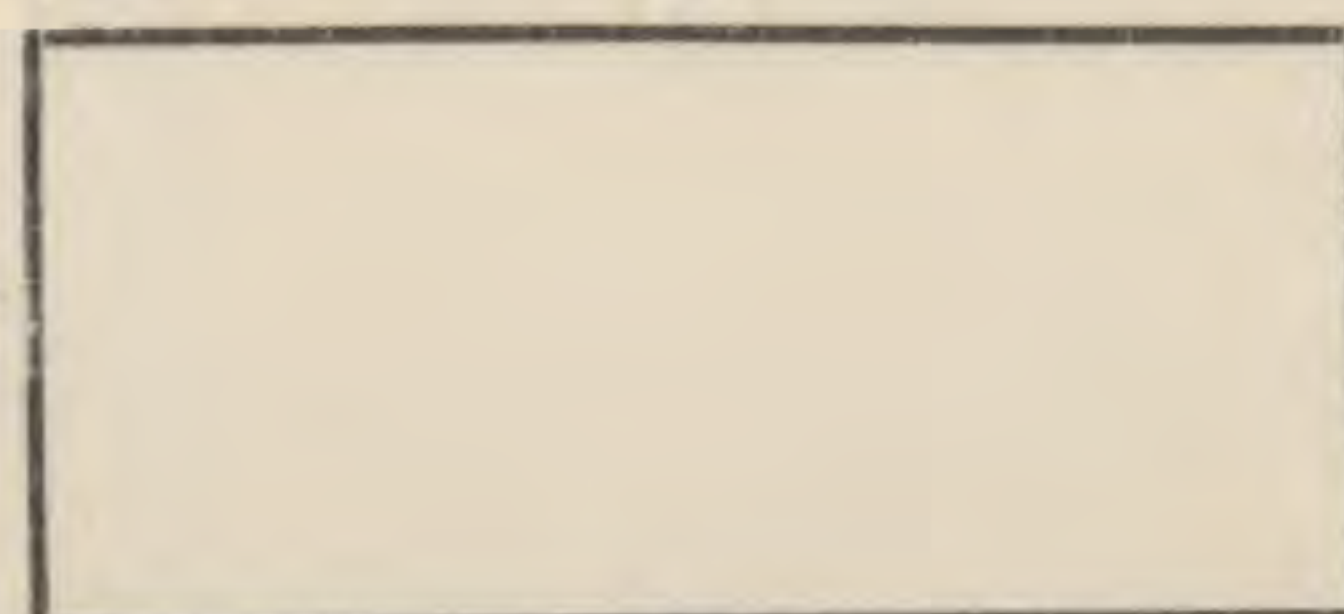
Carey Hand Funeral Home

Name of deceased August M Gesser
 Date of death Aug 22-35
 Cause of death Lobar Pneumonia
 Place of death Res
 Residence St Petersburg Fla
 Age 80 Y'rs 1 Mo's 3 Days
 Weight 138 Height 5 ft. 10 1/2 in. Eyes Brown
 Funeral at St Petersburg
 Date _____ 193____ M
 Account charged Ralph C Cooksey
 Address T. D. St Petersburg
 Account guaranteed OK
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body moved
 Casket with Copper Lin. by auto 10 AM
 Style of Casket Sat Aug-24-35
 No. of Casket _____
 Outside Box Body Cremated
 Shipping Case or Vault 1-PM
 Handles Sat-8-24-35
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery Dr Chas. H Gesser
 Section Pass a gull Lot _____
Fla E

wooden 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 _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

37.50

Carey Hand Funeral Home

Coland

Name of deceased Anna Johnson
 Date of death aug 23 1935 3-PM
 Cause of death _____
 Place of death Res
 Residence Kewanahootie
 Age 30 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sat 8-24-35
 Date _____ 1935 Moody M
 Account charged _____
 Address Kewanahootie
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 12.50
 Casket with Copper Lin. _____
 Style of Casket Spr A. M.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Bale
 Pillow Set _____
 Name Plate _____
 Cemetery Nancosoa
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

Cremation worked for Moody
 Single Grave Funerary Camp.
 Opening and Closing Grave _____
 Body Shipped to Bought Casket
 R. R. Ticket Done thru Own
 Cash advanced work

Telegram _____
 Minister Gave Certificate
 Casket Wagon same

Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

12 50

Carey Hand Funeral Home

Name of deceased Mrs. Haniel S. Willis
 Date of death Sun - Aug - 25 - 35 -
 Cause of death _____
 Place of death Res 201- Helburn ave
 Residence Winter Park
 Age 57 Y'rs 0 Mo's 14 Days _____
 Weight 125 Height 5 ft. 5 in. Eyes br
 Funeral at Chapel
 Date Wed Aug - 28 1935 3 P M
 Account charged Carl L. Willis
 Address 201- Helburn ave W. P.
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Gr Dca
 Casket with Copper Lin. _____
 Style of Casket Oct 07 50.00
 No. of Casket S 1411- S
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremation 50.00
 Single Grave Grave Flowers 10.00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket Body Cremated
 Cash advanced 4 P.M. Wed Aug 28-35
 Telegram _____
 Minister Rev Metcalf 5.00
 Casket Wagon (1)
 Physician Dr. Burkes
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

150 00

Carey Hand Funeral Home

Name of deceased Mrs Anna Meyers
 Date of death Sun Aug-25-35 PM
 Cause of death _____
 Place of death Res
 Residence 510 Conway Rd. Orlando
 Age 84 Y'rs 3 Mo's 7 Days _____
 Weight 90 Height 5 ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Aug-28 1935 4:30 P. M
 Account charged Mrs Julia Benckman
 Address Cala Vista
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.⁰⁰
 Robe, Suit, Dress White 11.⁰⁰
 Underwear and Hose 3.⁰⁰
 Casket 6-3- Gr Bld C. 1/2-e 325.⁰⁰
 Casket with Copper Lin. _____
 Style of Casket R. C. State
 No. of Casket 6008 1/2
 Outside Box Reg-
 Shipping Case or Vault _____
 Handles cut
 Pillow Set yes White
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on this date W
 Cremation Spr of Flowers 25.⁰⁰
 Single Grave maize 7.⁵⁰
 Opening and Closing Grave T & etc 15.⁰⁰
 Body Shipped to Car Min 5.⁰⁰
 R. R. Ticket Car P. B. 5.⁰⁰
 Cash advanced Closed Car 5.⁰⁰
 Telegram _____
 Minister Rev Geo Trapp 5.⁰⁰
 Casket Wagon (1)
 Physician Dr Ford
 County or City Burial _____
 Automobiles S & S 15.⁰⁰
 Baggage or Express Train No. 45650
 5.⁰⁰
451.50

Carey Hand Funeral Home

Name of deceased Henry G. Wells
 Date of death Aug - 24 - 35
 Cause of death Chro Myocarditis
 Place of death Res
 Residence Daytona Beach
 Age 87 Y'rs 1 Mo's 3 Days
 Weight 120 Height 5 ft. 7 in. Eyes
 Funeral at Daytona
 Date 193 M
 Account charged Baggett & Heath
 Address Daytona Beach
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Flat Top
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Body arrived by
 Shipping Case or Vault Auto
 Handles 10 - a m Mon 8-26-35
 Pillow Set
 Name Plate Body Cremated
 Cemetery 4-P M 8-26-35
 Section Casket expressed Lot H
 E
 I Other Graves
 X Grave on this date
 Cremation Baggett & Heath W
 Single Grave Daytona Beach
 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 Fred W. Toff
 Date of death Aug 25 - 35
 Cause of death Prostatitis
 Place of death Res
 Residence Summerfield Fla
 Age 75 Y'rs 8 Mo's 16 Days
 Weight 110 Height 5 ft. 5 in. Eyes
 Funeral at Ocala Fla
 Date _____ 193____ M
 Account charged Sam Pyles
 Address F.D. Ocala Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Wet Top
 Casket with Copper Lin. Body unwid
 Style of Casket by auto 12 30 PM
 No. of Casket Mon 8-26-35
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 4-PM
 Pillow Set 8-26-35
 Name Plate Ashes
 Cemetery Expressed Sam Pyles
 Section F.D. Home Lot _____
Ocala Fla
 I Other Graves N
S
W
 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 Julius James (Cotard)
 Date of death Sun Aug-25-35
 Cause of death Shot by Roanney Turner
 Place of death Cor. Long Paramore St
 Residence Residence.
 Age 25 Y'rs 3 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date Aug 26 1935 P M
 Account charged City
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- 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 _____
 I Other Graves E
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 Colored
 Casket Wagon _____
 Physician Samuel S. S. S.
 County or City Burial 14. 00
 Automobiles _____
 Baggage or Express Train No. _____

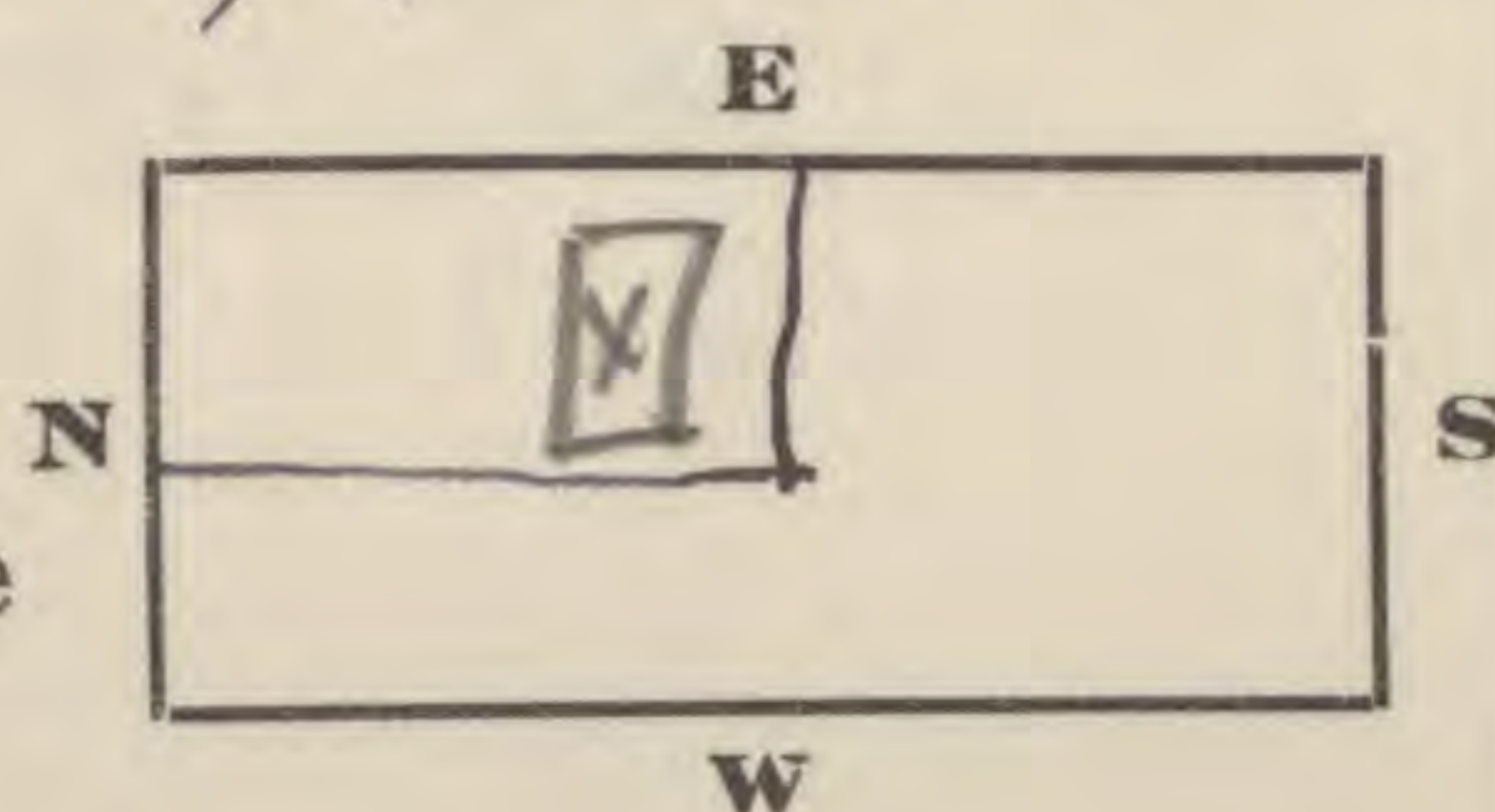
Carey Hand Funeral Home

Name of deceased Clifton H. Cord
 Date of death Tues Aug-27-35-
 Cause of death Chro Myocarditis
 Place of death Res
 Residence 212 E. Concord
 Age 77 Y'rs 1 Mo's 19 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Friday Aug 23 1935 4 P M
 Account charged Mrs Clifton H. Cord
 Address 212 E. Concord
 Account guaranteed Estate
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/6 Met. Sil Fin 200.00
 Casket with Copper Lin.
 Style of Casket State 1/2 Couch
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault Air Seal 75.00
 Handles Ext
 Pillow Set yes
 Name Plate none
 Cemetery Greenwood
 Section U - N.E. 1/4 Lot 58

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave etc 15.00

Body Shipped to Car P.B. 5.00

R. R. Ticket Car min 5.00

Cash advanced Closed Car 5.00

Telegram

Minister Dean Adcock 5.00

Casket Wagon (1)

Physician Dr Mallory

County or City Burial

Automobiles

Baggage or Express Train No. SVS 15.00

\$360.00

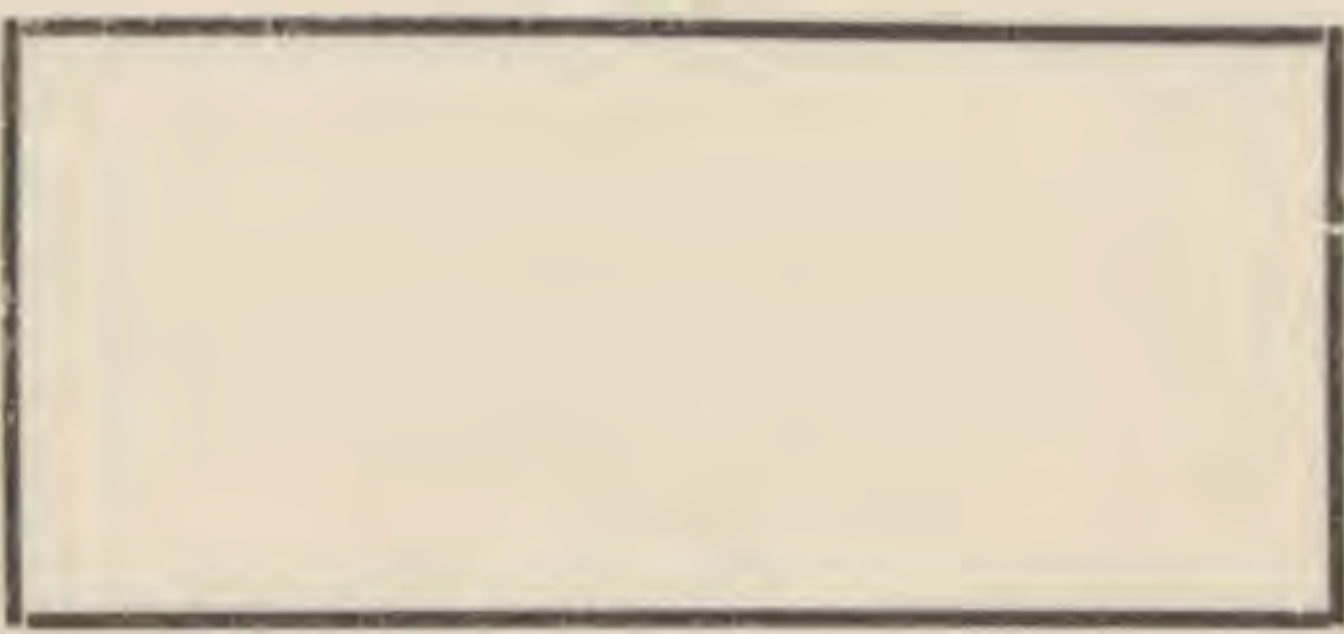
Carey Hand Funeral Home

Name of deceased Myron H Brasted
 Date of death Aug 26-35 shot through temple
 Cause of death Suicide
 Place of death Ocala - Res
 Residence Ocala
 Age 71 Y'rs Mo's Days
 Weight 160 Height 5 ft. 7 in. Eyes
 Funeral at Ocala
 Date 193 M
 Account charged Roberts + Son
 Address T. Home Ocala Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Oct O. Top
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket lg auto 3-P.M.
 Outside Box Tues - 8-27-35
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 4-P.M - 8-27-35
 Name Plate
 Cemetery Ashes Expressed to
 Section Roberts T.H. Lot
Ocala 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 37.50
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Chas O Lewis
Date of death Aug 16-35
Cause of death Appendicitis
Place of death St Petersburg Fla
Residence St Petersburg
Age 71 Y'rs 7 Mo's 19 Days
Weight 165 Height 4 ft. - in. Eyes
Funeral at St Petersburg
Date 193 M
Account charged Baynard F. St.
Address St Petersburg
Account guaranteed
Address
Embalming Cremation 37.50
Robe, Suit, Dress
Underwear and Hose
Casket
Casket with Copper Lin. Body arrived
Style of Casket by Express a c x
No. of Casket # 92
Outside Box Trues 8-27-35
Shipping Case or Vault
Handles Body Cremated
Pillow Set 4-PM-8-27-35
Name Plate
Cemetery
Section Lot
E
I Other Graves
X Grave on this date
N S
W
Cremation Ashes Expensed to
Single Grave John Lewis
Opening and Closing Grave
Body Shipped to 16 Hanford
R. R. Ticket Mason City
Cash advanced Iowa
Telegram
Minister
Casket Wagon
Physician
County or City Burial
Automobiles 37.50
Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Miss Jennie Pickering
 Date of death Aug 25 - 1935
 Cause of death _____
 Place of death County Home St Petersburg Fla
 Residence St Petersburg. Fla
 Age 81 Y'rs 5 Mo's _____ Days 16
 Weight 120 Height 5 ft. 2 in. Eyes Grey
 Funeral at St Petersburg Fla
 Date Aug 1935 M
 Account charged J. W. Wilhelm Und &
 Address St Petersburg. Fla
 Account guaranteed Check
 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 Auto Wed
 Outside Box 12:15 P. M. Aug 28-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Wed 4 P. M.
 Cemetery Aug 29-1935
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 W
 Cremation Hold ashes until
 Single Grave Notified
 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. _____

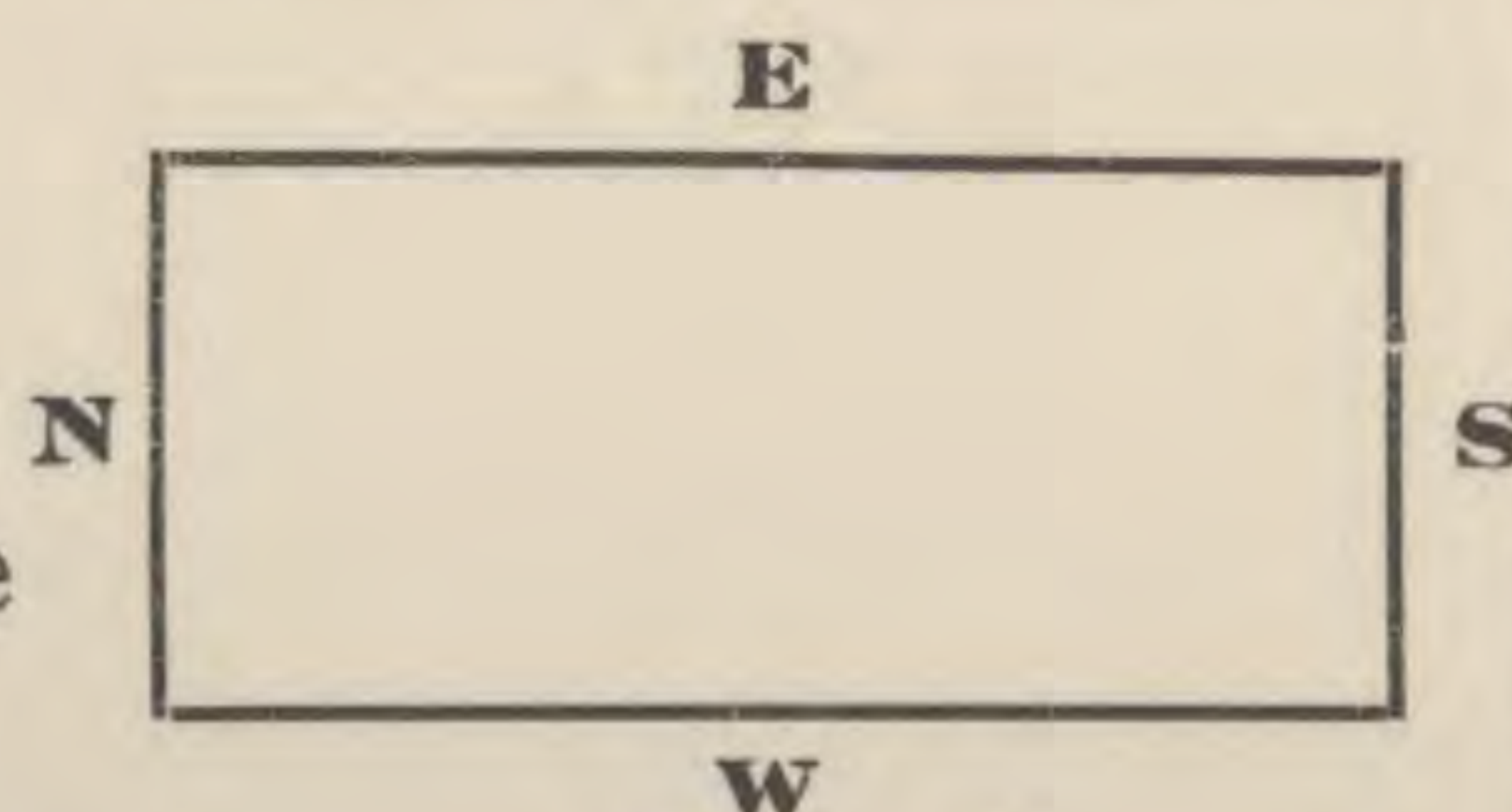
\$ 37.50

Carey Hand Funeral Home

Name of deceased Chas. N. Bon.
 Date of death Aug 25 - 1935
 Cause of death Pneumia
 Place of death St Petersburg Fla
 Residence St Petersburg, Fla
 Age 68 Y'rs Mo's Days
 Weight 225 Height 5 ft. 4 in. Eyes
 Funeral at St Petersburg Fla
 Date Aug 1935 M
 Account charged John S. Rhodes and Co
 Address St Petersburg, Fla
 Account guaranteed Check.
 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 Auto Wed 3:15 P.M.
 Outside Box Aug 28 - 35
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 4 P.M. Wed
 Cemetery Aug 28 - 1935
 Section Lot

I Other Graves

X Grave on this date



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

\$ 37.50

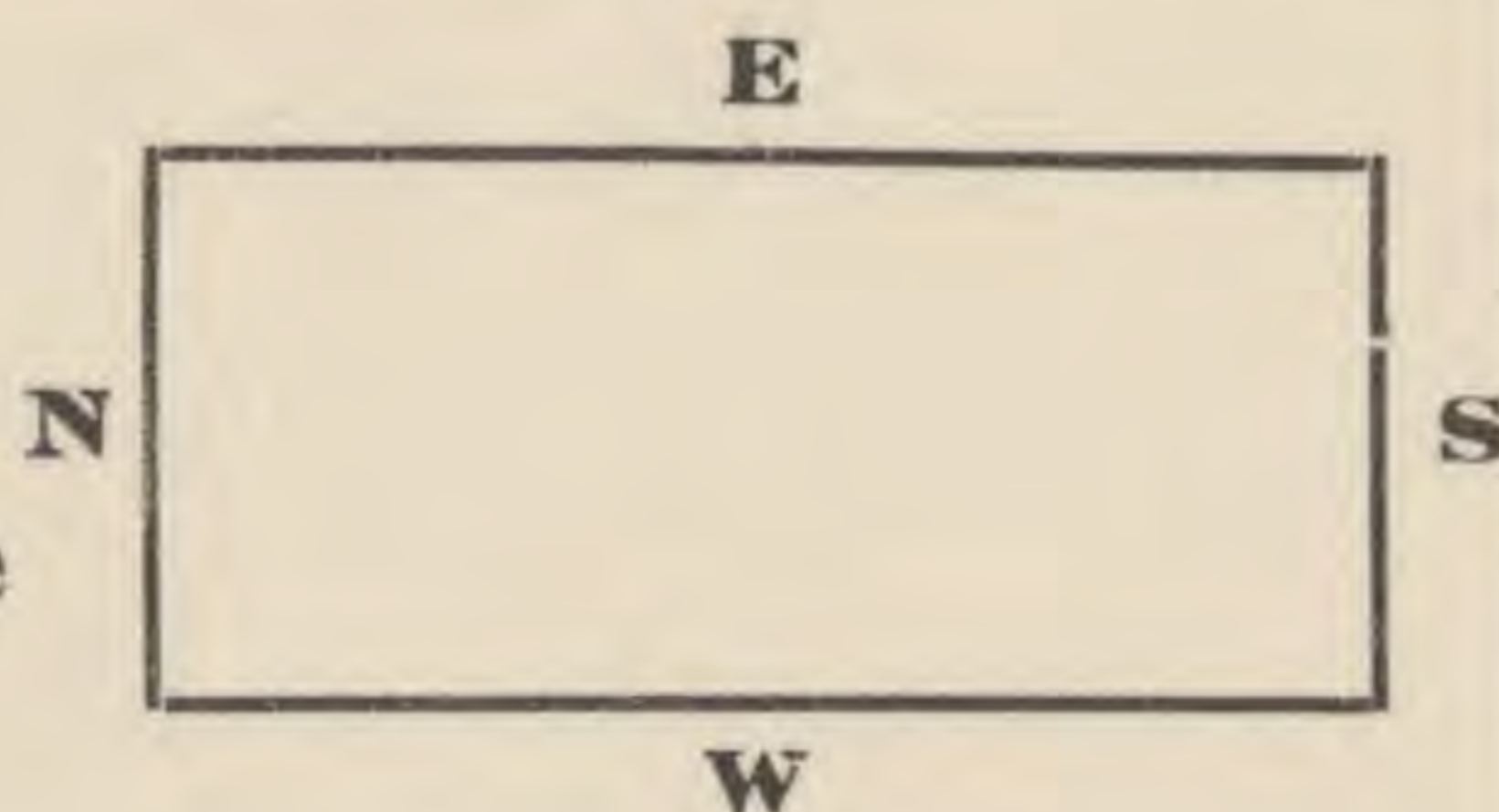
Carey Hand Funeral Home

Name of deceased Margaret Barlow
 Date of death Aug 28
 Cause of death acute Cardiac Insufficiency
 Place of death Res
 Residence Shumrock Fla
 Age 66 Y's 9 Mo's 9 Days
 Weight 165 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Fri Aug-30- 1935 A M
 Account charged Ralph Barlow
 Address Orlando - 70 Post Office
 Account guaranteed Estate

Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Dr Gr Plush 175.00
 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 gr
 Name Plate ✓
 Cemetery Orlando
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave Tx etc 15.00
 Body Shipped to P.B. Car 5.00
 R. R. Ticket Car min 5.00
 Cash advanced Clard Car 5.00

Telegram _____

Minister Rev Sutton

Casket Wagon To Shumrock 35.00

Physician Dr Cobb

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. 291 50

Carey Hand Funeral Home

Name of deceased Robert Maddox
 Date of death Aug 29
 Cause of death Hemorrhage of tongue
 Place of death County Home Cancer of tongue
 Residence Alameda Fla

Age about 46 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at _____
 Date Aug 29 1935 P. M

Account charged County
 Address _____

Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____

Underwear and Hose _____
 Casket 43 Coffin 14 50

Casket with Copper Lin. _____
 Style of Casket _____

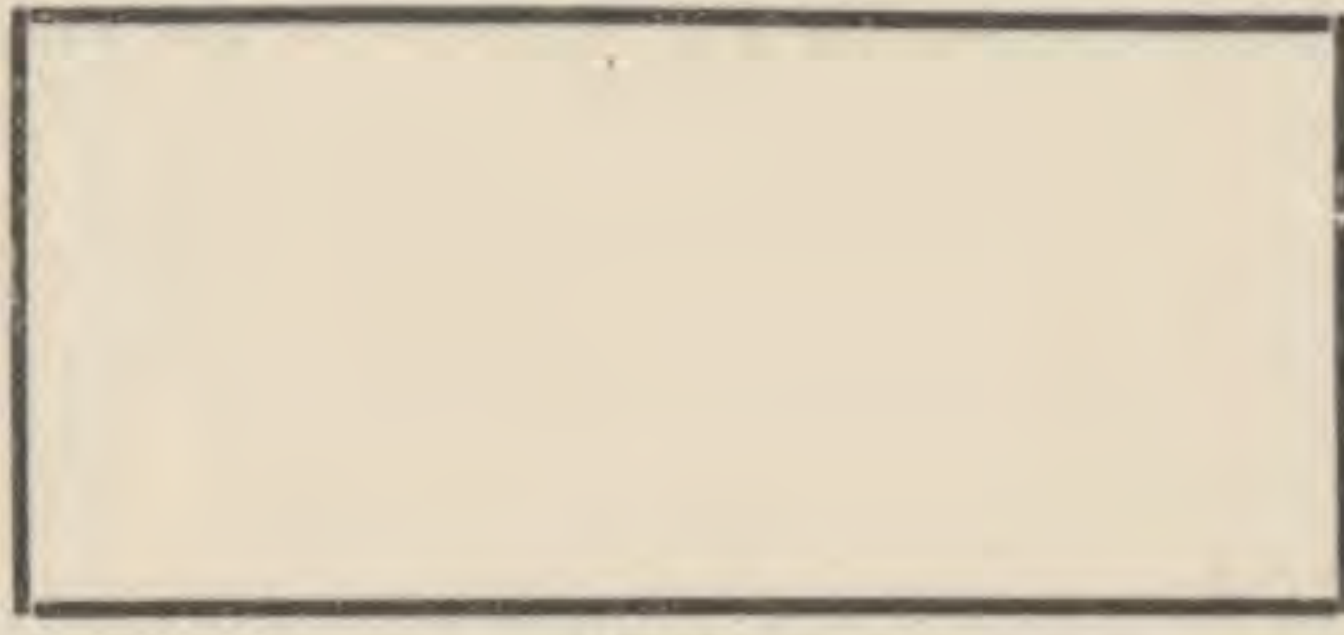
No. of Casket _____
 Outside Box _____

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 _____

Casket Wagon _____
 Physician Dr. Beardsall

County or City Burial _____
 Automobiles _____

Baggage or Express Train No. _____

14 50

Carey Hand Funeral Home *Poland*

Name of deceased *Baby Golden*
 Date of death *Aug 30-35*
 Cause of death *Still Born*
 Place of death *Res*
 Residence *29 - Bryant*
 Age ☒ Y's ☒ Mo's ☒ Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side Mon Sept 2-35*
 Date _____ 193 *9-9* M
 Account charged *City*
 Address _____
 Account guaranteed *Officer J. Smith*
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0* *7.00*
 Casket with Copper Lin. ☒
 Style of Casket ☒
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault _____
 Handles ☒
 Pillow Set *Smith & Sonant - had*
 Name Plate *Call*
 Cemetery _____
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____ *7.00*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

| | |
|--|---|
| Name of deceased <u>Mrs Abbie Davis</u> | |
| Date of death <u>Sun Sept 1-35</u> | <u>2 30 PM</u> |
| Cause of death _____ | |
| Place of death <u>Res</u> | |
| Residence <u>Apopka</u> | |
| Age <u>87</u> Yrs | Mo's <u>19</u> Days |
| Weight <u>120</u> | Height <u>5</u> ft. <u>6</u> in. Eyes _____ |
| Funeral at <u>Grave Side</u> | |
| Date <u>Wed Sept 4-</u> | <u>11 A</u> M |
| Account charged <u>Leslie P. Waite</u> | |
| Address <u>Apopka Fla</u> | |
| Account guaranteed <u>Estate</u> | |
| 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- In Gr Plush.</u> | <u>175.00</u> |
| Casket with Copper Lin. <input checked="" type="checkbox"/> | |
| Style of Casket <u>Oct- 1/2 - C</u> | |
| No. of Casket <u>1927 - S</u> | |
| Outside Box <input checked="" type="checkbox"/> | |
| Shipping Case or Vault <u>air Seal</u> | <u>125.00</u> |
| Handles <u>Ext</u> | |
| Pillow Set <u>yes</u> | |
| Name Plate <input checked="" type="checkbox"/> | |
| Cemetery <u>Apopka</u> | |
| Section _____ | Lot _____ |
| <div style="display: flex; justify-content: space-around; align-items: center;"> E <div style="border: 1px solid black; width: 150px; height: 50px; position: relative;"> E N S W </div> S </div> | |
| I Other Graves _____ | |
| X Grave on this date _____ | |
| Cremation <u>Closed Can No Chg</u> | |
| Single Grave _____ | |
| Opening and Closing Grave <u>Tx etc</u> | <u>15.00</u> |
| Body Shipped to <input checked="" type="checkbox"/> | |
| R. R. Ticket _____ | |
| Cash advanced _____ | |
| Telegram _____ | |
| Minister <u>Rev Johnson of Euclid</u> | |
| Casket Wagon <u>(1)</u> | <u>5.00</u> |
| Physician <u>Dr M C Bude</u> | |
| County or City Burial <input checked="" type="checkbox"/> | |
| Automobiles <u>8 x 5</u> | <u>15.00</u> |
| Baggage or Express Train No. <u>3</u> | <u>70.00</u> |

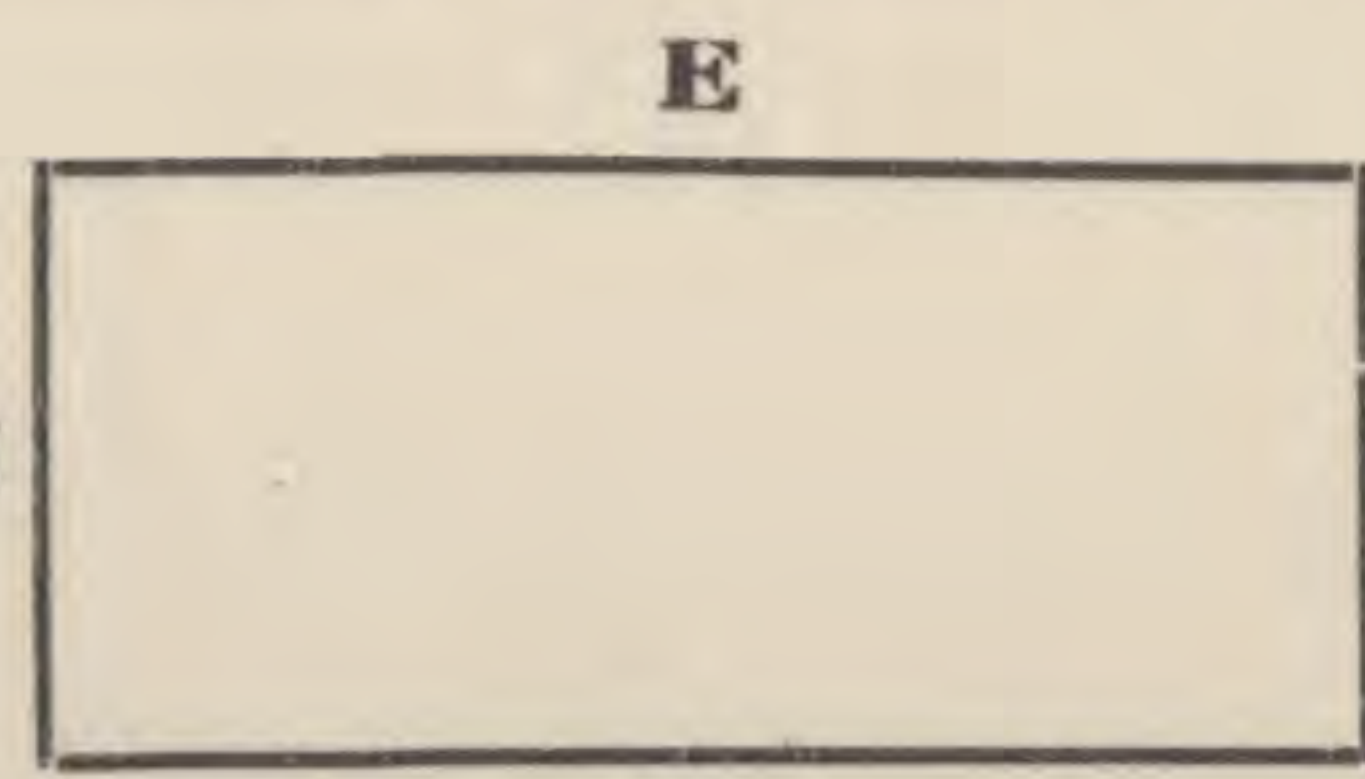
Carey Hand Funeral Home

Name of deceased Mrs Mamie C. Ward
 Date of death Sun - Sept 1 - 35 8 PM
 Cause of death Cerebral Tumor Left Hemisphere
 Place of death Res
 Residence 2016 - Amhurst st
 Age 59 Y'rs 5 Mo's 21 Days
 Weight 125 Height 5 ft. 6 in. Eyes
 Funeral at Dest

Date _____ 1935 M
 Account charged Hugo Nordberg
 Address 2016 Amhurst -
 Account guaranteed Estate

Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress Blue 17. 50
 Underwear and Hose 1. 50
 Casket 6-3- Sil Flush 175. 00
 Casket with Copper Lin. ✓
 Style of Casket Oct - 1/2 - C -
 No. of Casket 1927 - S
 Outside Box ✓
 Shipping Case or Vault Lt 75. 00
 Handles Ext -
 Pillow Set yes White
 Name Plate ✓
 Cemetery Brookline Fla
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation Burial at Seaside
 Single Grave Cemetery
 Opening and Closing Grave Brookline Fla
 Body Shipped to Gainesville Fla 13 00
 R. R. Ticket ✓ 9. 75
 Cash advanced Express 2. 00
 Telegram (2) L. & Phone
 Minister _____
 Casket Wagon (2) 10. 00
 Physician Dr Osentouch
 County or City Burial ✓ 3 25 75
 Automobiles ✓ 3 25

Baggage or Express Train No. 76
Monday Sept 2 - 35

13 00
 9. 75
 2. 00
 10. 00
 3 25 75
 3 25
 329 00

Carey Hand Funeral Home

Name of deceased Geo Hoffman
 Date of death Mon Sept 2 - 35 PM
 Cause of death acute alcoholism acute
 Place of death Per Heart
 Residence 712 - Atlanta ave
 Age 68 Y'rs 11 Mo's 24 Days
 Weight 145 Height 6 ft. 0 in. Eyes
 Funeral at Chapel
 Date Wed - Sept 4 1935 M
 Account charged City
 Address
 Account guaranteed ok by officer Brayell
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 14. 00
 Casket with Copper Lin.
 Style of Casket Syn
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Bale
 Pillow Set ☒
 Name Plate
 Cemetery Greenwood
 Section J Lot 170
 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 Snow
 Casket Wagon
 Physician Dr J Redding
 County or City Burial
 Automobiles
 Baggage or Express Train No. 14. 00

Carey Hand Funeral Home

Name of deceased Hugh G. Partin
 Date of death Tues Sept-3-35 AM
 Cause of death Cardio Renal Disease
 Place of death Res
 Residence Bethlo
 Age 89 Y'rs 0 Mo's 22 Days
 Weight 150 Height 5 ft. 8 in. Eyes
 Funeral at Grave Side
 Date Thurs Sept 5 1935 1:30 AM
 Account charged H. Partin

Address
 Account guaranteed Cash

Address
 Embalming + Dressing 35.00

Robe, Suit, Dress ☒
 Underwear and Hose

Casket 6-3- In Bnd-C 175.00

Casket with Copper Lin.
 Style of Casket Oct-OTH C

No. of Casket S 1411- S

Outside Box R-19

Shipping Case or Vault ☒
 Handles Ext

Pillow Set yes white

Name Plate ☒
 Cemetery Trawdy

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 Lenean of Campbell 5.00

Casket Wagon (1)

Physician Dr Redding

County or City Burial

Automobiles S & S 15.00

Baggage or Express Train No. 2 45.00

25.00

\$ 220.00

Carey Hand Funeral Home

| | | | |
|------------------------------|-------------------------------------|--------|---------------------|
| Name of deceased | <i>Geo. Goldsmith</i> | | |
| Date of death | <i>Tues Sept 3-35</i> | | |
| Cause of death | <i>Conary Oculumian</i> | | |
| Place of death | <i>O.G.H.</i> | | |
| Residence | <i>Memphis Tenn</i> | | |
| Age | Y's | Mo's | Days |
| Weight | <i>175</i> | Height | <i>5 ft. 10 in.</i> |
| Eyes | | | |
| Funeral at | <i>Dest</i> | | |
| Date | <i>193</i> | | M |
| Account charged | <i>M & Goldsmith</i> | | |
| Address | <i>Helena Ark</i> | | |
| Account guaranteed | <i>OK</i> | | |
| Address | | | |
| Embalming | <i>& Dns</i> | | <i>35.00</i> |
| Robe, Suit, Dress | <input checked="" type="checkbox"/> | | |
| Underwear and Hose | <input checked="" type="checkbox"/> | | |
| Casket | <i>6-3-Gr Bid-C</i> | | <i>200.00</i> |
| Casket with Copper Lin. | <input checked="" type="checkbox"/> | | |
| Style of Casket | <i>R. C. State</i> | | |
| No. of Casket | <i>121 Tampa</i> | | |
| Outside Box | <i>Reg</i> | | |
| Shipping Case or Vault | <input checked="" type="checkbox"/> | | |
| Handles | <i>Ext</i> | | |
| Pillow Set | <i>yes</i> | | |
| Name Plate | <input checked="" type="checkbox"/> | | |
| Cemetery | <i>Helena Ark</i> | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | N | | S |
| X Grave on this date | | W | |
| Cremation | <input type="checkbox"/> | | |
| Single Grave | <input type="checkbox"/> | | |
| Opening and Closing Grave | <input type="checkbox"/> | | |
| Body Shipped to | <i>Helena Ark</i> | | |
| R. R. Ticket | <i>& R</i> | | <i>73.33</i> |
| Cash advanced | | | |
| Telegram | | | |
| Minister | | | |
| Casket Wagon | <i>(2)</i> | | <i>10.00</i> |
| Physician | <i>D. H.</i> | | |
| County or City Burial | | | |
| Automobiles | | | |
| Baggage or Express Train No. | <i>92</i> | | |
| <i>Tues - 9-3-35</i> | | | |
| | | | <i>318.33</i> |

Carey Hand Funeral Home

Name of deceased Carolyn Carlton
 Date of death Aug 31 - 35
 Cause of death Cerebral Hemorrhage
 Place of death Miami
 Residence Miami
 Age 56 Y'rs 3 Mo's _____ Days _____
 Weight 165 Height 5 ft. 7 in. Eyes Blue
 Funeral at Miami Fla
 Date Sept 3 1935 M
 Account charged W. H. Philbrick
 Address 918 Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body arrived by
 Outside Box Express 1230 # 91
 Shipping Case or Vault Trus 9-3-35
 Handles _____
 Pillow Set Body cremated
 Name Plate 2-PM. 9-3-35
 Cemetery _____
 Section _____ Lot _____
 I Other Graves
 N S
 E
 W

 X Grave on this date _____
 Cremation ashes expressed to
 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

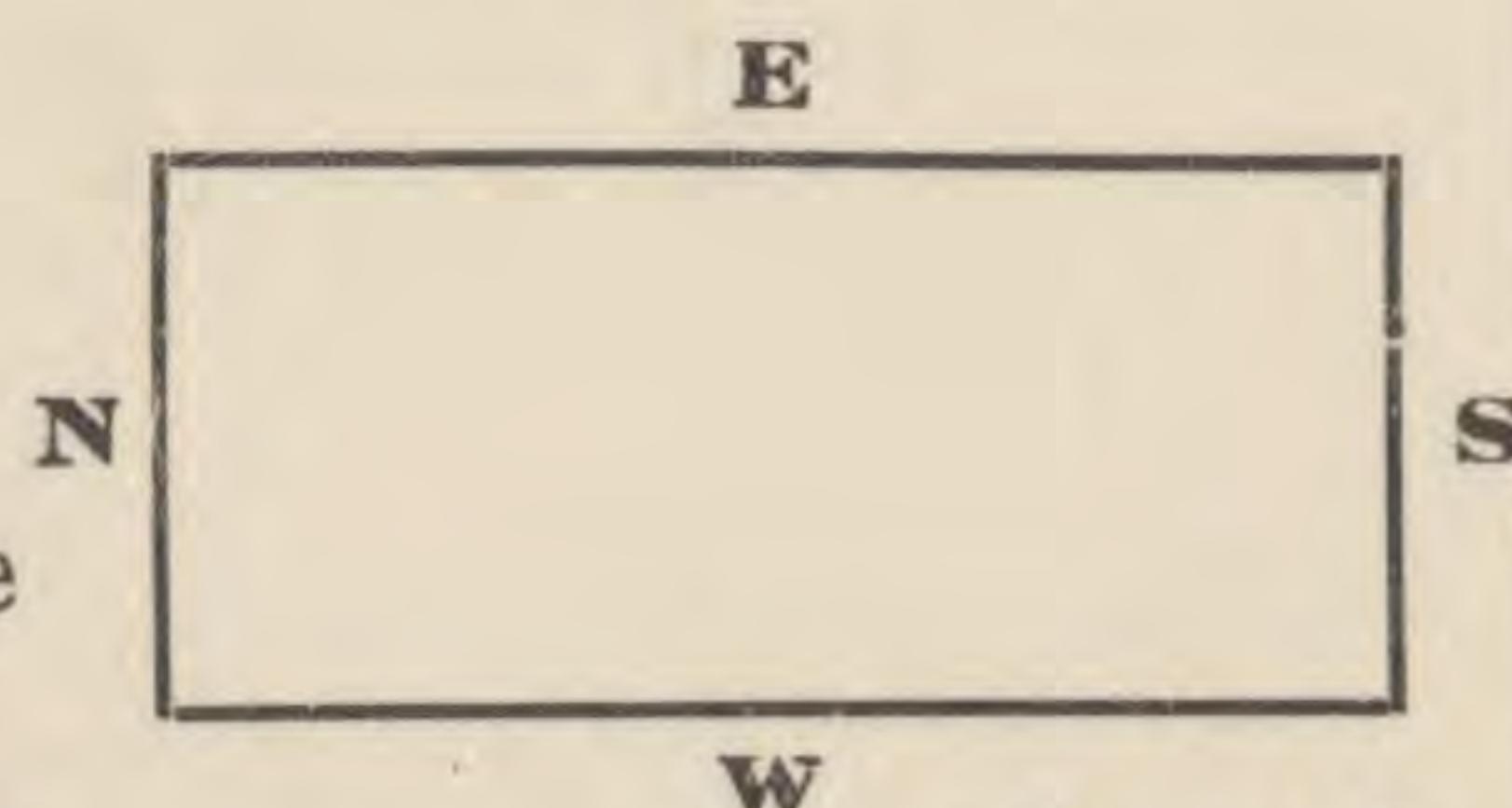
| | | | |
|--|--------|------|----------|
| Name of deceased <u>Maudie K Clark</u> | | | |
| Date of death <u>Sept-2-35</u> | | | |
| Cause of death <u>Cancer of Stomach</u> | | | |
| Place of death <u>Res</u> | | | |
| Residence <u>St Petersburg</u> | | | |
| Age <u>65</u> | Y'rs | Mo's | Days |
| Weight | Height | ft. | in. Eyes |
| Funeral at <u>St Petersburg</u> | | | |
| Date <u> </u> 19 <u>35</u> M | | | |
| Account charged <u>John S Rhodes</u> | | | |
| Address <u>St Petersburg Fla</u> | | | |
| Account guaranteed <u>OK</u> | | | |
| Address <u> </u> | | | |
| Embalming <u>Cremation</u> | | | 37.50 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket <u>OSB</u> | | | |
| Casket with Copper Lin. <u>Body arrived</u> | | | |
| Style of Casket <u>by auto</u> | | | |
| No. of Casket <u>3-P.M.</u> | | | |
| Outside Box <u>Trus Sept 3-35</u> | | | |
| Shipping Case or Vault | | | |
| Handles <u>Body cremated</u> | | | |
| Pillow Set <u>3-30-PM-9-3-35</u> | | | |
| Name Plate | | | |
| Cemetery <u>Express Ashes to</u> | | | |
| Section <u>J. S. Rhodes</u> Lot | | | |
| <u>Funeral Home</u> | | | |
| <u>St Petersburg</u> | | | |
| I Other Graves | | | |
| X Grave on this date | | | |
| <div style="border: 1px solid black; width: 300px; height: 60px; margin: 0 auto; position: relative;"> N S W </div> | | | |
| 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 | | | 37.50 |
| Baggage or Express Train No. | | | |

Carey Hand Funeral Home

Name of deceased Albert. W. Merrill
 Date of death Sept 4
 Cause of death Coronary Thrombosis
 Place of death Holly Hill
 Residence Holly Hill Fla
 Age 67 Y'rs 0 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Holly Hill Fla
 Date Sept 1935 M
 Account charged Hraig & Brooks Und Co
 Address Daytona Beach Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by auto Wed 4
 Outside Box P.M. Sept 4 - 35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body cremated
 Name Plate Thurs 8 A.M.
 Cemetery Sept 5 - 1935
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Express Ashes to
 Single Grave Hraig & Brooks
 Opening and Closing Grave Und Co.
 Body Shipped to Daytona 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 *Coland*

Name of deceased *Alex Rouse*
 Date of death *Sept 6 - Midnight*
 Cause of death _____
 Place of death *Res*
 Residence *729 Eusten*
 Age *60* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date _____ 193 _____ 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 *Sgt -*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____
 I Other Graves N
E
S
W
 X Grave on this date _____
 Cremation _____
 Single Grave *Single Grave Coland*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Judge Sam Shaver*
 County or City Burial _____
 Automobiles *14. 00*
 Baggage or Express Train No. _____

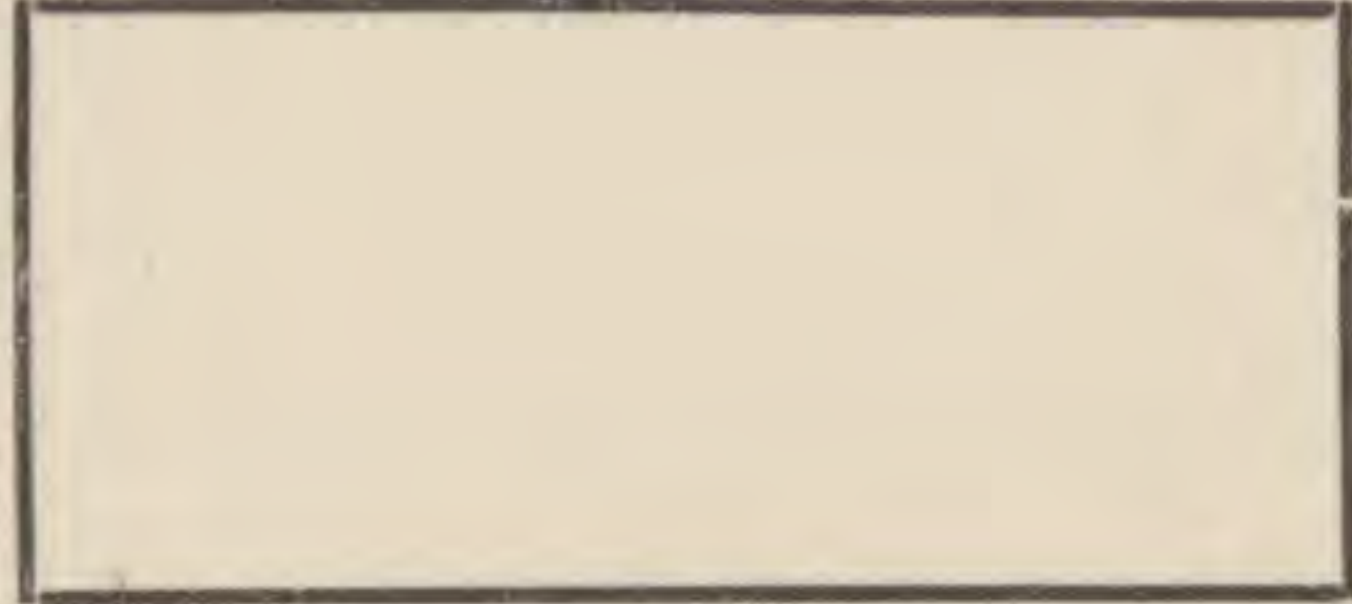
Carey Hand Funeral Home

Name of deceased Mrs. Carrie Boaz
 Date of death Sept-6-35
 Cause of death Probably Chio Myocarditis
 Place of death Res
 Residence Tampa
 Age 72 Y'rs Mo's Days
 Weight 130 Height 5 ft. 7 in. Eyes Brown
 Funeral at Tampa
 Date 193 M
 Account charged B. Mason Reed
 Address 412 Tampa
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress Body arrived by
 Underwear and Hose Baggage aed 192
 Casket 318 - Sat 9-7-35
 Casket with Copper Lin.
 Style of Casket Body cremated
 No. of Casket 4-P.M. 9-7-35
 Outside Box
 Shipping Case or Vault Ashes Exposed
 Handles A Barclay & Brantam
 Pillow Set T. Linetis
 Name Plate Atlanta Ga
 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 Frances Beatrice Noble
 Date of death Sept 7th
 Cause of death Melano Epithelioma
 Place of death Tampa
 Residence Tampa
 Age 40 Y'rs 11 Mo's 0 Days
 Weight 135 Height 5 ft. 6 in. Eyes Light
 Funeral at Tampa Fla
 Date Sept 1935 5 M
 Account charged J. L. Reed & Son
 Address Tampa. 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 Auto Truck 9 a.m.
 Outside Box Sept 10 - 35
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set Sept 10 - 35 at 9:30 a.m.
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Ashes expressed
 Single Grave to -
 Opening and Closing Grave J. L. Reed
 Body Shipped to & Son
 R. R. Ticket Tampa. 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 | Chas Hauser | | |
| Date of death | Sept-8-35 | | |
| Cause of death | myocarditis | | |
| Place of death | Rev. | | |
| Residence | Miami | | |
| Age | 72 Y'rs | 4 Mo's | 13 Days |
| Weight | 125 | Height | 5 ft. 10 in. Eyes |
| Funeral at | Miami | | |
| Date | 193 | M | |
| Account charged | King Funeral Home | | |
| Address | 29 N.W. 3rd Ave Miami Fla | | |
| Account guaranteed | | | |
| Address | | | |
| Embalming | Cremation | 37.50 | |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 4-3-6 cup | | |
| Casket with Copper Lin. | | | |
| Style of Casket | 5 yr Flat top | | |
| No. of Casket | | | |
| Outside Box | Body arrived by Express | | |
| Shipping Case or Vault | a.c. 4 91 | | |
| Handles | 1230-PM-9-10-35 | | |
| Pillow Set | | | |
| Name Plate | Body Cremated | | |
| Cemetery | Wed-Sept 11-35 8-AM | | |
| Section | Lot | | |
| | E | | |
| I Other Graves | N S | | |
| X Grave on this date | W | | |
| Cremation | Ashes Expressed to | | |
| Single Grave | King F. Home | | |
| Opening and Closing Grave | Miami Fla | | |
| Body Shipped to | 29 N.W. 3rd Ave | | |
| R. R. Ticket | Miami 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 John A Thompson
 Date of death Sept-11-35 745 AM
 Cause of death Carcinoma Stomach
 Place of death Res
 Residence Pine Tree In Windermere
 Age 71 Y'rs 7 Mo's 19 Days
 Weight 135 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Tue Sept 13 1935 4-P M
 Account charged Mrs Alma F Thompson
 Address Windermere Fla
 Account guaranteed Estate
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress Tie 1.00
 Underwear and Hose ✓
 Casket 6-3-42 Oak 85.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-O.T.
 No. of Casket S 1411-
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cremation
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Single Grave music 10.00
 Opening and Closing Grave
 Body Shipped to closed car No Chg
 R. R. Ticket 8 min 5.00
 Cash advanced
 Telegram
 Minister Rev John Ischee
 Casket Wagon (1) 5.00
 Physician Dr Lawrence
 County or City Burial
 Automobiles
 Baggage or Express Train No.

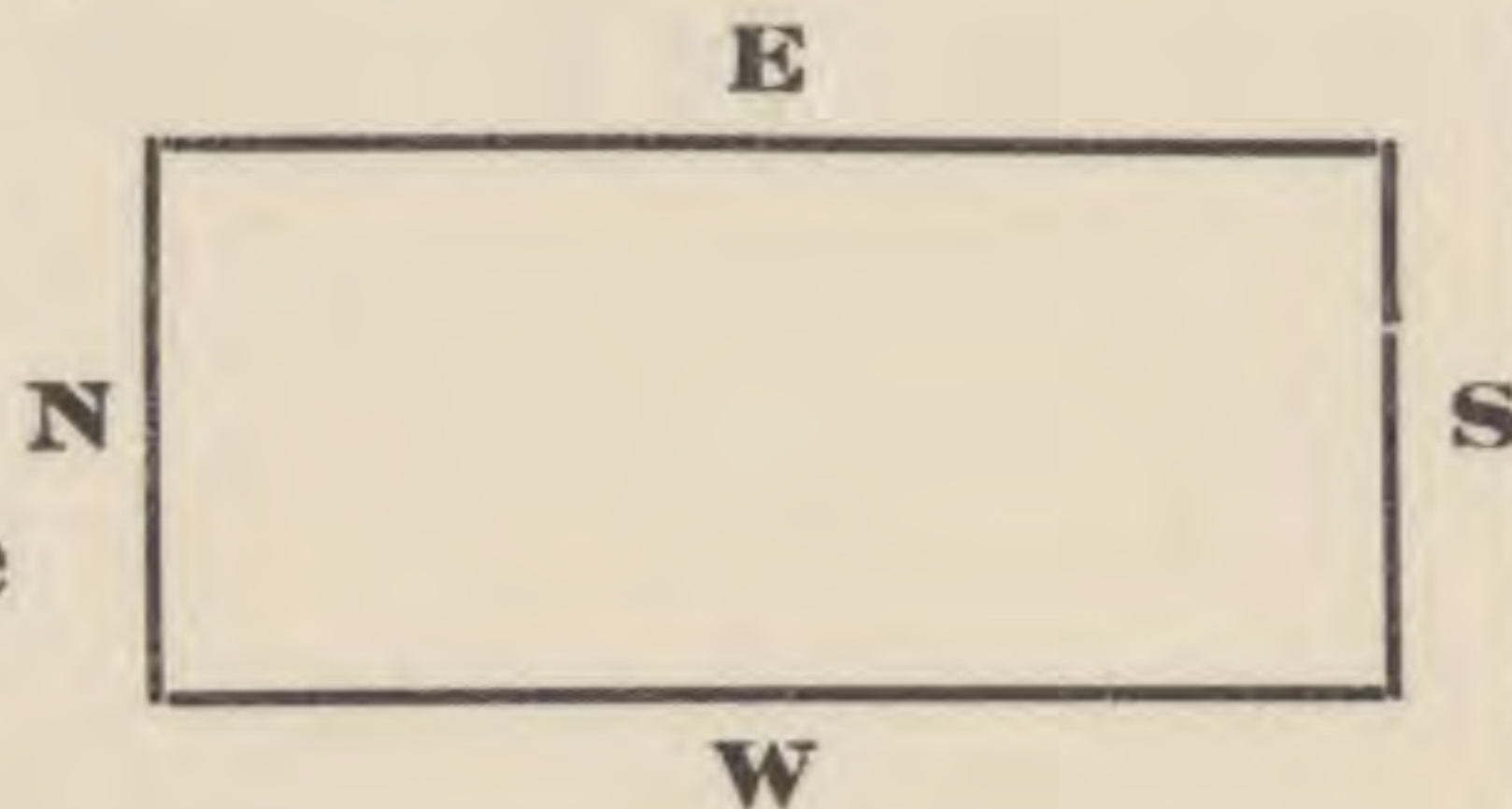
Body Cremated 8-AM Sat
 Sept-14-35
 will call for ashes

Carey Hand Funeral Home

Name of deceased *Joseph L. Blakemore*
 Date of death *Sept-4-35*
 Cause of death *auto accident*
 Place of death *Miami*
 Residence *Miami*
 Age *51* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Miami*
 Date _____ 193 _____ M
 Account charged *W. L. Philbrick*
 Address *T. H. Miami Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose *Body arrived*
 Casket *by express a/c*
 Casket with Copper Lin. *#75*
 Style of Casket *Wed Morning*
 No. of Casket *330 A.M. 9-11-35*
 Outside Box _____
 Shipping Case or Vault *Body cremated*
 Handles *8-a.m. 9-11-35*
 Pillow Set _____
 Name Plate *Robert Express Co*
 Cemetery *Philbrick T. Home*
 Section *Miami Fla* 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

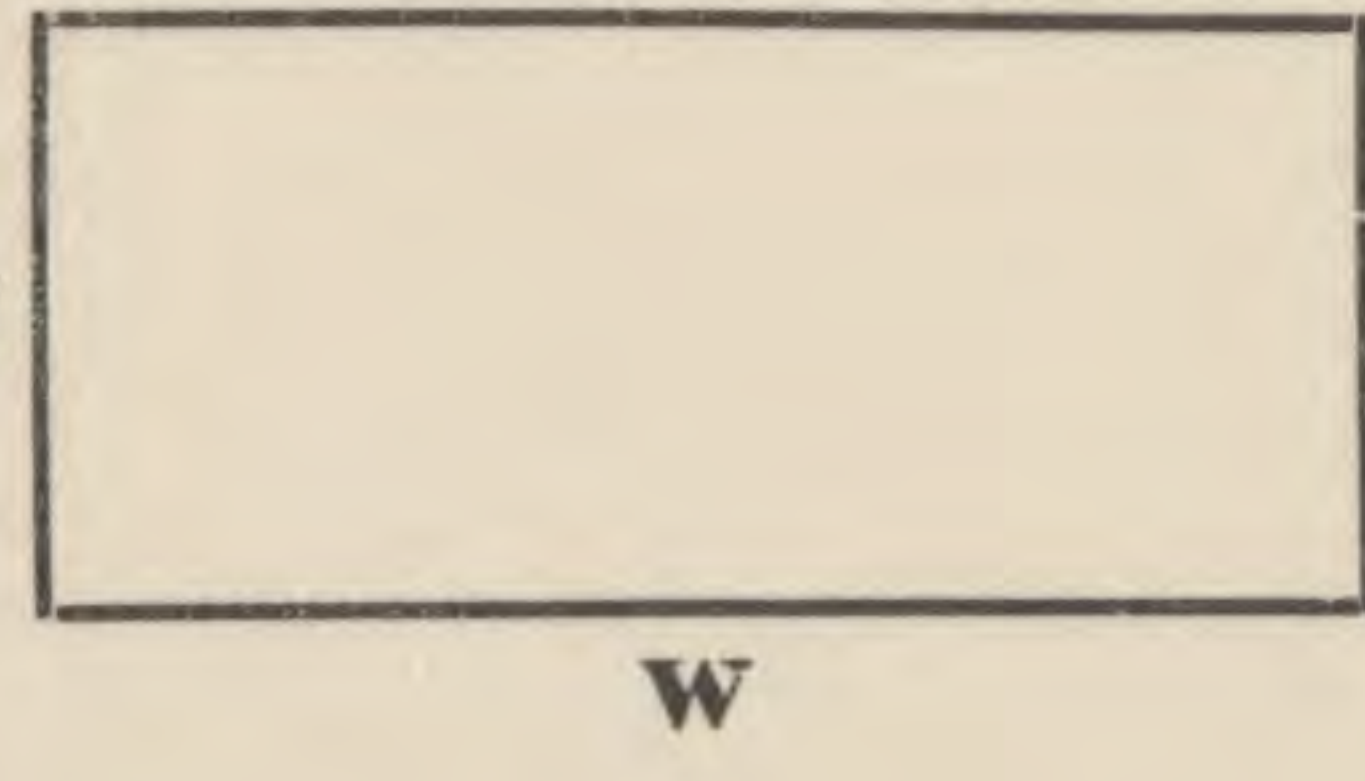
37.50

Carey Hand Funeral Home

Coland

Name of deceased *Amie A. Sparkman*
 Date of death *Sept 12*
 Cause of death _____
 Place of death *Res*
 Residence *1005 Carter st*
 Age *✓* Y'rs *✓* Mo's *✓* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date _____ 193 _____ M
 Account charged *City*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box *AK*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave *Coland*
 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. _____

7.00



\$ 7.00

Carey Hand Funeral Home

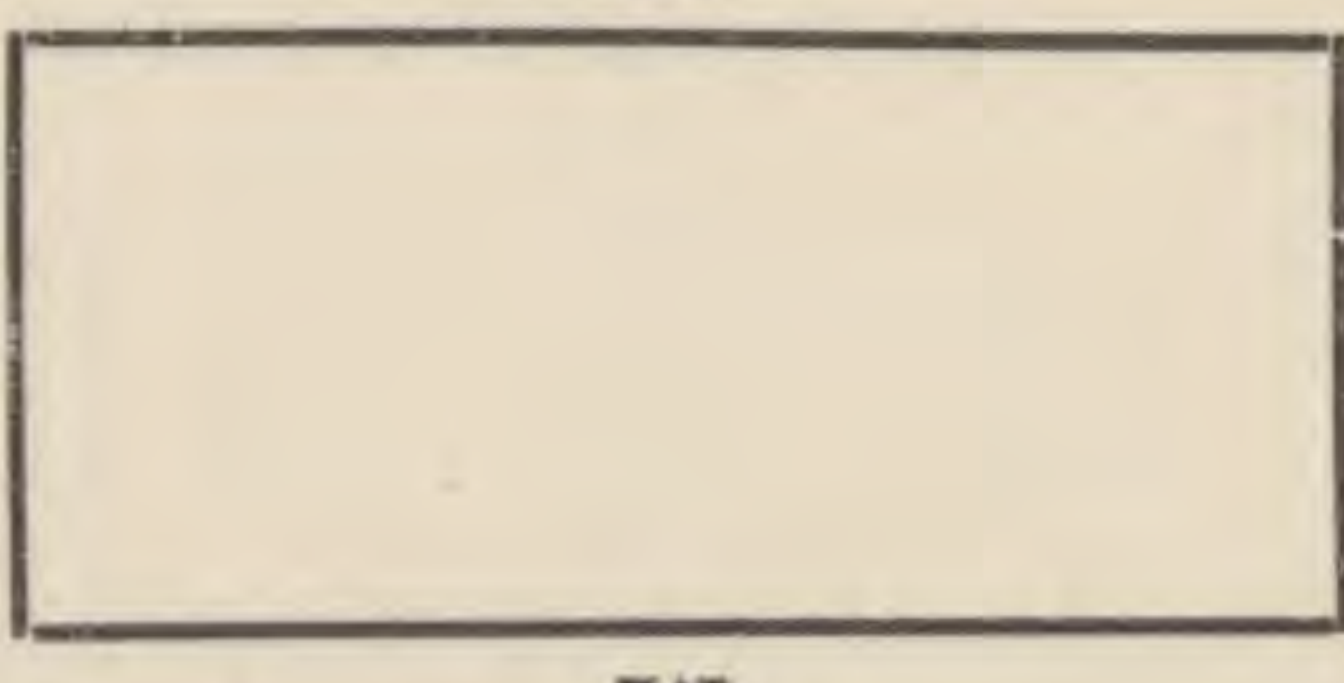
Name of deceased Henry Clayton Kunley
 Date of death Sept 11th
 Cause of death Angina Pectoris
 Place of death Res
 Residence Leesburg, Fla
 Age 50 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Leesburg, Fla
 Date Sept 1935 M
 Account charged Page Fun Home
 Address Leesburg, Fla
 Account guaranteed Check
 Address
 Embalming Cremation \$37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto 12 noon
 Outside Box Friday Sept 13-35
 Shipping Case or Vault
 Handles Body cremated
 Pillow Set 10.00 Friday Sept 13-35
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes expressed to
 Single Grave Page Fun Home
 Opening and Closing Grave Leesburg, Fla
 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 Joseph - Michael
 Date of death Sept - 12 - 35 7:30 - PM
 Cause of death Fracture of Skull
 Place of death in amb before reaching O.G.H.
 Residence Miami Fla -
 Age about 35 Y'rs _____ Mo's _____ Days _____
 Weight 165 Height 5 ft. 7 in. Eyes _____
 Funeral at Desert
 Date _____ 193____ M____
 Account charged King Funeral Home
 Address Miami
 Account guaranteed W. W. Eck
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress major in
 Underwear and Hose Sheet
 Casket 6-3-Gr. Crp. 75.00
 Casket with Copper Lin. ☒
 Style of Casket Sgt. 09
 No. of Casket 22-5-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate ☒
 Cemetery Desert
 Section _____ Lot _____
 E
 I Other Graves ☐ N ☐ S
 X Grave on this date ☐ W
 Cremation was in auto accident
 Single Grave Near Cocoa Rind
 Opening and Closing Grave Brought him
 Body Shipped to to O.G.H. was dead
 R. R. Ticket when arriving at O.G.H.
 Cash advanced Received from Rind
 Telegram 5-10- Express Cols but
 Minister no money or other
 Casket Wagon Valuables
 Physician Dr. D. M. McEuan
 County or City Burial _____
 Automobiles Express Chgs collect
 Baggage or Express Train No. 76 100.00
Sat-Night 9-14-35

Carey Hand Funeral Home

Name of deceased Edward T Winn Jr
 Date of death Sept-13-35 7:50 PM
 Cause of death Dying Post operation shock
 Place of death Fla Sanit
 Residence 1510 Minnesota
 Age 35 Y'rs 7 Mo's 24 Days
 Weight 145 Height 5 ft. 7 in. Eyes
 Funeral at St Luke Cathedral
 Date Sunday Sept 15 1935 2 P. M.
 Account charged Mrs. Edw. T. Winn
 Address 1510 Minnesota Ave Orlando
 Account guaranteed Estate
 Address
 Embalming & Dressing \$35.00
 Robe, Suit, Dress Shirt Tie
 Underwear and Hose Underwear } 3.00
 Casket 6-6 Metal 225.00
 Casket with Copper Lin. Inner
 Style of Casket State H. Cap.
 No. of Casket 6350- Walker C.F.B.
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes 1900
 Name Plate Name 1935
 Cemetery Waitland
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date
 Cremation _____
 Single Grave Car mini 5.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dean Johnson
 Casket Wagon (11) 5.00
 Physician Dr. Harns
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 303 00

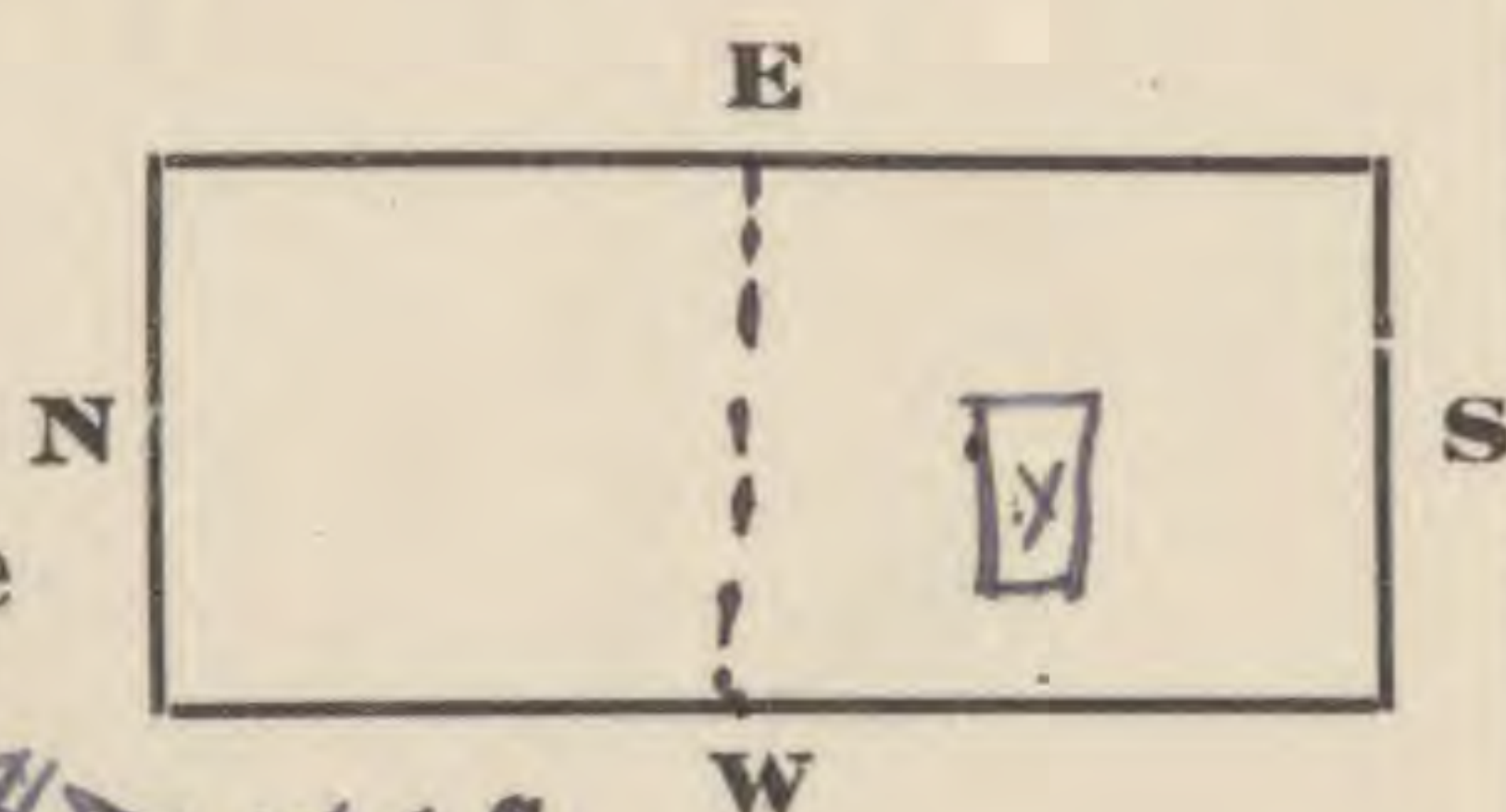
Large Funeral
all Police Force attending

Carey Hand Funeral Home

Name of deceased Robert S Carmichael
 Date of death Sept-13-35- 11:00 PM
 Cause of death Scarlet Fever
 Place of death Res
 Residence 1215 Catharine
 Age 3 Y'rs 2 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday Sept 15 1935 3 P. M
 Account charged Herman S Carmichael
 Address 1215 Catharine St Orlando
 Account guaranteed _____

Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 3-6-H-P 75.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-H Top
 No. of Casket 150 Tampa
 Outside Box ✓
 Shipping Case or Vault air Seal 4-6 75.00
 Handles Shut
 Pillow Set yes
 Name Plate OS
 Cemetery Greenwood
 Section L 2 1/2 Lot 83

I Other Graves _____
 X Grave on this date _____
 Bought lot from Wm Dean \$75.00
 Cremation _____



Single Grave _____
 Opening and Closing Grave 10.00
 Body Shipped to Car Inn 5.00
 R. R. Ticket Closed - Car No Chg
 Cash advanced _____
 Telegram _____
 Minister Rev Galoway 5.00
 Casket Wagon (1)
 Physician Dr. Asin Cup
 County or City Burial _____
 Automobiles Closed Car 5.00
 Baggage or Express Train No. 200 1.00

Carey Hand Funeral Home

Name of deceased Dr. Wm. C. Person
 Date of death Sat Sept 14 35 6:45 A
 Cause of death Coronary Sclerosis - arterio
 Place of death Res Sclerosis
 Residence 258 - S. Main
 Age 89 Y'rs 11 Mo's 8 Days
 Weight 175 Height 5 ft. 9 in. Eyes
 Funeral at Residence - S. Main St
 Date Sunday Sept 15 1935 4:30 P.M
 Account charged

Address
 Account guaranteed Estate
 Address

| | |
|--|--------|
| Embalming <u>Pressing</u> | 35.00 |
| Robe, Suit, Dress <u>✓</u> | |
| Underwear and Hose <u>✓</u> | |
| Casket <u>6-3 Gr Bld C</u> | 250.00 |
| Casket with Copper Lin. <u>✓</u> | |
| Style of Casket <u>R C Slate</u> | |
| No. of Casket <u>6008-3</u> | |
| Outside Box <u>✓</u> | |
| Shipping Case or Vault <u>air Seal</u> | 125.00 |
| Handles <u>Ext</u> | |
| Pillow Set <u>yes - w</u> | |
| Name Plate <u>✓</u> | |
| Cemetery <u>Greenwood</u> | |
| Section <u>a-</u> | Lot |

I Other Graves
 X Grave on this date

| | |
|--|--------|
| Cremation <u>H. P. B Car</u> | 5.00 |
| Single Grave <u>A P. B Car</u> | 5.00 |
| Opening and Closing Grave <u>etc</u> | 15.00 |
| Body Shipped to <u>Family Car</u> | 5.00 |
| R. R. Ticket | |
| Cash advanced | |
| Telegram | |
| Minister <u>Rev Mr. Hain</u> | |
| Casket Wagon | |
| Physician <u>Dr. Folsom</u> | |
| County or City Burial | |
| Automobiles | |
| Baggage or Express Train No. <u>SV 5</u> | 15.00 |
| | 455.00 |

Carey Hand Funeral Home

Name of deceased Anastasia Shrinkall.
 Date of death Sept 13th
 Cause of death Cerebral Hemorrhage
 Place of death Gephyrhills, Fla
 Residence Gephyrhills Fla
 Age 81 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Gephyrhills Fla
 Date Sept 1935 M
 Account charged J. W. Pair, F. D.
 Address Gephyrhills Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Arrived
 Style of Casket by auto 1030 AM
 No. of Casket Sat Sept 14-35
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated 1-PM
 Pillow Set 9-14-35
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation Ashes expressed to
 Single Grave William D. Pester,
 Opening and Closing Grave Gephyrhills
 Body Shipped to 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 <u>Miles N. Simmons</u> | |
| Date of death <u>Sun Sept-15-35</u> | <u>AM</u> |
| Cause of death <u>Arterio Sclerosis</u> | |
| Place of death <u>Res</u> | |
| Residence <u>Conway</u> | |
| Age <u>73</u> Y's | <u>6</u> Mo's <u>27</u> Days |
| Weight <u>145</u> | Height <u>5</u> ft. <u>9</u> in. Eyes |
| Funeral at <u>Baptist Church - Conway</u> | |
| Date <u>Wed Sept 18</u> | <u>1935</u> <u>10 a.m</u> |
| Account charged <u>Mrs M. N. Simmons</u> | |
| Address <u>Conway, Fla</u> | |
| Account guaranteed <u>Estate</u> | |
| 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</u> <u>Gr Oak</u> | <u>150.00</u> |
| Casket with Copper Lin. <input checked="" type="checkbox"/> | |
| Style of Casket <u>Oct. OT</u> | |
| No. of Casket <u>S-1411</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 | |
| Cemetery <u>Conway</u> | |
| Section | Lot <u>4</u> |

I Other Graves

X Grave on this date

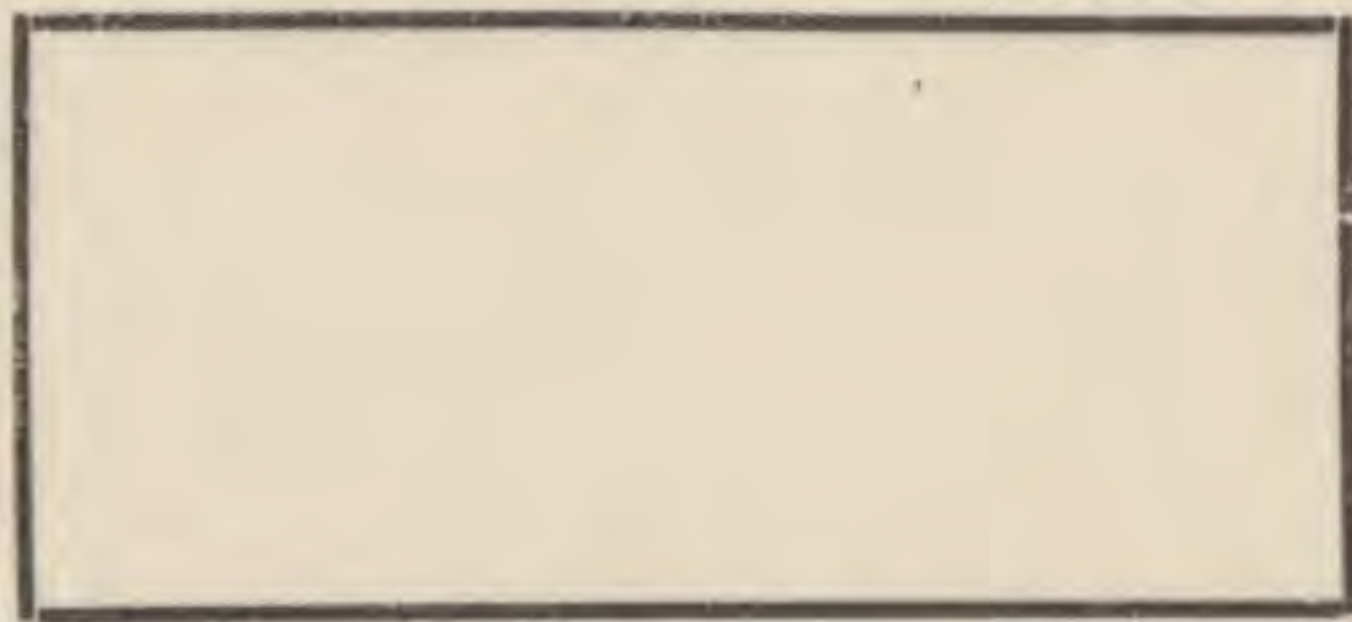
E
S

N
W

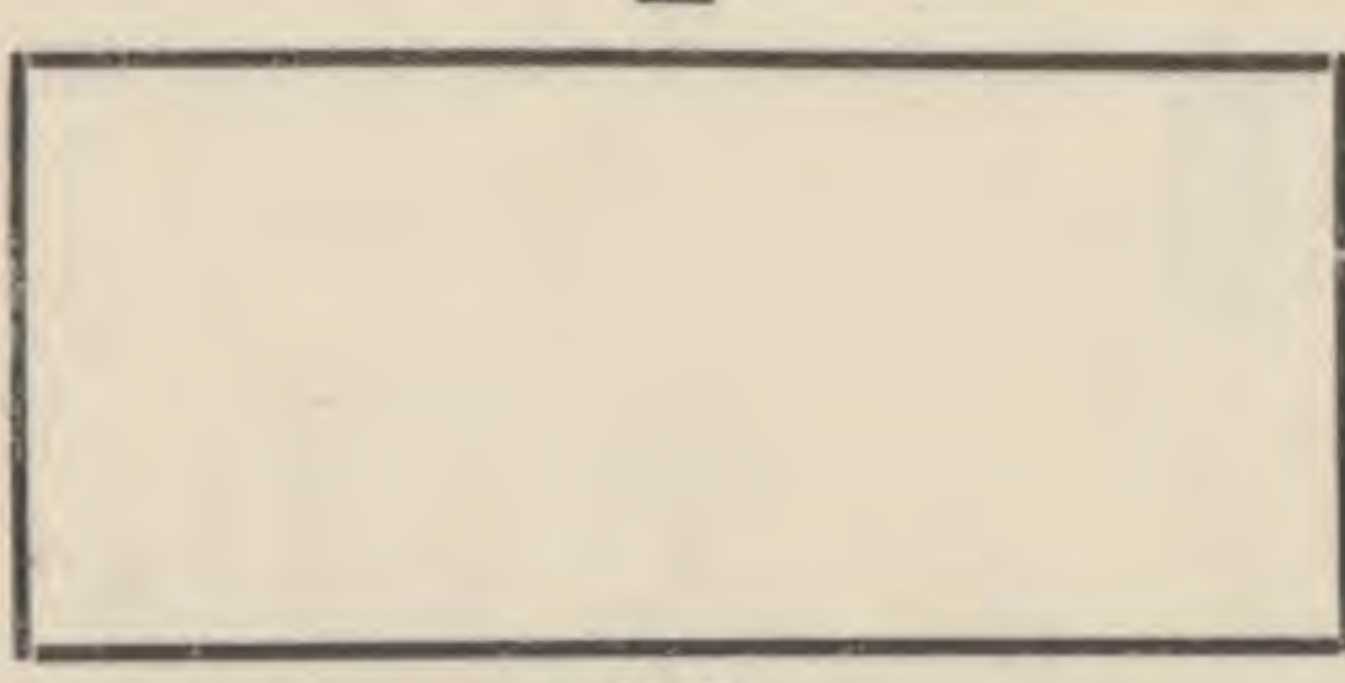
X

| | |
|--|--------------|
| Cremation | |
| Single Grave | |
| Opening and Closing Grave <u>& etc</u> | <u>15.00</u> |
| Body Shipped to | |
| R. R. Ticket <u>One Piece Metal No Chg</u> | |
| Cash advanced | |
| Telegram <input checked="" type="checkbox"/> | |
| Minister <u>Rev E. Lee Smith</u> | <u>5.00</u> |
| Casket Wagon <u>(1)</u> | |
| Physician <u>Dr. J. S. McEwen</u> | |
| County or City Burial | |
| Automobiles <u>S & S</u> | <u>15.00</u> |
| Baggage or Express Train No. | <u>22000</u> |

Carey Hand Funeral Home

Name of deceased Ophelia Sikes
 Date of death Fri Sept-13-35 9 AM
 Cause of death Paralytic stroke
 Place of death Res
 Residence Chuluata
 Age 54 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 1935 _____ M
 Account charged Alton Sikes
 Address Chuluata
 Account guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Gr Cr 65.00
 Casket with Copper Lin. _____
 Style of Casket Sp 077
 No. of Casket 22-5
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Chuluata
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Family Bought
 Single Grave Casket Done there
 Opening and Closing Grave own
 Body Shipped to work
 R. R. Ticket _____
 Cash advanced Family Paid
 Telegram Permit
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial 65.00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Jas. J. Campbell
 Date of death Sept 15th
 Cause of death Organic Heart Disease (mitral)
 Place of death Res
 Residence Gephyrshills Fla
 Age 85 Y'rs 8 Mo's 28 Days
 Weight 135 Height 5 ft. 6 in. Eyes _____
 Funeral at Gephyrshills Fla
 Date Sept 1935 M
 Account charged J. W. Lair Und Co
 Address Gephyrshills Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Auto 10 a. m.
 Outside Box Monday Sept 16-35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 1 P. M. Monday
 Cemetery Sept 16-35
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Ashes expressed
 Single Grave to J. W. Lair Und Co
 Opening and Closing Grave Gephyrshills
 Body Shipped to Fla
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Brnze Lin

\$ 37.50
12.50
50.00

Carey Hand Funeral Home

| | | | |
|-------------------------|-------------------------------------|---|--------------------------------|
| Name of deceased | | <u>Elsie Ward Wood</u> | |
| Date of death | | <u>Sept 16</u> | |
| Cause of death | | <u>Carcinoma of Pancreas</u> | |
| Place of death | | <u>D. G. N.</u> | |
| Residence | | <u>1338 Altama St</u> | |
| Age | <u>35</u> Y'rs | Mo's | Days |
| Weight | <u>132</u> | Height | <u>5</u> ft. <u>4</u> in. Eyes |
| Funeral at | | <u>Chapel</u> | |
| Date | | <u>Sept</u> 19 <u>35</u> M | |
| Account charged | | <u>Wallace F. Wood</u> | |
| Address | | <u>Orlando Box 607</u> | |
| Account guaranteed | | | |
| Address | | | |
| Embalming | <u>4 Dressing</u> | 35.00 | |
| Robe, Suit, Dress | <u>Pink Gown</u> | 11.00 | |
| Underwear and Hose | <input checked="" type="checkbox"/> | | |
| Casket | <u>6-3 Sil Plush</u> | 175.00 | |
| Casket with Copper Lin. | <input checked="" type="checkbox"/> | | |
| Style of Casket | <u>Bot 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>Greenwood</u> | | |
| Section | <u>2</u> | Lot | <u>108</u> |

I Other Graves

X Grave on this date

| | | | |
|------------------------------|-------------------------------------|-------|-------|
| Cremation | <u>(2) Cars</u> | 5.00 | 10.00 |
| Single Grave | | | |
| Opening and Closing Grave | <u>TV etc</u> | 15.00 | |
| Body Shipped to | | | |
| R. R. Ticket | | | |
| Cash advanced | | | |
| Telegram | <u>(1)</u> | .63 | |
| Minister | <u>Rev Sutton</u> | 5.00 | |
| Casket Wagon | <u>(1)</u> | | |
| Physician | <u>C. C. Collins</u> | | |
| County or City Burial | <input checked="" type="checkbox"/> | | |
| Automobiles | <u>SVS</u> | 15.00 | |
| Baggage or Express Train No. | <u>2</u> | 66 | 63 |

Carey Hand Funeral Home

Name of deceased Ernest G. Steinke
 Date of death Sept 15
 Cause of death Acute dilatation of heart.
 Place of death Residence
 Residence Jacksonville Fla
 Age 76 Y'rs 7 Mo's 25 Days
 Weight 170 Height 5 ft. 11 in. Eyes
 Funeral at Jacksonville Fla
 Date Sept 1935 M
 Account charged Moulton & Kyle
 Address Jacksonville Fla
 Account guaranteed
 Address
 Embalming Cremation \$37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by express from
 Outside Box Jax Fla Wed.
 Shipping Case or Vault 2:45 a.m.
 Handles Sept 18-1935
 Pillow Set
 Name Plate Body Cremated
 Cemetery 2 - P.M. 9-18-35
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes expressed to
 Single Grave X
 Opening and Closing Grave
 Body Shipped to Moulton & Kyle
 R. R. Ticket Jacksonville Fla
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial 37.50
 Automobiles
 Baggage or Express Train No.