

9-18-1935

Memoranda Book 098: Carey Hand Funeral Home records, September 18, 1935 to November 12, 1935

Carey Hand Funeral Home

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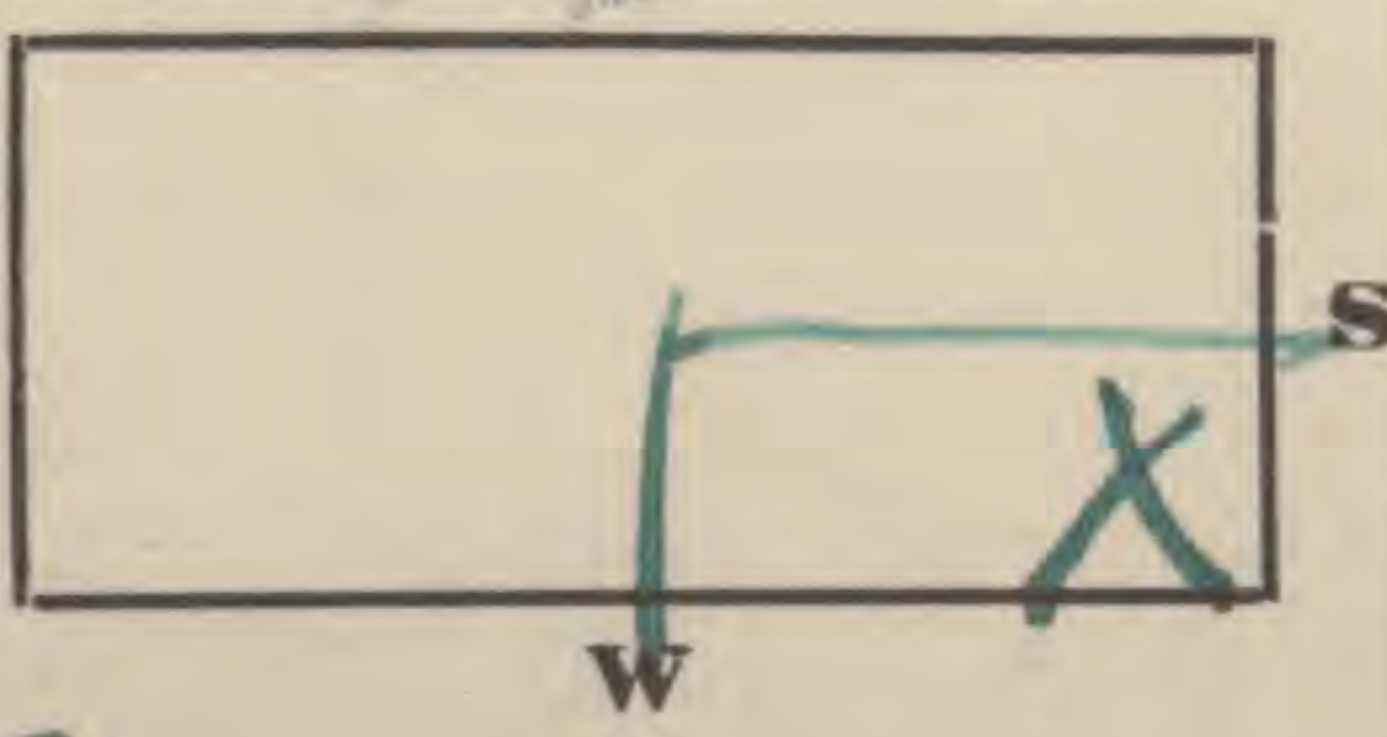
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Carey Hand Funeral Home

Name of deceased Michael Slivida Sr
 Date of death Sept 19th 12:40 a.
 Cause of death Cancer of Stomach
 Place of death Res
 Residence Slavia Fla.
 Age 72 Y'rs 10 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lutheran Church - Orlando
 Date Sunday Sept 22 1935 2:30 P.M
 Account charged M. J. Slivida (son)
 Address Slavia Fla.
 Account guaranteed Insurance
 Address _____

Embalming & Dressing	35.00
Robe, Suit, Dress ✓	
Underwear and Hose ✓	
Casket <u>6-3-Gr Plunk</u>	175.00
Casket with Copper Lin. ✓	
Style of Casket <u>Ext- 1/2 C.</u>	
No. of Casket <u>1927</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault ✓	
Handles <u>Ext -</u>	
Pillow Set <u>yes Gr</u>	
Name Plate ✓	
Cemetery <u>Greenwood</u>	
Section _____ Lot _____	
Burial Lot	18 75
I Other Graves	
X Grave on this date	
	
Cremation <u>Car - P.B</u>	5.00
Single Grave <u>Car & Res -</u>	10
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to <u>1 Car Train</u>	5.00
R. R. Ticket <u>Car Train</u>	5.00
Cash advanced	
Telegram	
Minister <u>Rev Geo Trapp</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>P. M. Sutters</u>	
County or City Burial	
Automobiles	
Baggage or Express Train No. <u>SVS</u>	15.00

268.75
288.75

Carey Hand Funeral Home

Name of deceased Baby Anderson
 Date of death Sept-19-35-
 Cause of death _____
 Place of death Res
 Residence West Jefferson
 Age ✓ Y'rs ✓ Mo's ✓ Days _____
 Weight ✓ Height ✓ ft. ✓ in. Eyes _____
 Funeral at Home
 Date Sept-19- 1935 2-P M
 Account charged City
 Address _____
 Account guaranteed Wm Baker
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0-
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 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 Dr Daniel
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

7.00

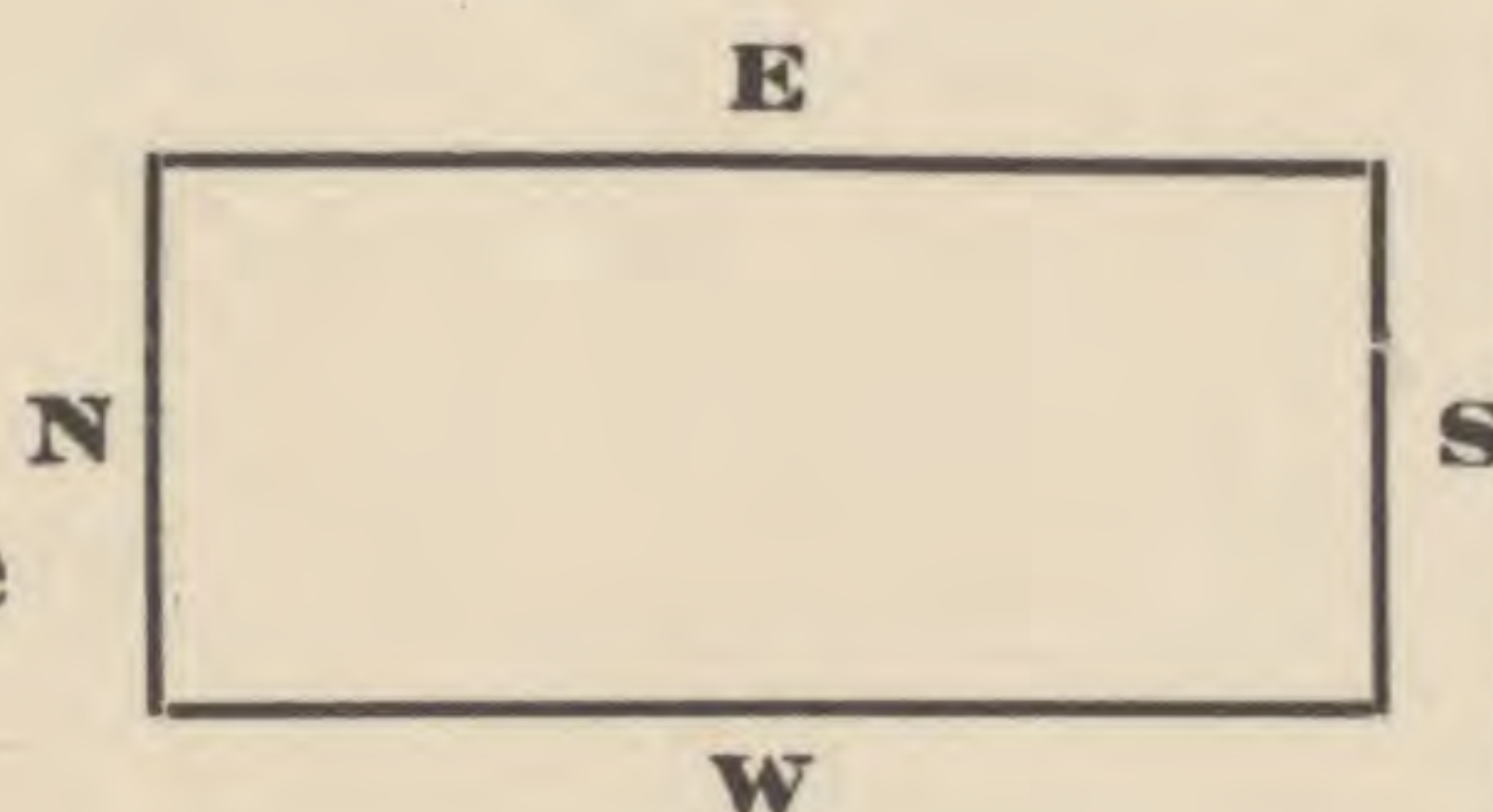
7.00

Carey Hand Funeral Home

Name of deceased Mrs. Sallie Harper
 Date of death Thurs Sept-19-35 4:15-PM
 Cause of death Carcinoma of uterus
 Place of death Res
 Residence 618 Putman st
 Age 48 Y'rs 3 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri Sept-20- 1935 4-P. M
 Account charged S. B. Harper
 Address 618 Putman st
 Account guaranteed _____
 Address _____
 Embalming & Dressing 25 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Gr. Doe 150 00
 Casket with Copper Lin. ☒
 Style of Casket Ext. H. E
 No. of Casket S-1411
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate Grandy
 Cemetery Grandy
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave TV etc 15. 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Snow 5 00

Casket Wagon _____

Physician Dr. C. Anderson

County or City Burial _____

Automobiles S & S 15. 00

Baggage or Express Train No. 210 00

Pd- 25 00

Bal 20 P. Mo

writes for S. J. Warren

Carey Hand Funeral Home

Name of deceased Mary W Heber
 Date of death Sept 16-35
 Cause of death Pyelonephritis
 Place of death Bel
 Residence Miami
 Age 81 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged W. H. Combs T. H.
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body moved
 Style of Casket by Express a c 2
 No. of Casket # 91- 11-07 A.M.
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 3-P.M. 9-20-35
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery W. H. Combs T. H.
 Section Miami Fla Lot _____

E

I Other Graves

N

X Grave on this date

S

W

Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

37.50

Carey Hand Funeral Home

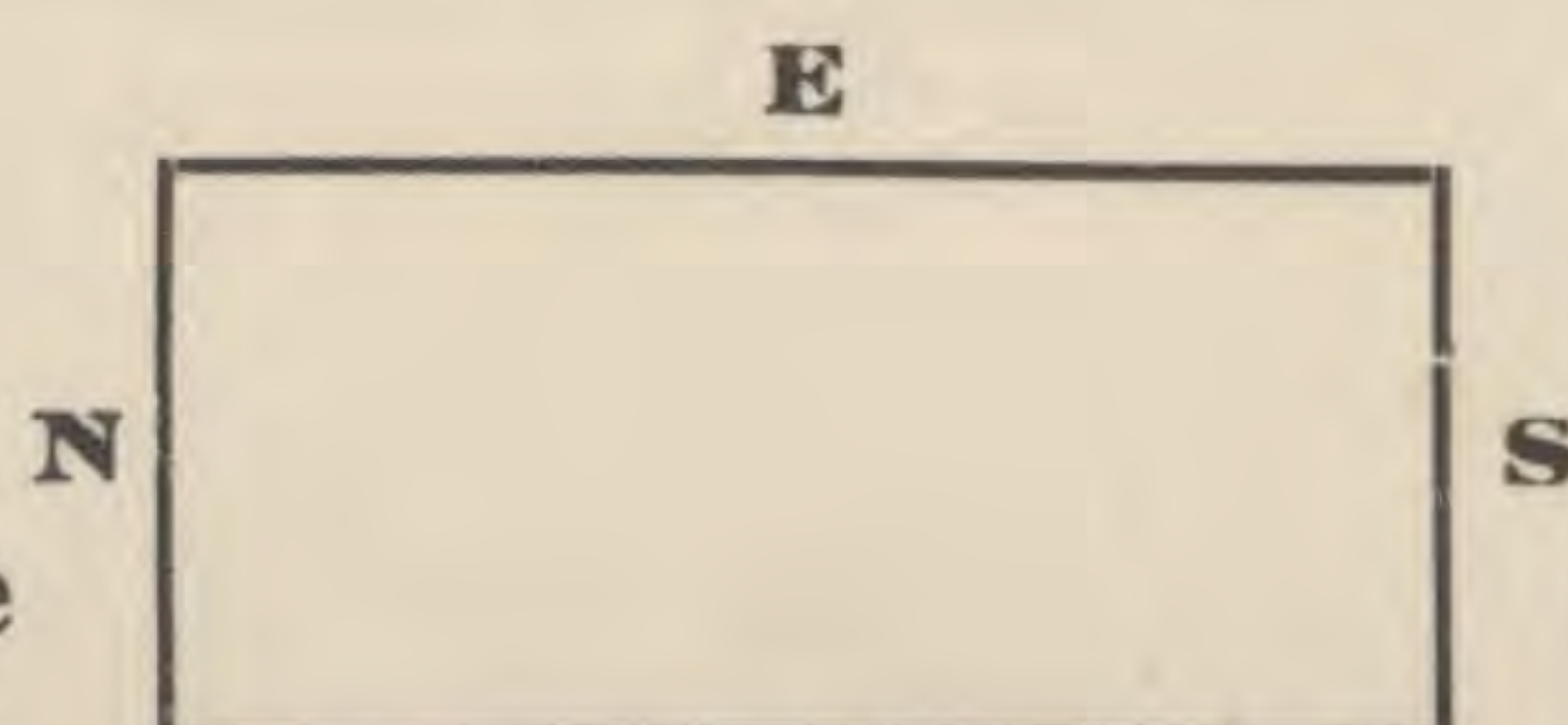
Name of deceased James Hartsfield
 Date of death Sept 20 - 35 7-A.M
 Cause of death Pulmonary Tuberculosis
 Place of death Res
 Residence 726 - Roberts Alley
 Age 32 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date 193 M
 Account charged City
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Case 14.00
 Casket with Copper Lin.
 Style of Casket Reg
 No. of Casket
 Outside Box Reg -
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave Colard
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon City Nurse
 Physician Dr
 County or City Burial
 Automobiles
 Baggage or Express Train No. 14.00

Carey Hand Funeral Home

Name of deceased Chas. L. Hunt
 Date of death Sept 19
 Cause of death Myocarditis (Chro)
 Place of death Residence
 Residence Bushnell Fla
 Age 70 Y'rs 9 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes Blue
 Funeral at Bushnell Fla
 Date Sept 1935 M
 Account charged C. B. Allen and Co
 Address Bushnell, Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation # 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body
 Style of Casket Moved by
 No. of Casket Auto Friday
 Outside Box 5:15 P.M. Sept 20-30
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Sat 8 A.M.
 Cemetery Sept 21 - 1935
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes Scattered

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 Paul D Hawkins*
 Date of death *Sept 21- 35*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Res*
 Residence *Leesburg Fla*
 Age *53* Y'rs *Mo's* Days
 Weight *150* Height *5* ft. *11* in. Eyes
 Funeral at *Leesburg*
 Date *193* M
 Account charged *Beyers F Home*
 Address *Leesburg Fla*
 Account guaranteed *Ok*
 Address
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body arrived*
 Style of Casket *ly auto*
 No. of Casket *530 P.M.*
 Outside Box *Sat. 9-21-35*
 Shipping Case or Vault
 Handles *Body Cremated*
 Pillow Set *8-P.M. Sun 9-22-35*
 Name Plate
 Cemetery *will call for ashes*
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial *37.50*
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Daniel J. Roberson
 Date of death Sept 21 - 8:30 P.M.
 Cause of death Probably Heart Trouble -
 Place of death Residence
 Residence Deland, Fla. Route #3
 Age 63 Y'rs 6 Mo's 9 Days
 Weight 160 Height 5 ft. 4 in. Eyes
 Funeral at Chapel - Funeral Home
 Date Monday Sept 23rd 1935 4 P. M
 Account charged Mrs Frances Swearingen
 Address 419 S. Osceola St. Deland
 Account guaranteed Insurance W. O. W.
 Address

Embalming & Dressing 25.00

Robe, Suit, Dress

Underwear and Hose Shirt 1.50 Socks .25 1.75

Casket 6-3-9 cloth 150.00

Casket with Copper Lin.

Style of Casket Oct N. E

No. of Casket S-1411

Outside Box Reg -

Shipping Case or Vault

Handles Ext

Pillow Set yes

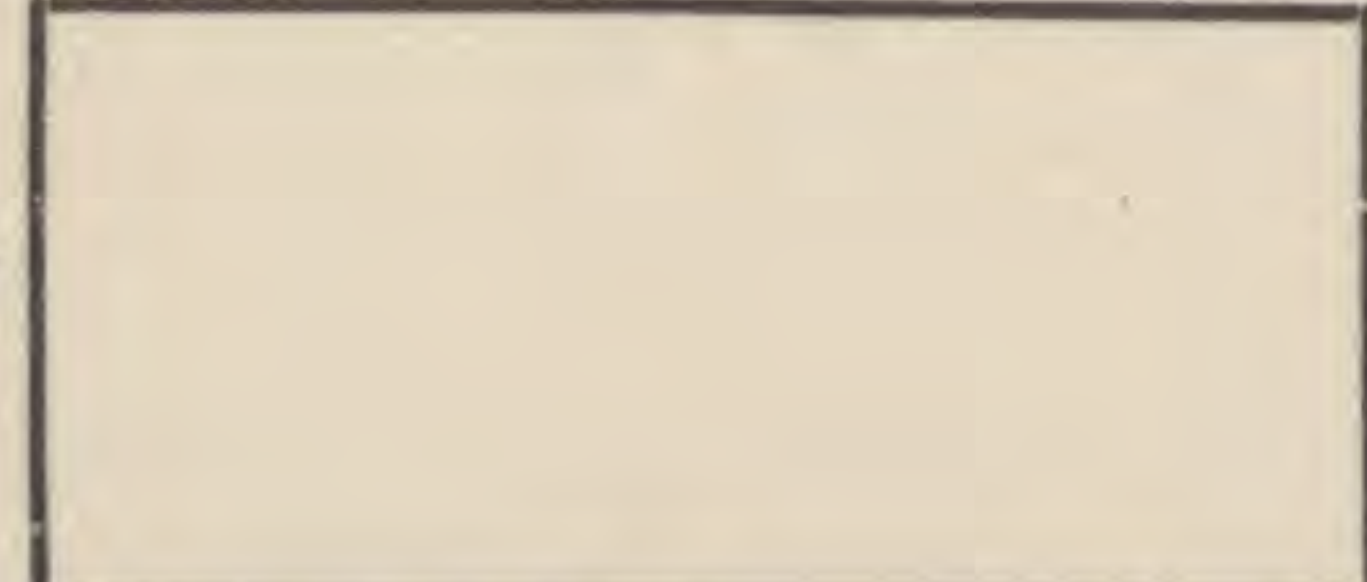
Name Plate

Cemetery Patrick Cemetery

Section Lot

I Other Graves

X Grave on this date



Cremation (1) Closed Casket 5.00

Single Grave (1) Casket Min No chg

Opening and Closing Grave of & etc 15.00

Body Shipped to

R. R. Ticket

Cash advanced Spr Flowers 5.00

Telegram

Minister Rev Voyt.

Casket Wagon (1) 5.00

Physician Mr Callande (Croner)

County or City Burial

Automobiles

Baggage or Express Train No. SVS 15.00

216.75

Carey Hand Funeral Home *Colored*

Name of deceased *Charlie Martin*
 Date of death *Sept 20 - 2:30 P.m.*
 Cause of death *Pulmonary Tuberculosis*
 Place of death *Residence*
 Residence *49 Polk St*
 Age *41* Y'rs _____ Mo's _____ Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at *Home*
 Date *Sat - Sept 1st* 193*5* 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 _____

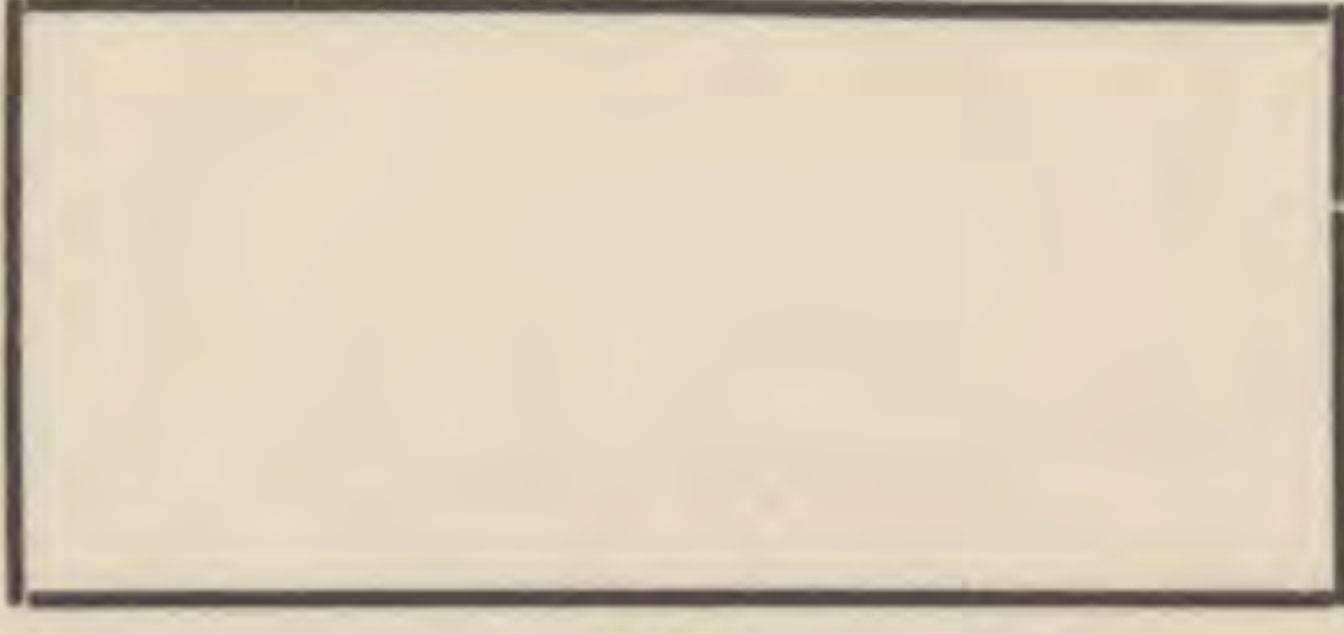
No. of Casket _____
 Outside Box _____

Shipping Case or Vault _____
 Handles _____

Pillow Set _____
 Name Plate _____

Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation _____
 Single Grave _____

Opening and Closing Grave _____
 Body Shipped to _____

R. R. Ticket _____
 Cash advanced _____

Telegram _____
 Minister _____

Casket Wagon _____
 Physician *Dr. Anderson*

County or City Burial _____
 Automobiles _____

Baggage or Express Train No. _____

14 00

Carey Hand Funeral Home

Twin Colored

Name of deceased *male Infant of Emma J. Branch*
 Date of death *Sept 20 - 9:30 P.M.*
 Cause of death *Still Borne*
 Place of death *O. G. H.*
 Residence *Apopka, Fla*
 Age *—* Y'rs *—* Mo's *—* Days *—*
 Weight *—* Height *—* ft. *—* in. Eyes *—*
 Funeral at *Grave*
 Date *Sat* 193*5* *a. M*
 Account charged *County*
 Address *—*
 Account guaranteed *—*
 Address *—*
 Embalming *—*
 Robe, Suit, Dress *—*
 Underwear and Hose *—*
 Casket *240 W.*
 Casket with Copper Lin. *—*
 Style of Casket *—*
 No. of Casket *—*
 Outside Box *—*
 Shipping Case or Vault *—*
 Handles *—*
 Pillow Set *—*
 Name Plate *—*
 Cemetery *Apopka*
 Section *—* Lot *—*
 E
 I Other Graves *—*
 X Grave on this date *—*
 N *—* S *—*
 W
 Cremation *Stark's Stray Lad*
 Single Grave *Charge of Service*
 Opening and Closing Grave *—*
 Body Shipped to *—*
 R. R. Ticket *—*
 Cash advanced *—*
 Telegram *—*
 Minister *—*
 Casket Wagon *—*
 Physician *Dr. Hoffman*
 County or City Burial *—*
 Automobiles *—*
 Baggage or Express Train No. *—*

Baby placed in Casket with mother (Emma J. Branch)

Carey Hand Funeral Home

Name of deceased male Infant of Emma J. Branch
 Date of death Sept 20 - 9:30 PM
 Cause of death Still Born
 Place of death O. G. N.
 Residence Apopka Fla
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave
 Date Sat Sept 21 1935 M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3/0 W.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Apopka Cemetery
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Stash Strong head
 Single Grave Charge of Service
 Opening and Closing Grave Family will
 Body Shipped to pay for their work
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Hoffman
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Baby placed in Coffin with
 mother Emma J. Branch

Carey Hand Funeral Home

Colored

Name of deceased Emma Jane Branch
 Date of death Sept 21 - 2 a.m.
 Cause of death acute nephritis - Uremic Coma
 Place of death P. G. H.

Residence Apopka

Age 23 Y'rs 0 Mo's 27 Days

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Grave

Date Sat 1935 a.m.

Account charged County

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 1/2 Coffin

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

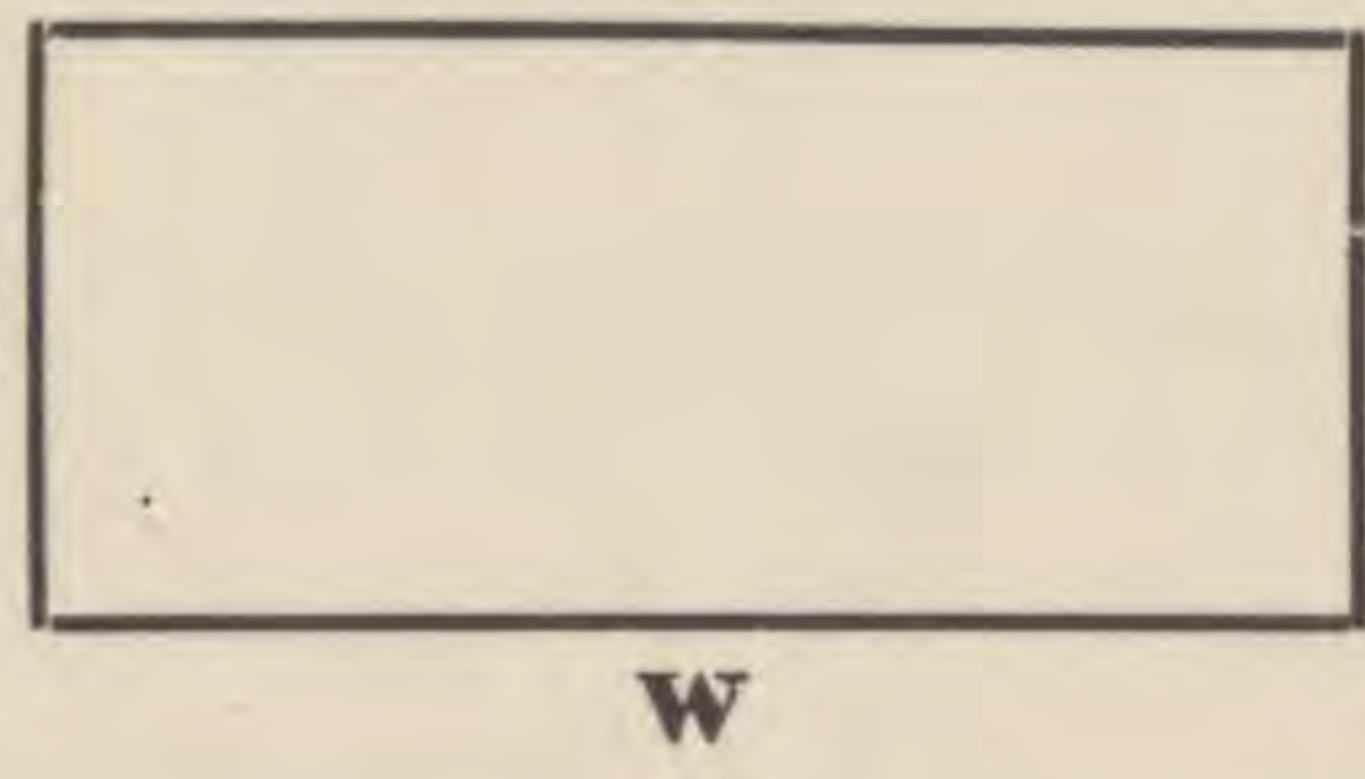
Name Plate _____

Cemetery Apopka

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket The twin's babies

Cash advanced were buried in

Telegram same coffin with

Minister the mother.

Casket Wagon _____

Physician Stark & Strong had

County or City Burial Charge.

Automobiles family will pay 1.00

Baggage or Express Train No. a week to

them for services

1450

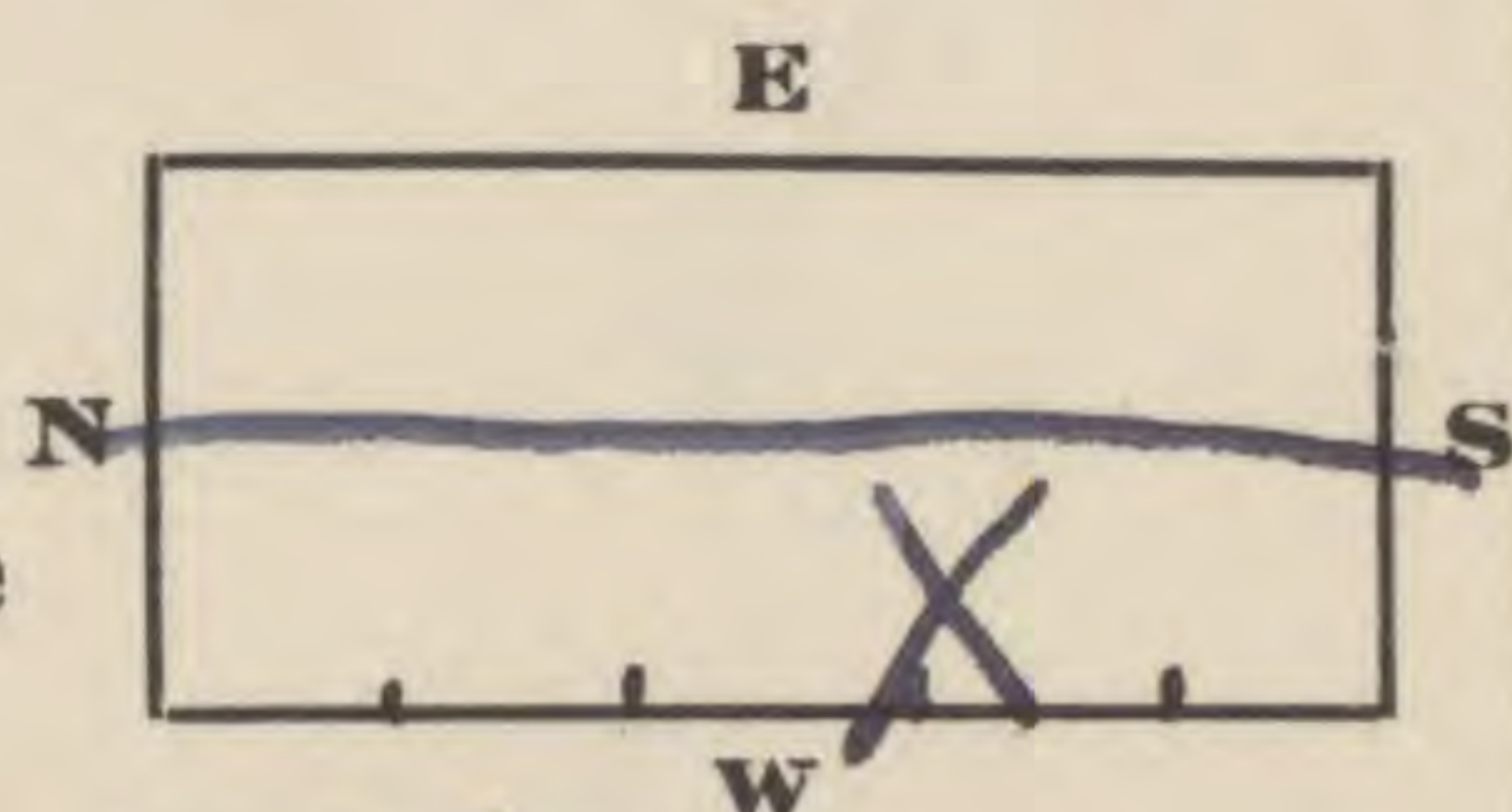
1450

Carey Hand Funeral Home

Name of deceased Eleanor Mae Rogers
 Date of death Sept 22nd
 Cause of death Drowning accidental
 Place of death Port Ft Lauderdale
 Residence Fort Lauderdale
 Age 25 Y'rs Mo's _____ Days _____
 Weight 145 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Sept-24 1935 5-P. M
 Account charged Maxie Rogers
 Address Ft Lauderdale P.O.B. 3592
 Account guaranteed Truichilds F. Home
 Address Ft Lauderdale

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section G- W 1/2 - Lot 23

I Other Graves _____
 X Grave on this date _____



Cremation Burial Lot
 Single Grave _____
 Opening and Closing Grave etc
 Body Shipped to 1 Car
 R. R. Ticket Car from P. B.
 Cash advanced music
 Telegram _____
 Minister Rev Holm
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. SVS

50.00

15.00
5.00
5.00
5.00

Arrived by auto truck
Tues 8 a.m. Sept 24

9-24- Pd Cash on B Lot 12.50

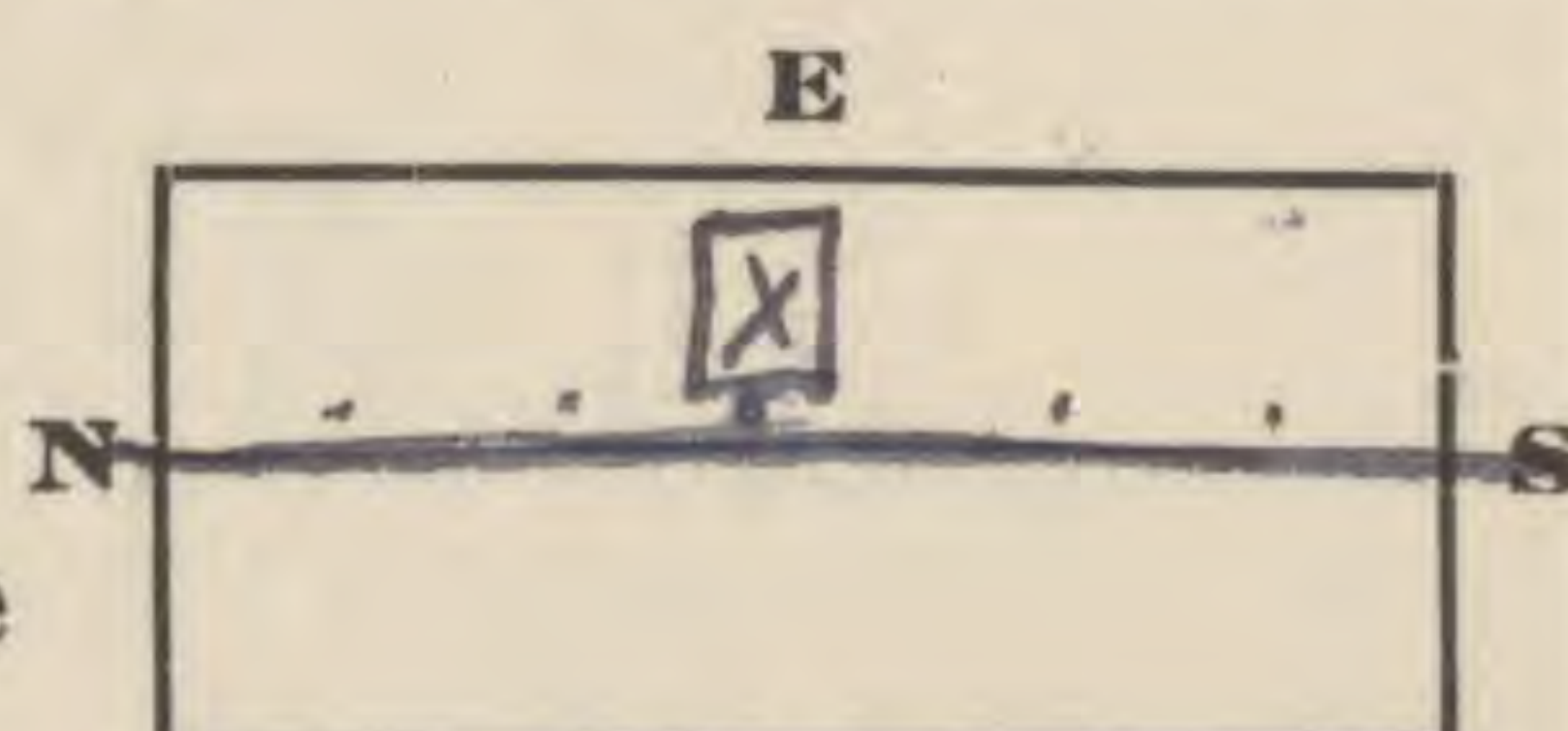
Carey Hand Funeral Home

Name of deceased Erasmus L. Nelson
 Date of death Sept 24 - 8:30 P.M.
 Cause of death Pyonephrosis right kidney
 Place of death O. G. H.
 Residence 40 W. Kaley
 Age 44 Y'rs 7 Mo's 2 Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Thurs Sept 26 1935 3 P.M.
 Account charged Mrs. E. L. Nelson
 Address 40 W. Kaley
 Account guaranteed Insurance
 Address

Embalming & Dressing	35.00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6-3-Gr-B-C</u>	145.00
Casket with Copper Lin. ☒	
Style of Casket <u>Oct. O.T.</u>	
No. of Casket <u>S-1411-</u>	
Outside Box ☒	
Shipping Case or Vault <u>air Seal</u>	125.00
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate ☒	
Cemetery <u>Greenwood</u>	
Section <u>V. E. 1/2 -</u> Lot <u>55</u>	

I Other Graves

X Grave on this date
Bought direct



Cremation <u>Burial Lot \$125.00</u>	
Single Grave <u>Car P.B.</u>	5.00
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to <u>Family Car</u>	5.00
R. R. Ticket <u>Car for minister</u>	5.00
Cash advanced <u>music</u>	5.00
Telegram	
Minister <u>Rev M. H. Havi</u>	
Casket Wagon <u>(1)</u>	5.00
Physician <u>Dr Orr</u>	
County or City Burial	
Automobiles	
Baggage or Express Train No. <u>SVS</u>	15.00

380.00

Carey Hand Funeral Home

Name of deceased James Frank Clarke
 Date of death Sept-25-1935 1030 AM
 Cause of death Influent Girth Duodenary Hemorrhage
 Place of death Res
 Residence 634- N. Shine
 Age 68 Y'rs 5 Mo's 14 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs Sept 26 1935 430 P.M
 Account charged John B. Clarke
 Address 634 N. Shine
 Account guaranteed Estate

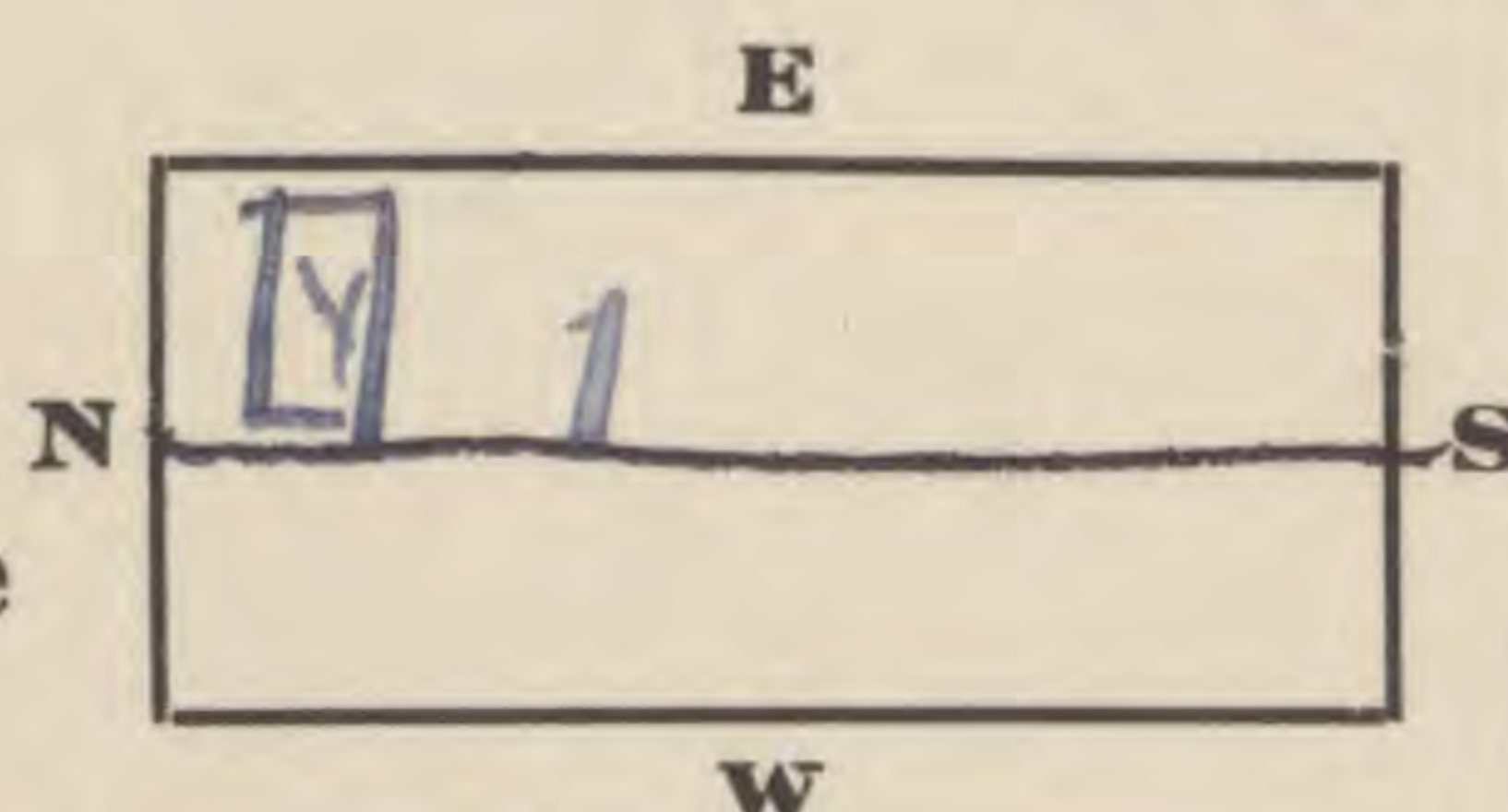
Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Dr Gr Plush 175.00
 Casket with Copper Lin.
 Style of Casket Oct-1/2-E
 No. of Casket 1927 1/2
 Outside Box Reg-
 Shipping Case or Vault
 Handles Ext-
 Pillow Set yes Dr-
 Name Plate ✓

Cemetery
 Section E 1/2 Lot 102

this is small Lot

I Other Graves

X Grave on this date



Cremation Car No Chg-
 Single Grave Tr 1.00
 Opening and Closing Grave etc 15.00
 Body Shipped to Car Minn
 R. R. Ticket

Cash advanced
 Telegram
 Minister Rev Sutton
 Casket Wagon (1) 5.00
 Physician Dr Gray

County or City Burial
 Automobiles
 Baggage or Express Train No. 545 15.00
246.00

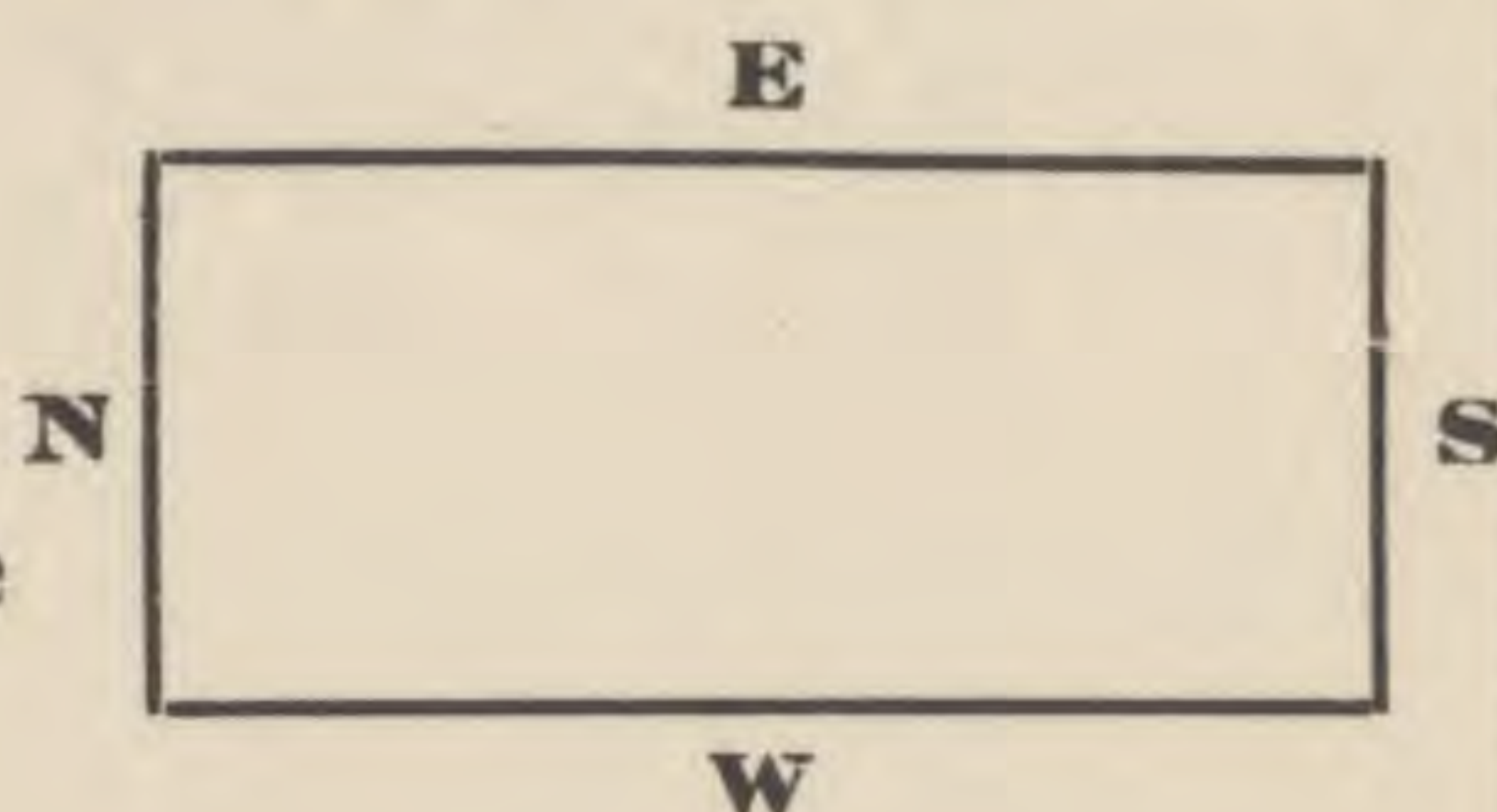
Carey Hand Funeral Home

Name of deceased Veils W. Thornburg
 Date of death Sept 25-35 A.M.
 Cause of death Lateral Sclerosis
 Place of death Res
 Residence Lake Wales
 Age 65 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Lake Wales
 Date 1935 M
 Account charged Ott Laughlin
 Address T. Home Winter Haven
 Account guaranteed Ok
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body unlined
 Style of Casket 5-P.M.-9-25-35
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 9-26-35
 Handles 8-a.m.
 Pillow Set
 Name Plate Ashes Expressed to
 Cemetery Ott Laughlin T.H.
 Section Winter Haven Lot

wooden 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.

37.50

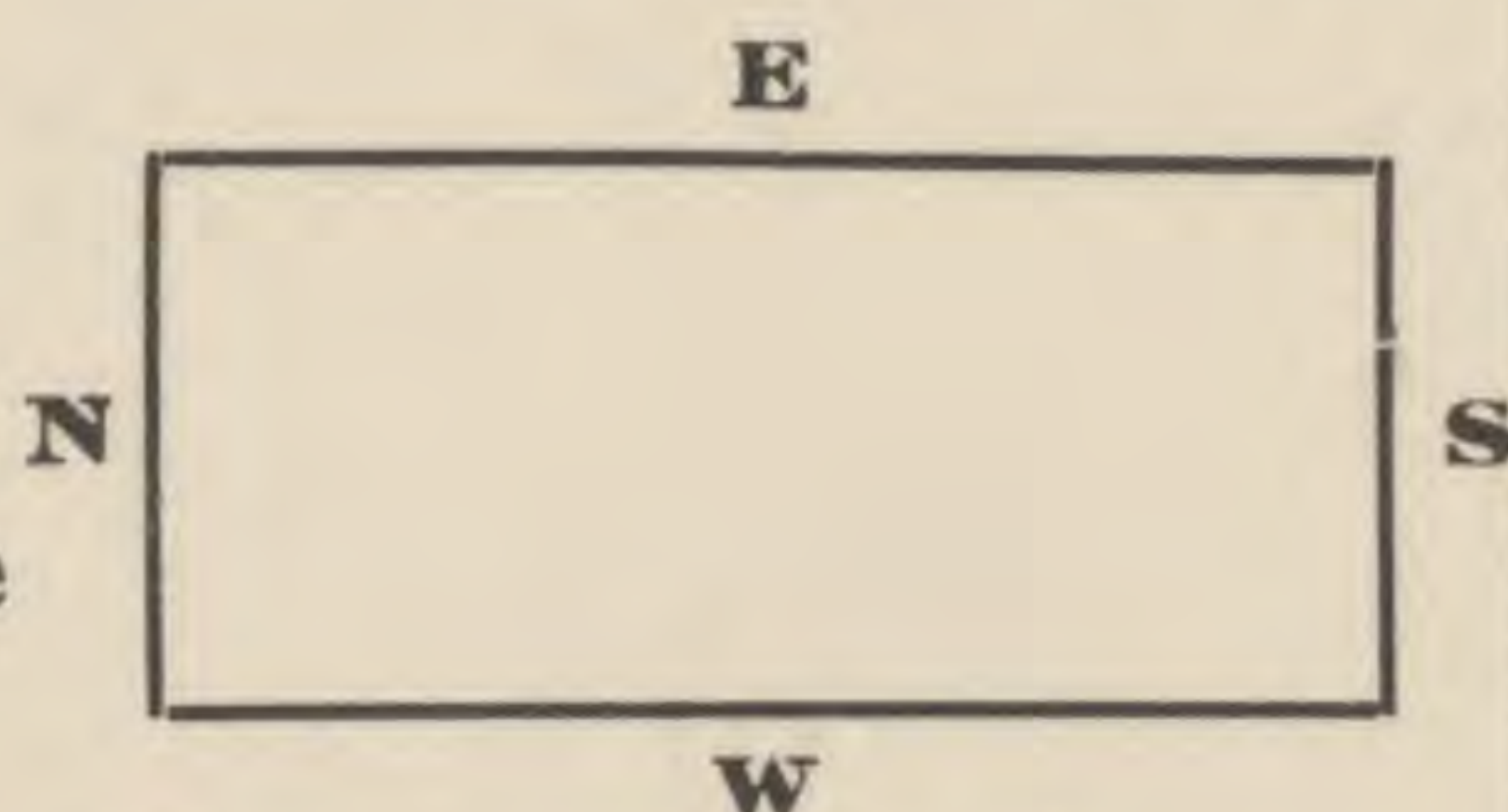
Carey Hand Funeral Home

Name of deceased John E. Bedworth
 Date of death Wed Sept-25-35 9:30 AM
 Cause of death Myocardial Insufficiency
 Place of death Res. Cherry Highway
 Residence N. End Dean Road
 Age 62 Y'rs 11 Mo's 5 Days
 Weight 150 Height 5 ft. 2 in. Eyes Blue
 Funeral at Chapel-Turn Home
 Date Friday Sept 27 1935 11:30 A.M.
 Account charged Pillman Bedworth
 Address Orlando Route #4
 Account guaranteed Estable
 Address _____

Embalming & Dressing	35.00
Robe, Suit, Dress	<u>Dr</u>
Underwear and Hose	
Casket <u>6-3</u> <u>Gr. Cup</u>	35.00
Casket with Copper Lin.	
Style of Casket	
No. of Casket <u>22</u>	
Outside Box	
Shipping Case or Vault	
Handles <u>Short</u>	
Pillow Set	
Name Plate	
Cemetery <u>Cremation</u>	50.00
Section _____ Lot _____	

I Other Graves

X Grave on this date



Cremation Body Cremated
 Single Grave 41- PM-9-27-35
 Opening and Closing Grave _____
 Body Shipped to will call for Ashes
 R. R. Ticket _____
 Cash advanced _____

Telegram _____
 Minister Llean Johnson
 Casket Wagon To Res
 Physician Dr. Beardsahl

County or City Burial	
Automobiles	125.00
Baggage or Express Train No.	

5.00

Carey Hand Funeral Home

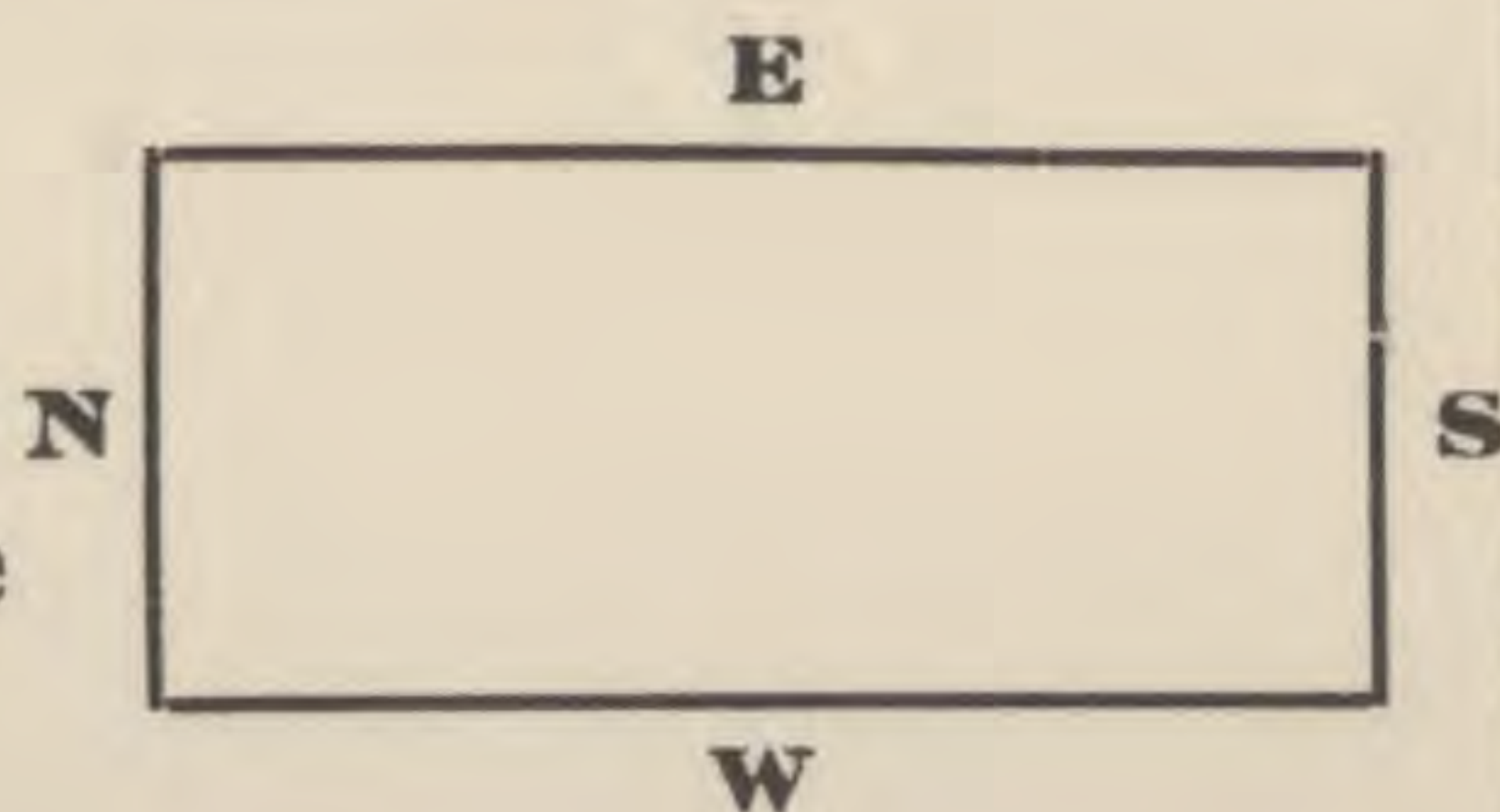
Name of deceased		<i>Nicholas J. M. Nally</i>	
Date of death		<i>Sept 25 1935</i>	
Cause of death		<i>accidental Drown</i>	
Place of death		<i>Lake Erie</i>	
Residence		<i>615 Lelaney St</i>	
Age	<i>35</i> Y'rs	<i>6</i> Mo's	<i>28</i> Days
Weight	<i>200</i>	Height	<i>5</i> ft. <i>8</i> in. Eyes
Funeral at		<i>Best</i>	
Date		<i>Sept 25 1935</i>	
Account charged		<i>Mrs N. J. M. Nally</i>	
Address		<i>615 Lelaney St</i>	
Account guaranteed		<i>Insurance</i>	
Address			
Embalming	<i>+ Dressing</i>	35.00	
Robe, Suit, Dress	<i>Tr</i>	1.50	
Underwear and Hose			
Casket	<i>6-6 Metal</i>	475.00	
Casket with Copper Lin.	<i>Inner</i>		
Style of Casket	<i>State N. C</i>		
No. of Casket	<i>539-Nathan</i>		
Outside Box	<i>Reg</i>		
Shipping Case or Vault	☒		
Handles	<i>Ext 8" x 12" x 12" + Seal Tr</i>		
Pillow Set	<i>yes</i>		
Name Plate	<i>crucifix</i>		
Cemetery	<i>Best</i>		
Section		Lot	
		E	
I Other Graves		N	S
X Grave on this date		W	
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to	<i>Waterloo, Iowa</i>		
R. R. Ticket	<i>(2) 4295 (1) 2148</i>	2.95	
Cash advanced	<i>E. S. Bridges</i>	5.00	
Telegram	<i>(1)</i>	1.42	
Minister	<i>Best</i>		
Casket Wagon	<i>(2)</i>	10.00	
Physician	<i>Dr. C. M. Colalardo</i>		
County or City Burial		644.80	
Automobiles			
Baggage or Express Train No.	<i>92</i>		
<i>Sat- 9-28-35</i>			
Pd Cash		<i>\$124.80</i>	
assignment of Ins		<i>for \$520.00</i>	

Carey Hand Funeral Home

Name of deceased Edmund Lee Chipley
 Date of death Sept-26-35 AM
 Cause of death Cancer of Stomach
 Place of death Res
 Residence Ft Meyers
 Age 60 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Ft Meyers
 Date _____ 1935 _____ M
 Account charged Engelhart F. Home
 Address Ft Meyers Fla
 Account guaranteed Ch-
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Gr Cup F. T
 Casket with Copper Lin. Body moved
 Style of Casket by auto 8-PM
 No. of Casket Thurs-9-26-35
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles 8-9 AM Fri 9-27-35
 Pillow Set ashes exposed to
 Name Plate Engelhart F. H.
 Cemetery Ft Meyers
 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 *Infant of Mr Clifton Craig*
 Date of death *Sept 26 - 35* *P.M.*
 Cause of death *Still Born*
 Place of death *O.G.H.*
 Residence *1706 Garvin*
 Age ☒ Y's ☒ Mo's ☒ Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at ☒
 Date ☒ 193 _____ M
 Account charged *Clifton Craig*
 Address _____
 Account guaranteed *Cash*
 Address _____
 Embalming *Cremation* 5.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Body Cremated*
 No. of Casket *4 - P.M. - 9-27-35*
 Outside Box _____
 Shipping Case or Vault _____
 Handles *will call for casket*
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves
 N S
 E
 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 5.00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mrs Minnie E. Fuller
 Date of death Fri Sept 27-35- 10-PM
 Cause of death myocarditis
 Place of death Res
 Residence 430 - S. Rosaline ave
 Age 65 Y'rs 6 Mo's 16 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Sun Sept 29 1935 3-PM
 Account charged Louis D. Fuller
 Address 430 S. Rosaline ave
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr. exp. 75.00
 Casket with Copper Lin. ☒
 Style of Casket Oct O.T.
 No. of Casket 1972 T
 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 7.50
 Opening and Closing Grave
 Body Shipped to 3- Spia Flowers
 R. R. Ticket @ 10.00 30.00
 Cash advanced Robinson Photo 5.00
 Telegram
 Minister
 Casket Wagon (1) 5.00
 Physician Dr John Harty
 County or City Burial
 Automobiles ~~180.00~~
 Baggage or Express Train No.
Body cremated 207.50
8-AM Mon 9-30-35

Carey Hand Funeral Home

Name of deceased *Isabella N. Miller*
 Date of death *Sept 27-35*
 Cause of death *Acute Latent Pneumonia*
 Place of death *Res*
 Residence *Peala*
 Age *69* Y'rs *10* Mo's *14* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Peala*
 Date _____ 193 _____ M
 Account charged *Sam Ryle* *71 Home*
 Address *Peala* *71 Home*
 Account guaranteed *Cash*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. *Body moved*
 Style of Casket *by auto 12:30 PM*
 No. of Casket *Sat 9-28-35*
 Outside Box _____
 Shipping Case or Vault *Body*
 Handles *Cremated 5-PM*
 Pillow Set *Sat 9-28-35*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N
S
 X Grave on this date W
 Cremation *ashes expressed to*
 Single Grave *Dr. Geo D Miller*
 Opening and Closing Grave *Warsaw*
 Body Shipped to *N. Y.*
 R. R. Ticket *Wyoming Co*
 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 John Gibson Mason
 Date of death Sept 25-35
 Cause of death Lymphosarcoma Left Antum
 Place of death Miami
 Residence Miami
 Age 65 Y'rs 3 Mo's 15 Days
 Weight 160 Height   ft.   in. Eyes
 Funeral at Miami
 Date   1935
 Account charged W. A. Combs Funeral Service
 Address Miami
 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
 No. of Casket Ac 2 # 97-89
 Outside Box RR a m 9-28-35
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 4 P.M.
 Name Plate Sat 9-28-35
 Cemetery
 Section   Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes Expressed to
 Single Grave Greek Mortuary
 Opening and Closing Grave
 Body Shipped to 118 Walnut St
 R. R. Ticket
 Cash advanced Evanson Alls
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.   37.50

Carey Hand Funeral Home

Poland

Name of deceased Baby Manuel
 Date of death Sept - 29 - 31 4-AM
 Cause of death Still Born
 Place of death Res
 Residence 436 - Bucks Alley
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. ✓ Eyes ✓
 Funeral at Graveside
 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 Sgt Am
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Guernwood
 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 Calahan
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓

7.00

7.00

Carey Hand Funeral Home

Name of deceased Henry F. Lange
 Date of death Sept - 26 - 35
 Cause of death acute myocarditis
 Place of death Res
 Residence Tampa
 Age 75 Y'rs 5 Mo's 25 Days
 Weight 120 Height 6 ft. — in. Eyes Brown
 Funeral at Tampa
 Date — 1935 M
 Account charged Greenman Co
 Address Tampa Fla
 Account guaranteed OK
 Address —
 Embalming Cremation 37.50
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. Body arrived
 Style of Casket by Express a/c
 No. of Casket 76 Sunday A.M.
 Outside Box 9-29-35
 Shipping Case or Vault Body
 Handles Cremated 8-AM
 Pillow Set Monday - 9-30-35
 Name Plate —
 Cemetery —
 Section — Lot —
 I Other Graves —
 X Grave on this date —
 Cremation Ashes Expressed To
 Single Grave Greenman Co
 Opening and Closing Grave Tamp 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 Charles Boston
 Date of death Sun Sept 29-35 9 PM
 Cause of death Acute Heart Attack - Hemorrhage
 Place of death ca H. Jefferson & Garland Train
 Residence 41- N. Garland

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

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at 4-P.M. Mon 9-30-35

Date _____ 193 _____ 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 Sp

No. of Casket 0 7

Outside Box Reg

Shipping Case or Vault _____

Handles Base

Pillow Set _____

Name Plate _____

Cemetery Greenwood

Section _____ Lot _____

E

I Other Graves

N S

X Grave on this date

W

Cremation _____

Single Grave White

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Dean Adeock

Casket Wagon _____

Physician J.P. Carlando

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

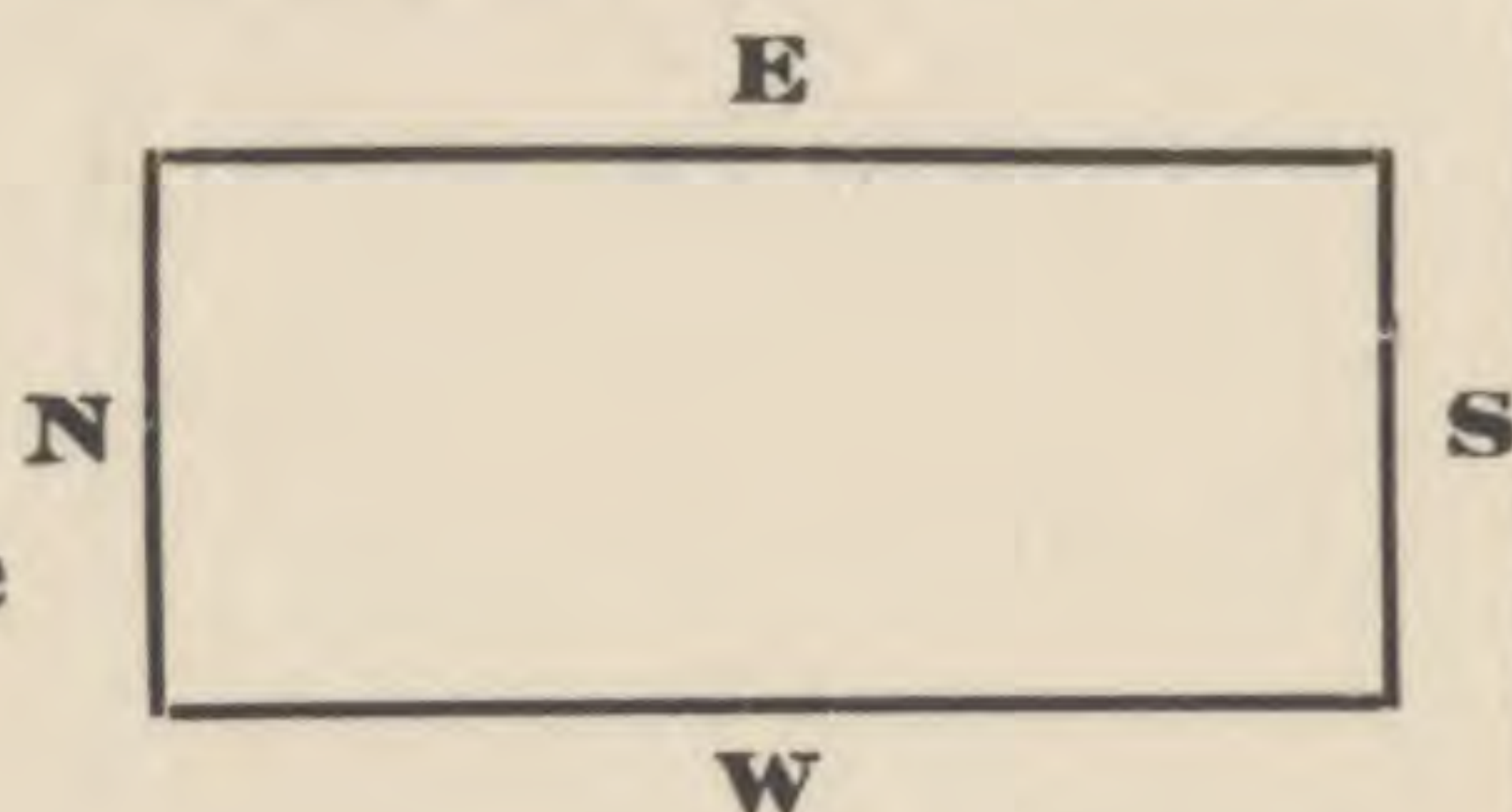
14. 00

Carey Hand Funeral Home

Name of deceased Ada Riggs Edwards
 Date of death Sept-28-35
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence Tampa Fla
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight 135 Height 5 ft. 5 in. Eyes _____
 Funeral at Tampa
 Date _____ 193 _____ M
 Account charged B. Marion Reed
 Address T.D. Tampa
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket by Express a e h
 Casket with Copper Lin. # 76-
 Style of Casket Tues morning
 No. of Casket Oct-1-35-
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 2-P.M.
 Pillow Set 10-1-35
 Name Plate Ashes Expensed to
 Cemetery B. Marion Reed
 Section Tampa Fla Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave also Express to Ashes

Opening and Closing Grave of

Body Shipped to Mr Edward to

R. R. Ticket Mr Reed

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

37.50

37.50

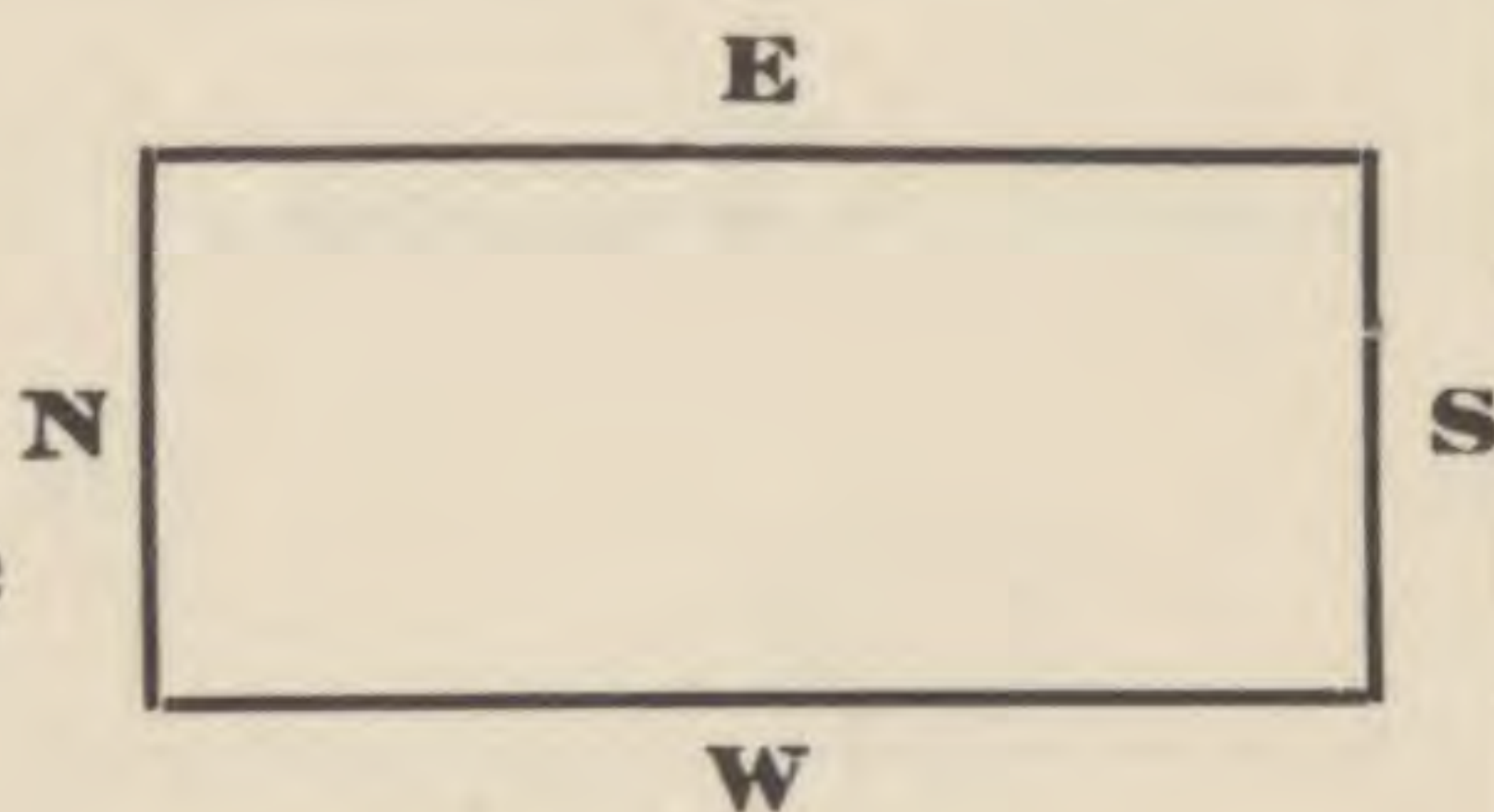
Carey Hand Funeral Home

Name of deceased Wm D. Seel
 Date of death Oct-1-1933
 Cause of death _____
 Place of death Kissimmee
 Residence Kissimmee
 Age 69 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged Mrs Nellie Y Seel
 Address 63-East Concord Ave Orlando
 Account guaranteed _____
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress Disinterment + etc 25.00
 Underwear and Hose _____
 Casket Body Disinterred
 Casket with Copper Lin. Tuesday Oct-1-35
 Style of Casket _____
 No. of Casket Cremated-10-1-35
 Outside Box 3-P-M.
 Shipping Case or Vault _____
 Handles ashes delivered to the
 Pillow Set Sec-10-3-35- AM
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

75.00

Carey Hand Funeral Home

Name of deceased Baby Tomble
 Date of death Oct-1-35 230 PM
 Cause of death Premature
 Place of death O. G. H.
 Residence _____
 Age ✓ Y'rs ✓ Mo's ✓ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at ✓ _____
 Date _____ 1935 _____ M
 Account charged David Tomble
 Address Titusville Fla
 Account guaranteed Cash -
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket No Service
 Casket with Copper Lin. _____
 Style of Casket Baby Cremated
 No. of Casket 8- Va M
 Outside Box Wed Oct-2-35
 Shipping Case or Vault _____
 Handles Will call for ashes
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

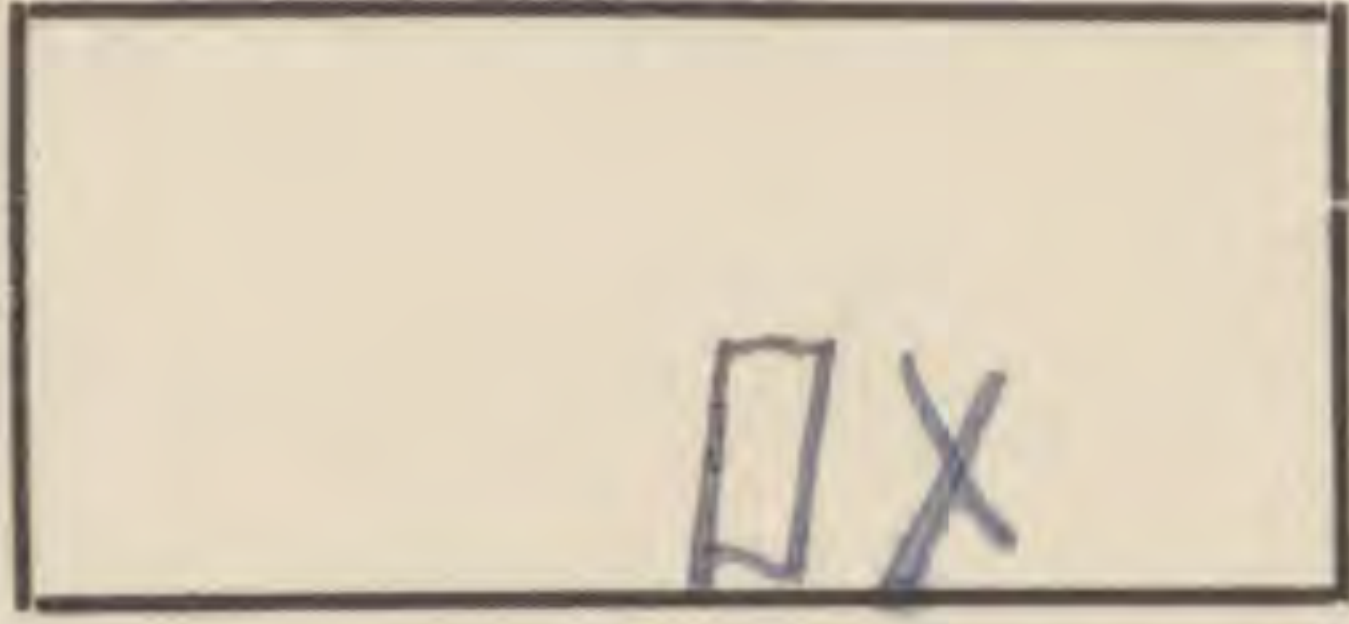


5.00

5.00

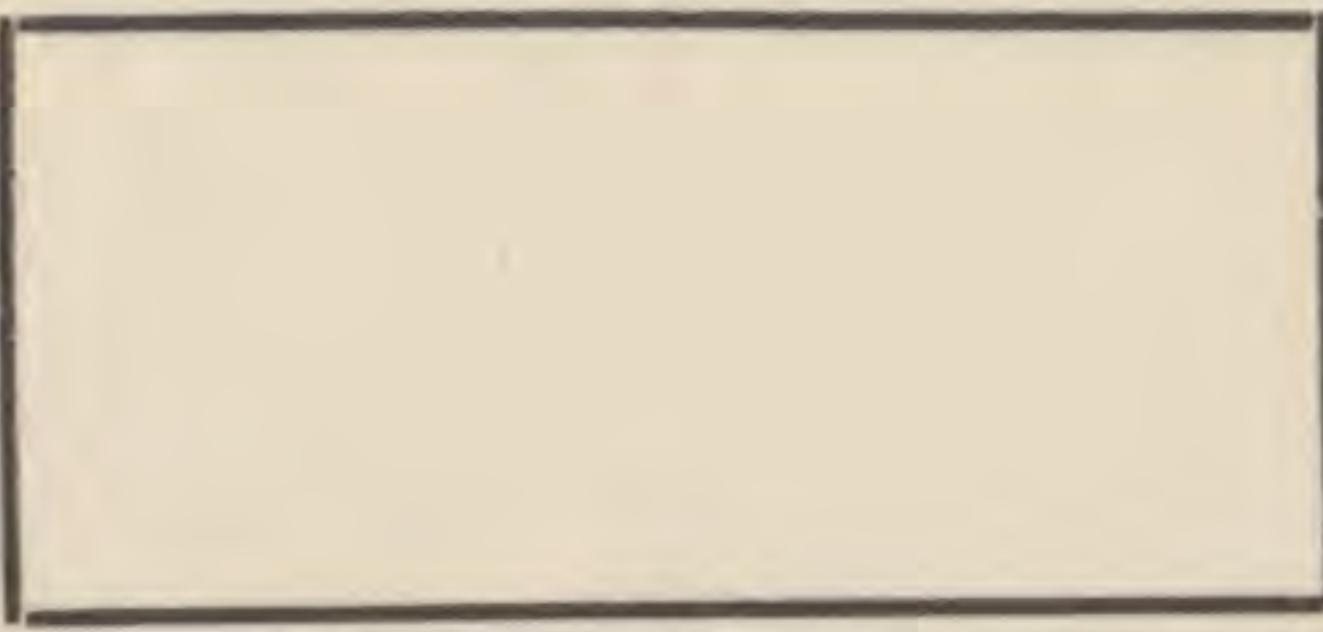
Carey Hand Funeral Home

Name of deceased Mrs Harriet T. Neff
 Date of death Oct-2-35 230 AM
 Cause of death _____
 Place of death Res of Son Mrs Alice Whitman
 Residence Jacksonville 19-N Osceola
 Age 81 Y'rs 5 Mo's 8 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Oct-3- 1935 4-PM
 Account charged Dr. A. B. Whitman
 Address 19 Osceola Ave
 Account guaranteed Estate
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gr. Lid Plush
 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
 Name Plate ☒
 Cemetery Greenwood
 Section S - Lot 29

I Other Graves _____
 X Grave on this date _____


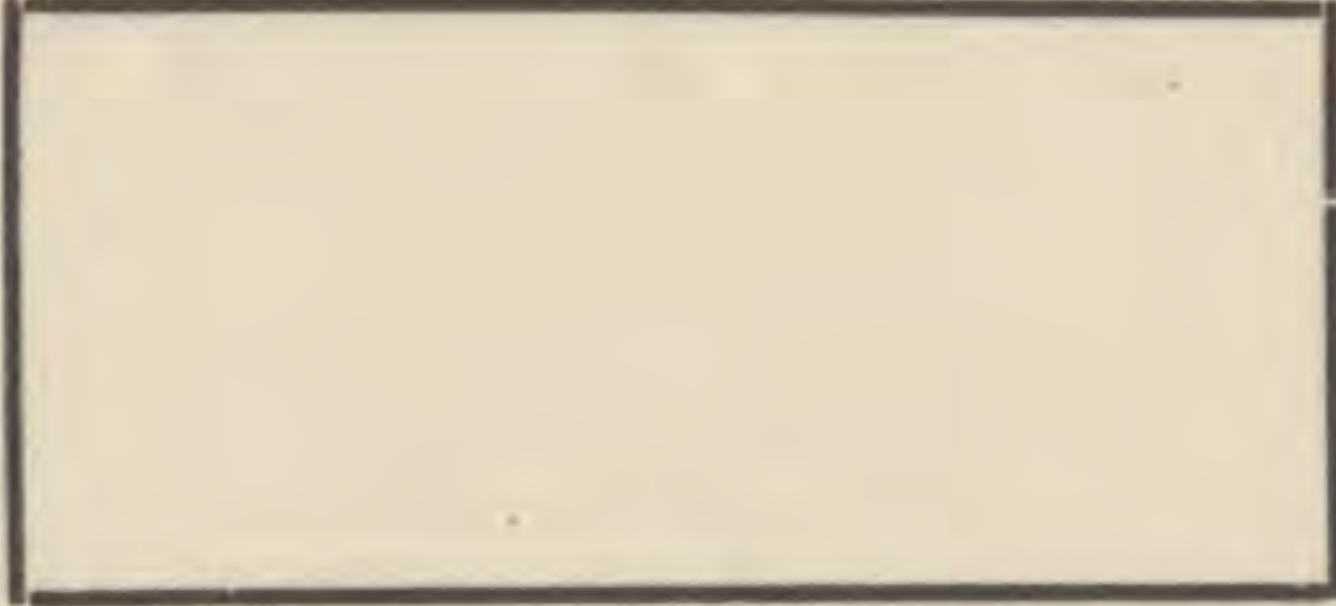
Cremation <u>closed car</u>	5.00
Single Grave <u>car run</u>	5.00
Opening and Closing Grave <u>To etc</u>	15.00
Body Shipped to <u>Car P. B</u>	5.00
R. R. Ticket <u>musse</u>	7.50
Cash advanced _____	
Telegram _____	
Minister <u>Dean Johnson</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. J. S. McEwen</u>	
County or City Burial _____	
Automobiles <u>S & S</u>	15.00
Baggage or Express Train No. <u>2</u>	67.50

Carey Hand Funeral Home

Name of deceased Mrs. Meriam Rugg
 Date of death Sept 30 - 35
 Cause of death Cancer of Bladder.
 Place of death Tampa.
 Residence Tampa.
 Age 70 Y'rs 6 Mo's 25 Days
 Weight 100 Height 5 ft. 4 in. Eyes Brown
 Funeral at Tampa. Fla.
 Date Sept 1935 M
 Account charged Greenman Co.
 Address Tampa Fla.
 Account guaranteed Cash.
 Address _____
 Embalming Cremation. 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by auto 1:15 P.M.
 No. of Casket Wed Oct 2 - 1935
 Outside Box _____
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 3 P.M. Wed
 Name Plate Oct 2nd 1935
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Ashes expressed
 Single Grave to - Mrs. A. G. Williams
 Opening and Closing Grave St Julian apt
 Body Shipped to Winnipeg-Manitoba
 R. R. Ticket Canada.
 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 R B Leatherman
 Date of death Thurs. Oct-3-35- A.M.
 Cause of death _____
 Place of death County Home
 Residence _____
 Age 83 Y'rs _____ Mo's _____ Days _____
 Weight 135 Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date _____ 193 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming ☒ Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose wid from
 Casket D. E. Leatherman
 Casket with Copper Lin. See
 Style of Casket Let Caseholder
 No. of Casket Bro's hand
 Outside Box the Body
 Shipping Case or Vault _____
 Handles They Paid us
 Pillow Set for our Service
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves
 N  S
 X Grave on this date

 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon 5.00
 Physician Dr. Beardsahl
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 40.00

Carey Hand Funeral Home

Name of deceased Mrs Alice K. Newcomer
 Date of death Oct-2-35
 Cause of death Acute Nephritis
 Place of death Res -
 Residence Homestead Fla
 Age 74 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1935 _____ M
 Account charged Gautier F. Home
 Address Miami
 Account guaranteed OK -
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. By auto
 Style of Casket 1130 W.
 No. of Casket Thurs Oct-3-35
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 330 PM
 Pillow Set Oct-3-35
 Name Plate _____
 Cemetery Casper Delivered to
 Section _____ Lot _____
Tri 10-4-35
 I Other Graves _____
 X Grave on this date _____
 Cremation Committal Service
 Single Grave Crematory Room
 Opening and Closing Grave 330 P.M.
 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 Miss Emily C. Spindle
 Date of death Thurs Oct-3-35 815
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence 430 East Cen ave
 Age about 70 Y'rs _____ Mo's _____ Days _____
 Weight 125 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Sat- Oct-5- 1935 3 P. M
 Account charged Miss Anne Cross
 Address 430 East Cen ave
 Account guaranteed Estate
 Address _____
 Embalming 4 Dussang 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Gr Bid 6- 275.00
 Casket with Copper Lin. ☒
 Style of Casket Oct-1/2-e-
 No. of Casket 2638 1/2-
 Outside Box R+g
 Shipping Case or Vault ☒
 Handles Short Eb & Sil
 Pillow Set yes W. Taylor
 Name Plate Name
 Cemetery East-
 Section _____ Lot _____
 _____ E
 I Other Graves ☐ N S
 X Grave on this date ☐ W
 Cremation Burial Amisville Va
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Warrenton Va
 R. R. Ticket 2974 - 1492 44.66
 Cash advanced _____
 Telegram _____
 Minister Elder St John S.D.A
 Casket Wagon (2) 10.00
 Physician Dr Collins
 County or City Burial ☒ 364.66
 Automobiles ☒
 Baggage or ~~Express~~ Train No. 76
Sun Night Oct-7-

Pd Ck 44.66 for RR Tickets

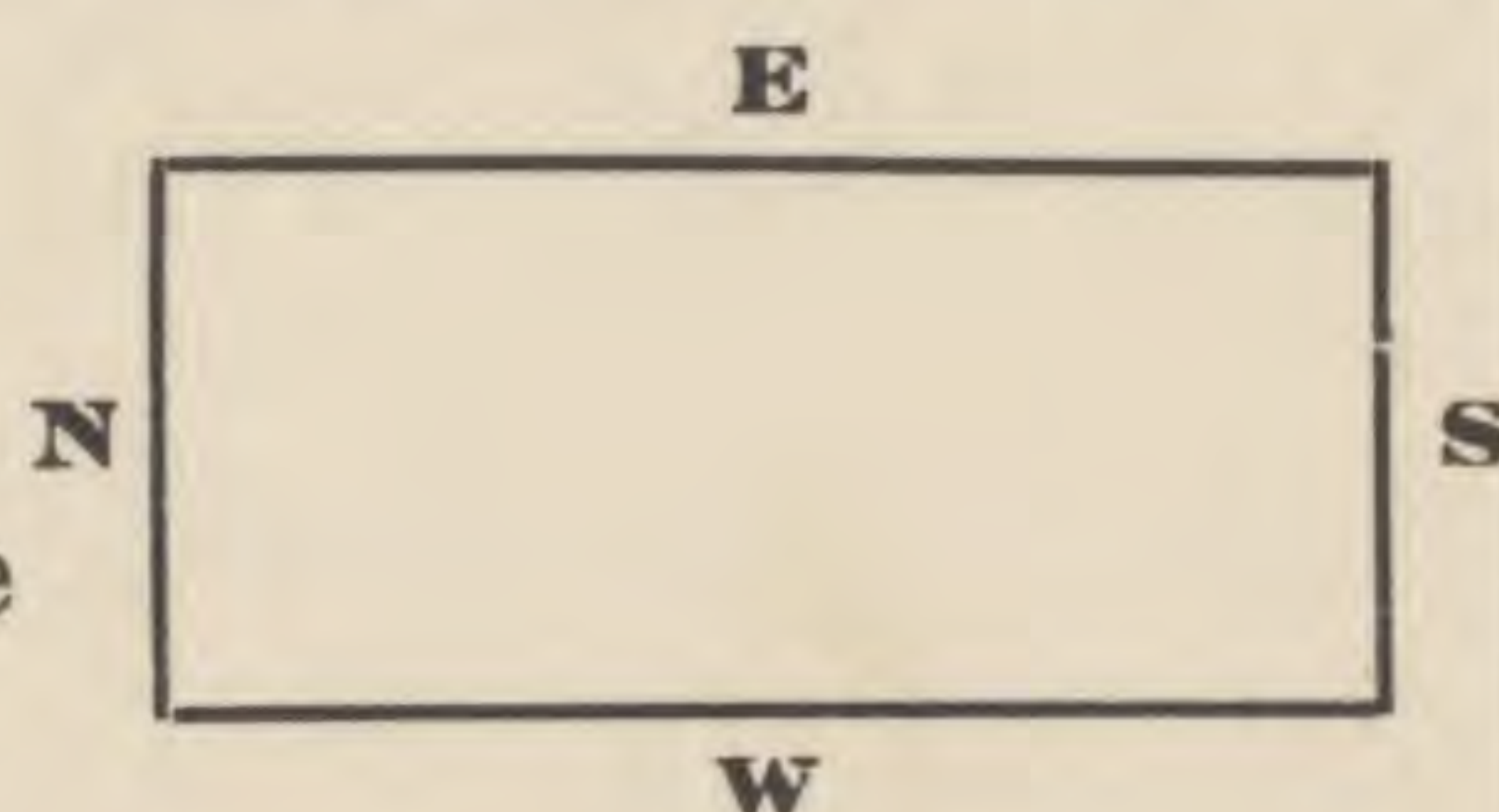
Carey Hand Funeral Home

Name of deceased Miss Eunice L. Higgins
 Date of death Thurs. Oct- 3- 35 4 PM
 Cause of death Pulmonary Embolism
 Place of death C. G. St. following operation
 Residence Tavares
 Age 34 Y'rs 10 Mo's 10 Days
 Weight 120 Height 5 ft. in. Eyes
 Funeral at M. E. Church Tavares
 Date Sat Oct- 5 - 1935 3-P. M
 Account charged C. H. Higgins
 Address Tavares Fla
 Account guaranteed
 Address

Embalming 4 Dressing 35.00
 Robe, Suit, Dress Pink Gown 10.00
 Underwear and Hose 2.00
 Casket 4-3- Sil Plush 175.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2-C-
 No. of Casket 1927- 3 -
 Outside Box Reg
 Shipping Case or Vault ✓ concretly
 Handles Ext by family
 Pillow Set yes ✓
 Name Plate ✓
 Cemetery Tavares
 Section Lot

I Other Graves

X Grave on this date



Cremation
 Single Grave De Box & etc to Cemetery 15.00
 Opening and Closing Grave Concret by family
 Body Shipped to
 R. R. Ticket ✓
 Cash advanced ✓
 Telegram ✓
 Minister Rev G. Evans
 Casket Wagon (1) 5.00
 Physician Dr Gray
 County or City Burial
 Automobiles
 Baggage or Express Train No. SVS 25.00

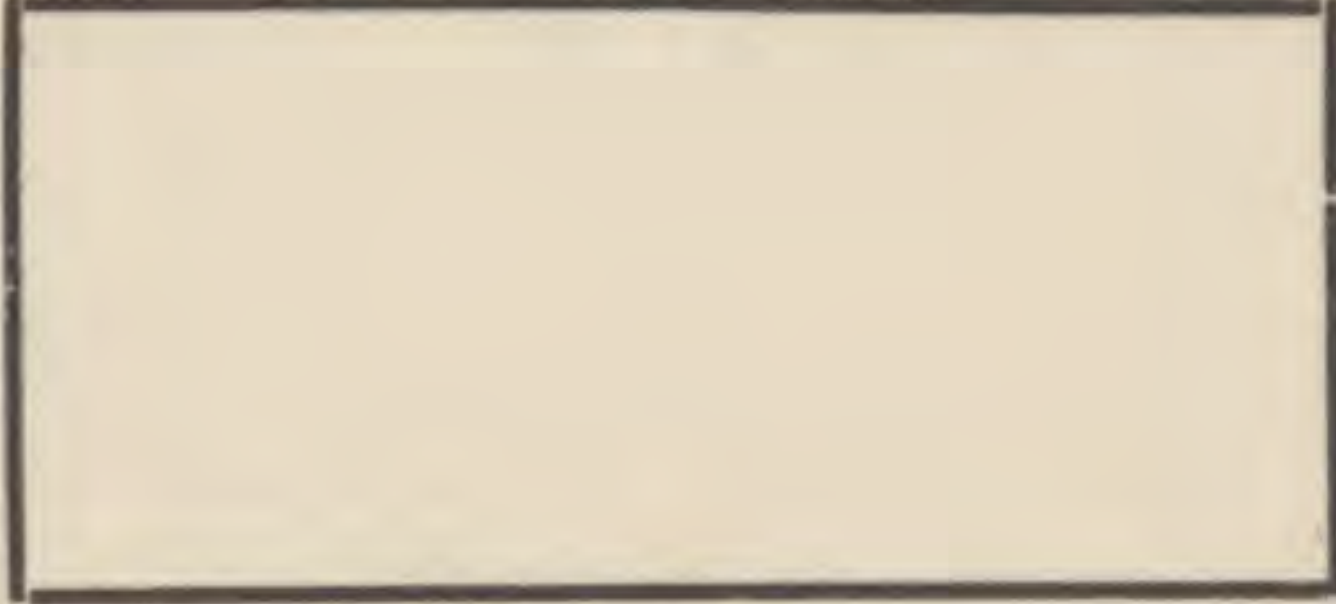
267.00

Carey Hand Funeral Home

Name of deceased James W. Loy
 Date of death Oct 4 - 35 AM
 Cause of death Broncho Pneumonia
 Place of death County Home
 Residence Miami Fla (Family)
 Age 79 Y'rs 11 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Oct 6 1935 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 Reg.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____


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

Carey Hand Funeral Home

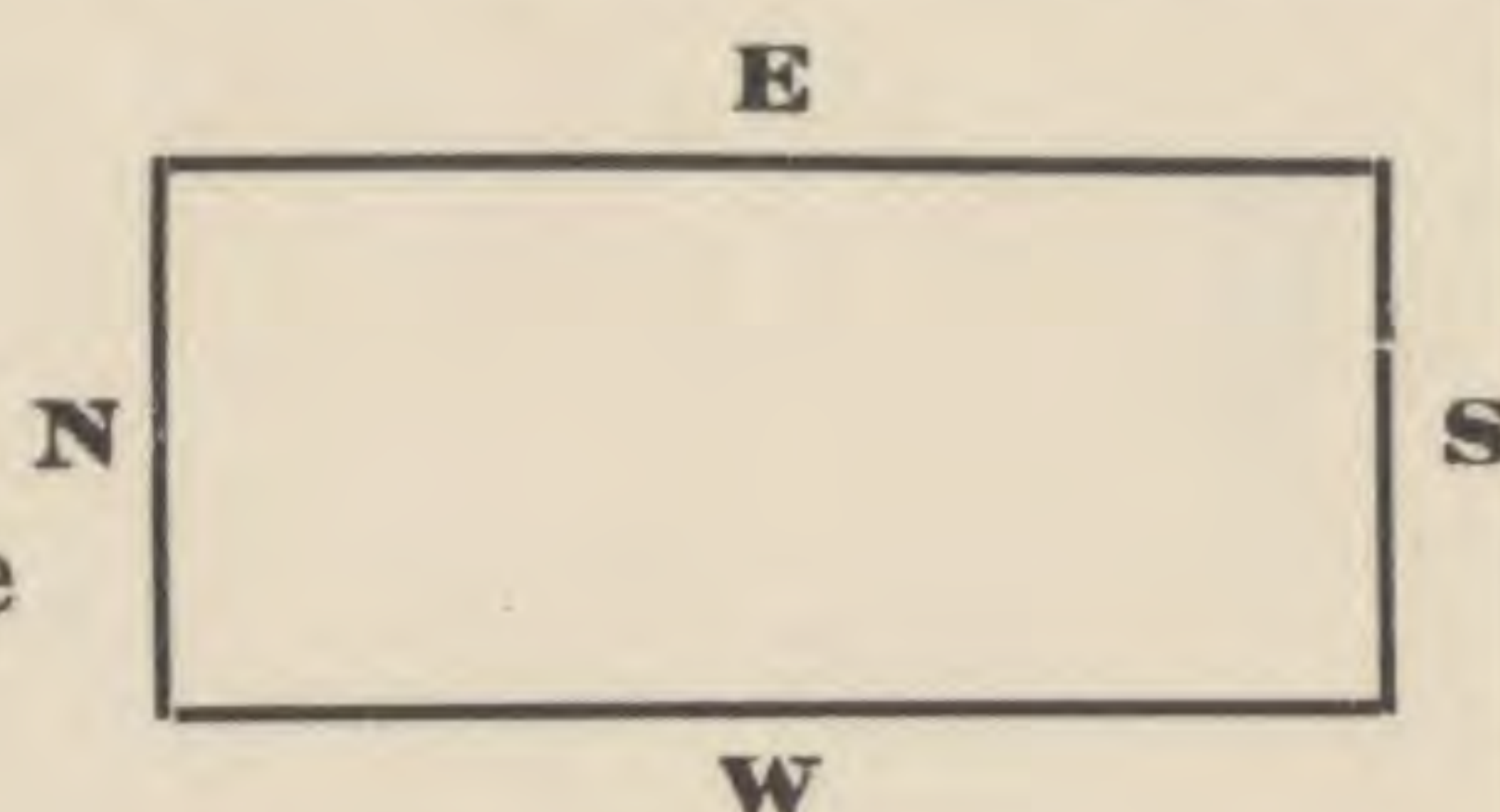
Name of deceased *Miss Viola Brewer*
 Date of death *Sat Oct 5- 35- 6 P.M.*
 Cause of death *Auto accident Fractured skull*
 Place of death *C. G. H.*
 Residence *1318 - N. Mill St*
 Age *16* Y'rs *1* Mo's *18* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Tues. Oct 8- 1935* M
 Account charged *Emos J Brewer*
 Address *1318 N Mill*
 Account guaranteed
 Address

Cemetery Park Ridge Cedar

Embalming ☒ *Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3- Gr Maple* 45.00
 Casket with Copper Lin. ☒
 Style of Casket *See Tilat T.*
 No. of Casket
 Outside Box *Reg-*
 Shipping Case or Vault
 Handles *Bale*
 Pillow Set ☒
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *G-* Lot

I Other Graves

X Grave on this date



Cremation
 Single Grave *White* 7.00
 Opening and Closing Grave *T + D* 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev Sutton* 5.00
 Casket Wagon *(1)*
 Physician *Dr*
 County or City Burial
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *1* 22.00
Rev Sutton (and car) 13.50
People very poor
Have Nothing 08.50

Carey Hand Funeral Home

Name of deceased Walter E Klineet
 Date of death Sun Oct 6 - 35 AM
 Cause of death Lymphatic Leukemia
 Place of death City
 Residence 202 E. Kaley ave
 Age 9 Y'rs 3 Mo's 4 Days
 Weight 60 Height 4 ft. 2 in. Eyes
 Funeral at Lutheran Church
 Date Wed Oct 9 1935 4 PM
 Account charged Carl Klineet
 Address 202 E. Kaley ave
 Account guaranteed

Address

Embalming Dress 25.00

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket 4-6-14 Plush 70.00

Casket with Copper Lin. ✓

Style of Casket O. H. T. J.

No. of Casket Shiner

Outside Box Reg

Shipping Case or Vault ✓

Handles Short

Pillow Set yes

Name Plate C. D.

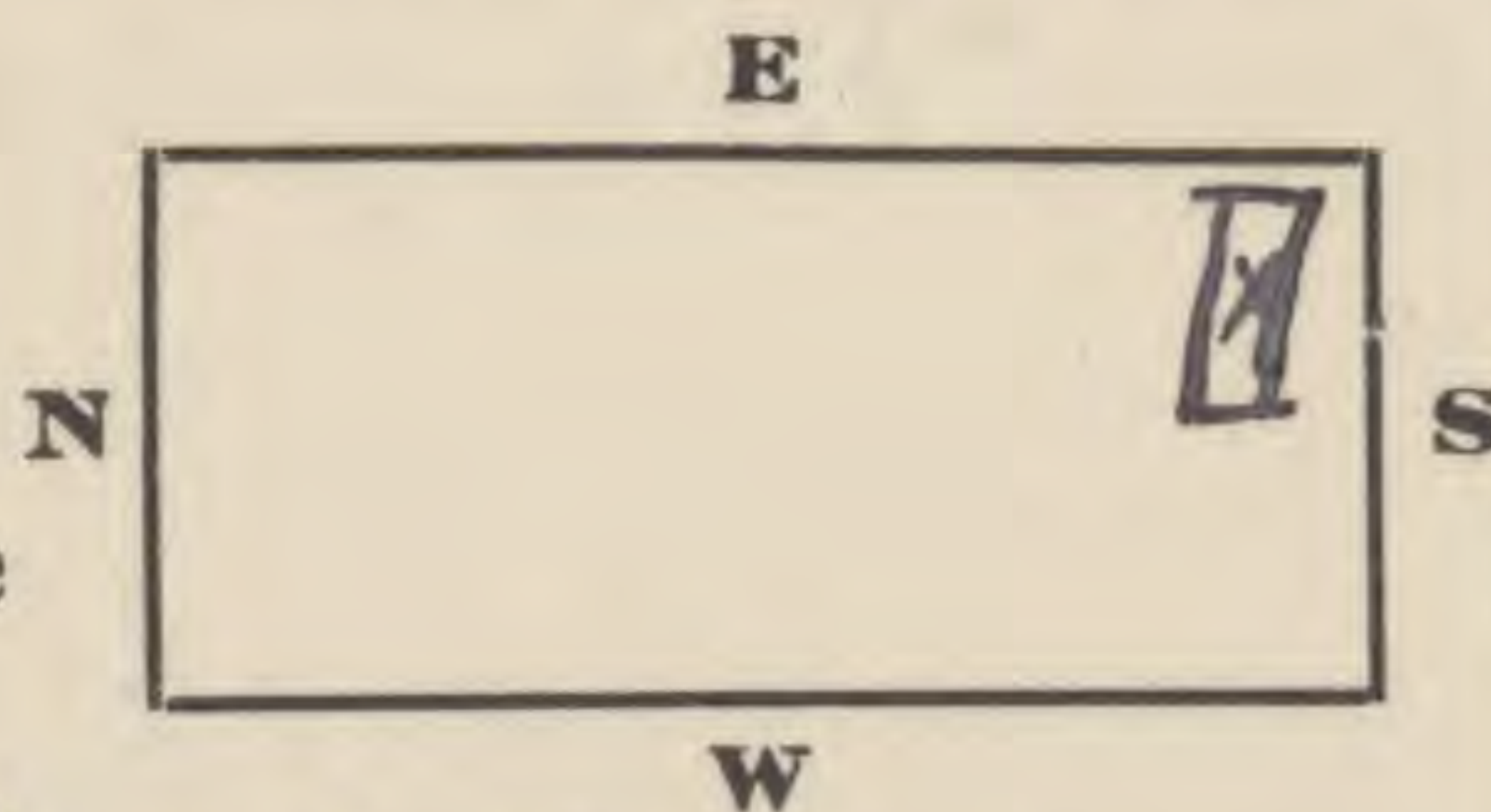
Cemetery Greenwood

Section L Lot 14

Samuel Kasper
Lot

I Other Graves

X Grave on this date



Cremation 2 closed car 10.00

Single Grave P. B. & M. Car 5.00

Opening and Closing Grave T & D 10.00

Body Shipped to ✓

R. R. Ticket ✓

Cash advanced ✓

Telegram ✓

Minister Rev. Trapp

Casket Wagon (1) 5.00

Physician Dr. Mety

County or City Burial ✓

Automobiles 9 & 5 15.00

Baggage or Express Train No. 40.00

Carey Hand Funeral Home

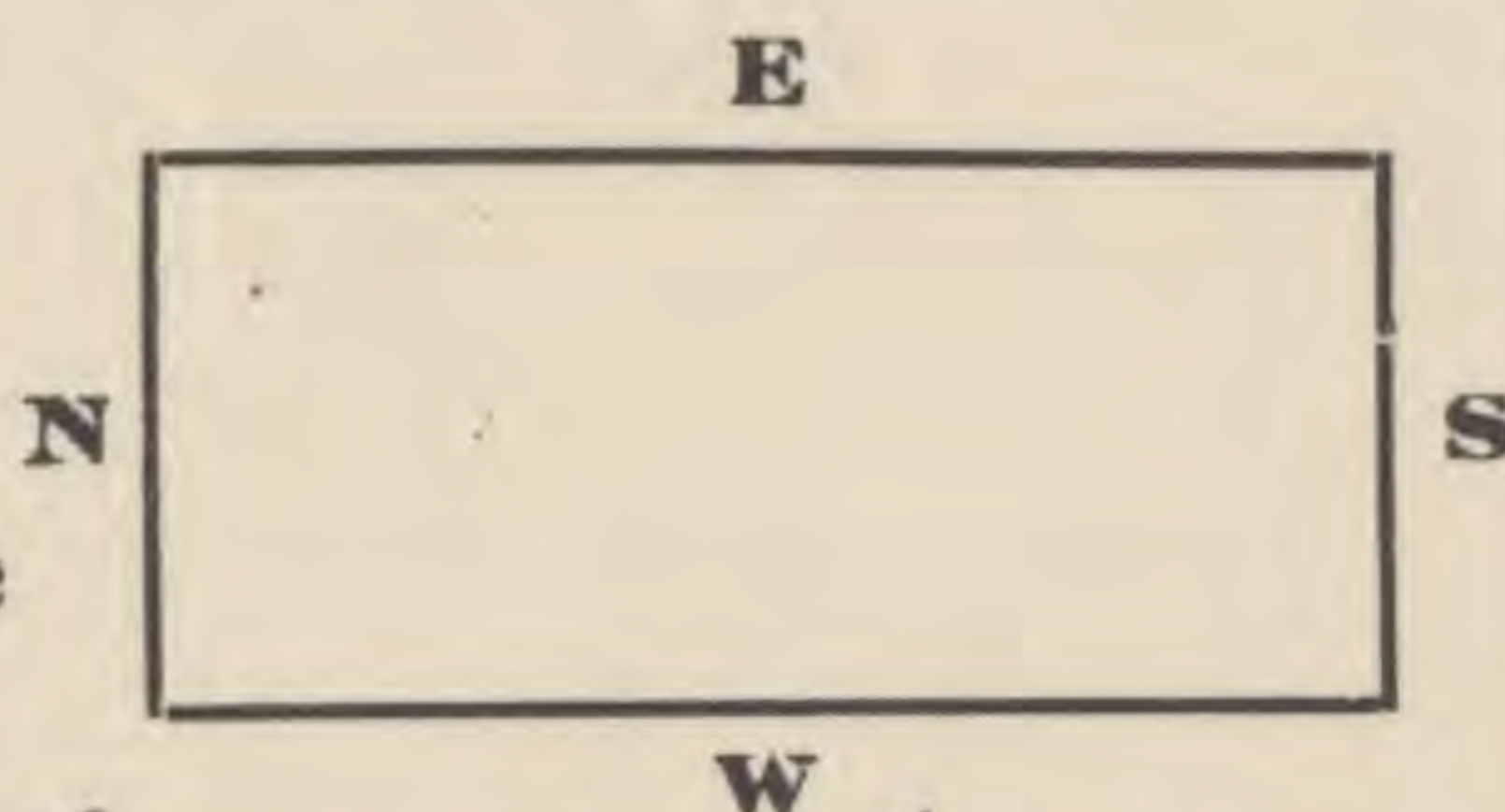
Name of deceased Lyle Thomson Glidden.
 Date of death Oct 5
 Cause of death Unknown - Possibly Cardiac
 Place of death Res.
 Residence Ft Pierce Fla
 Age 56 Y's 6 Mo's Days
 Weight 130 Height 5 ft. 7 in. Eyes
 Funeral at Ft Pierce Fla
 Date Oct 1935 M
 Account charged Free Mortuary.
 Address Ft Pierce Fla
 Account guaranteed Check
 Address
 Embalming Cremation. \$ 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body arrived
 Style of Casket by auto Monday
 No. of Casket 3 P.M. Oct 7-35
 Outside Box
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set Monday 4 P.M.
 Name Plate Oct 7 1935
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Will call for ashes
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 37.50

Carey Hand Funeral Home

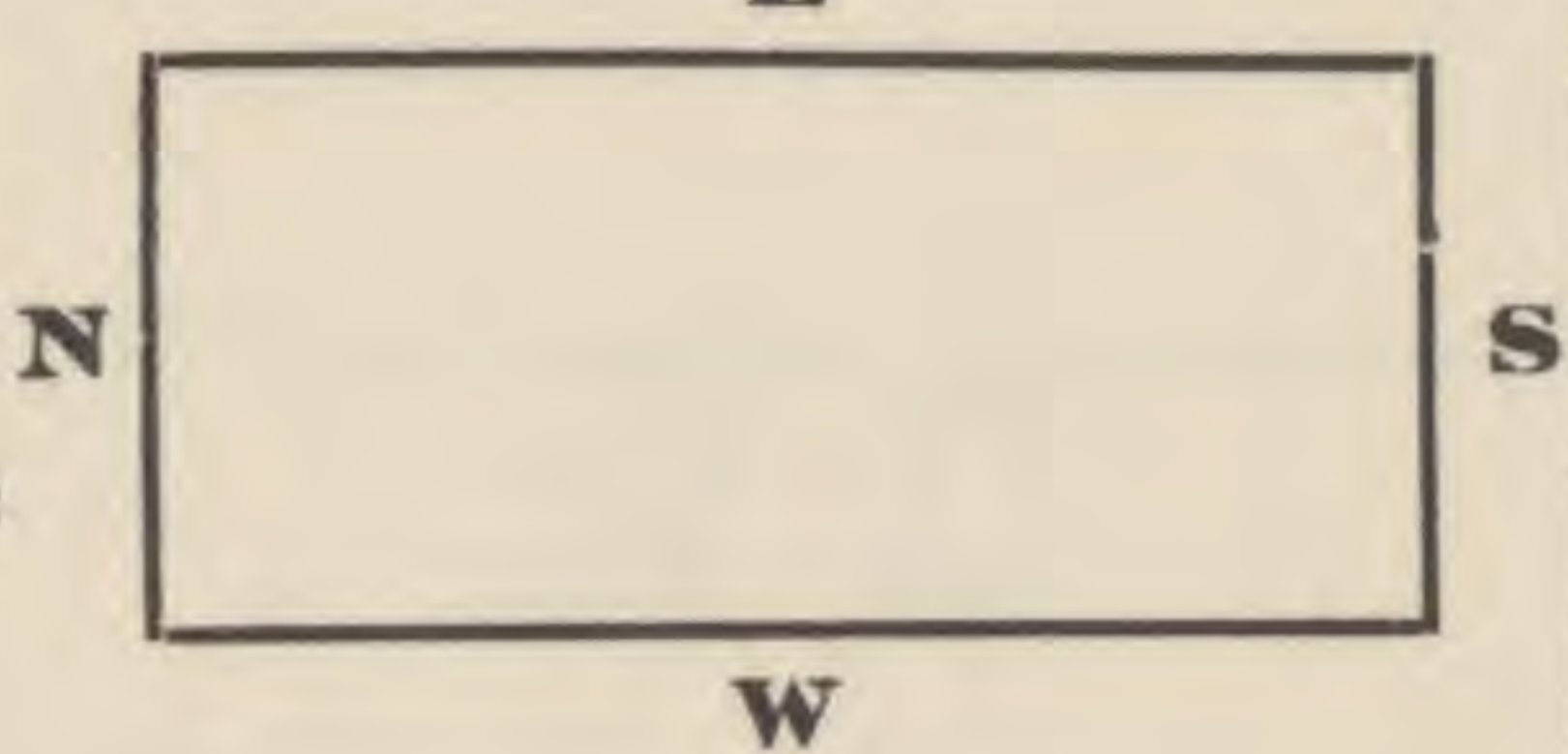
Name of deceased Arthur. A. Hartley
 Date of death Oct 6
 Cause of death Angina Pectoris
 Place of death Res
 Residence Tampa Fla
 Age 68 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Tampa Fla
 Date Oct 1935 M
 Account charged B. Marion Reed and Co
 Address Tampa Fla
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrived
 Casket with Copper Lin. by express
 Style of Casket Monday 3:20 P.m.
 No. of Casket A.C. & Train
 Outside Box
 Shipping Case or Vault
 Handles Body cremated
 Pillow Set Monday 4 P.m.
 Name Plate Oct 7 - 1935
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes Expressed
 Single Grave To
 Opening and Closing Grave
 Body Shipped to B. Marion Reed
 R. R. Ticket Tampa Fla
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750



3750

Carey Hand Funeral Home

Name of deceased Edgar J. Roebke
 Date of death Mon Oct 7-35
 Cause of death Suicide by Gass
 Place of death Res Dixie
 Residence 1137 North Dixie
 Age 37 Y'rs 9 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Winter Haven Fla
 Date Oct 1935
 Account charged Otto Loughlin and Co
 Address Winter Haven Fla
 Account guaranteed Check
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Haven
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket See Ch 9
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1)
 Physician Sam Shiver J. P.
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
Col Pd by
Otto Loughlin
F. D.
Winter Haven

\$157 cash paid
 was found by Chas Smith
 24-10-30 full
 Had been dead about
 1-10-35

35.00

10.00

5.00

50.00

Carey Hand Funeral Home

Name of deceased John S. Robinson
 Date of death Oct 8 -
 Cause of death Angina Pectoris found dead
 Place of death Atlanta Ga. Winecoff Hotel
 Residence Tampa Fla
 Age 46 Y'rs 3 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Oct 10 1935 2:30 P.M
 Account charged Mrs Ruby F. Robinson
 Address Tampa Fla
 Account guaranteed Estate
 Address _____

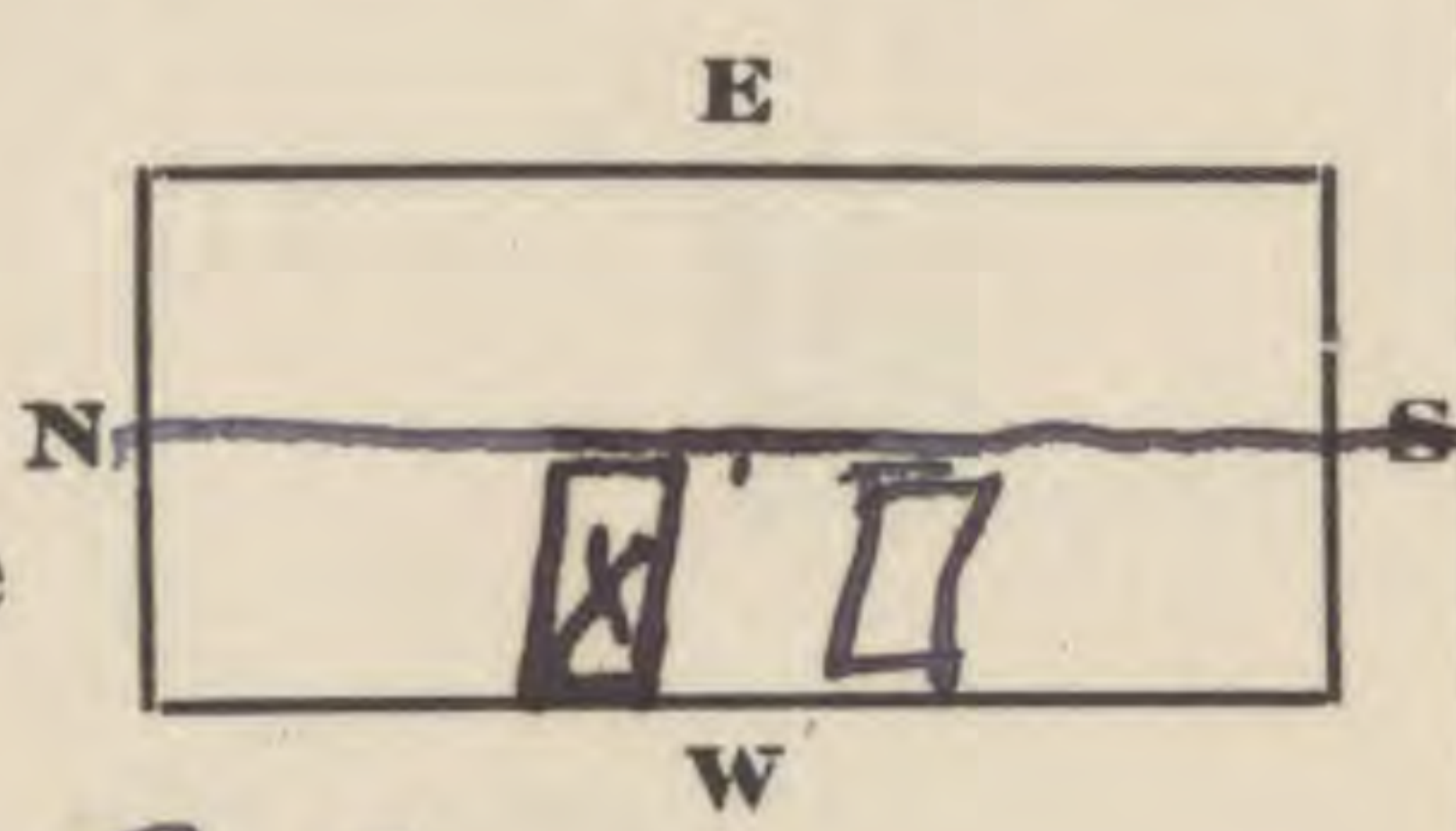
Embalming Body arrived in train
 Robe, Suit, Dress 75 - this morning
 Underwear and Hose Oct 10 - 35
 Casket 6-6 Metal
 Casket with Copper Lin. Inner
 Style of Casket State N.P.
 No. of Casket _____

Outside Box ☒
 Shipping Case or Vault air Seal 125.00
 Handles Ext -
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section M W 1/2 Lot 110

Head of Grave
EAST

I Other Graves _____

X Grave on this date _____



Cremation Car - R B 5.00
 Single Grave Car - Min 5.00
 Opening and Closing Grave etc 15.00

Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev M. H. Haire & Rev L. Snock
 Casket Wagon (1) 5.00

Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. SVS 15.00
170.00

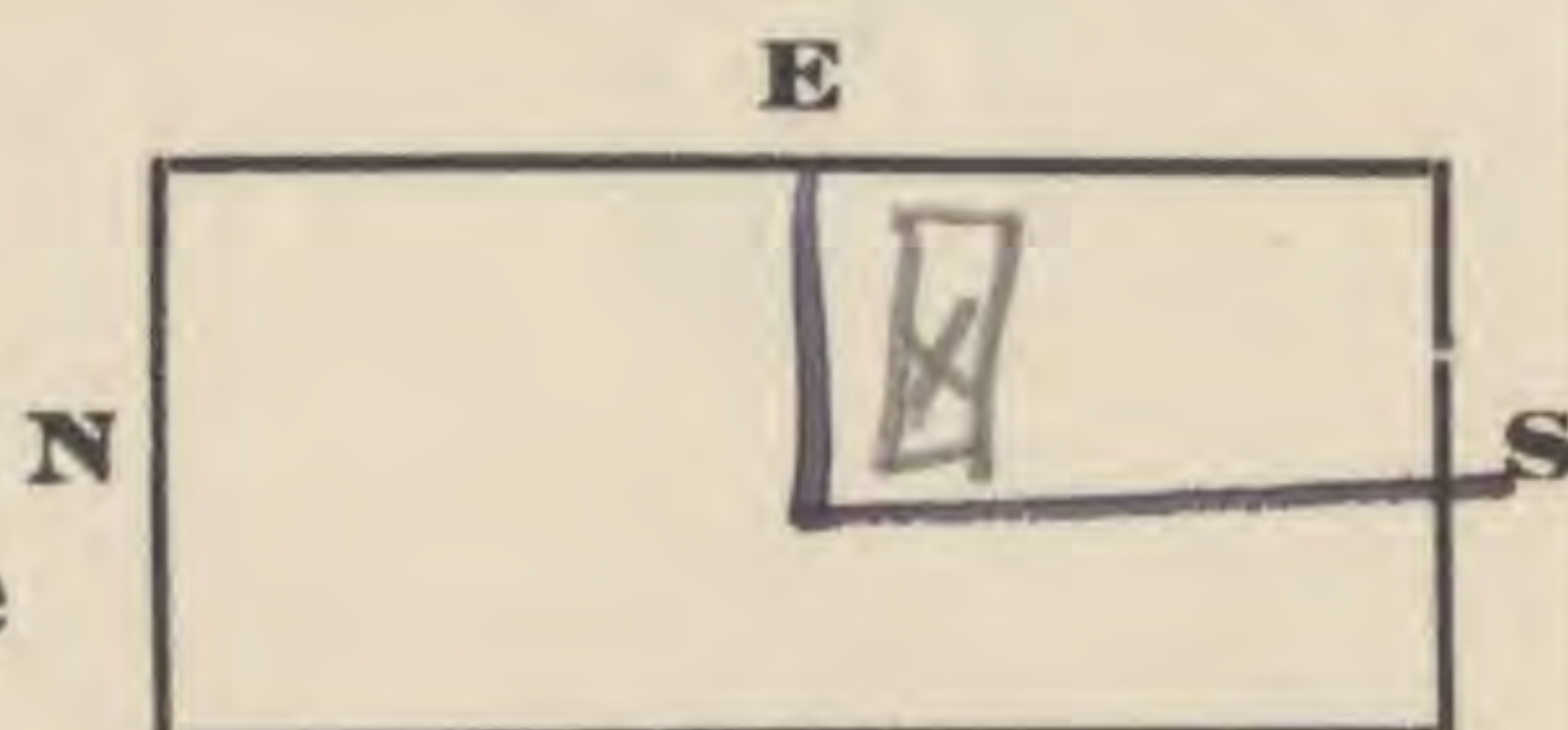
Carey Hand Funeral Home

Name of deceased Esther J. Wright
 Date of death Oct 10th
 Cause of death Bronchial Asthma - Cardiac
 Place of death Fila Sanitarium
 Residence Winter Park Fla
 Age 36 Y'rs 3 Mo's 18 Days
 Weight 125 Height 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date Sunday Oct 13th 1935 4 P. M
 Account charged Wm Wright
 Address 2440 Fairbanks Ave Winter Park
 Account guaranteed SA Chestnut
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Dr Gr Plush 175.00
 Casket with Copper Lining ✓
 Style of Casket Oct-1/2-C
 No. of Casket 1927
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes Lt Gr
 Name Plate ✓
 Cemetery Greenwood
 Section SE 1/4 Lot 73

I Other Graves

X Grave on this date



Cremation Burial Lot 68.75
 Single Grave
 Opening and Closing Grave etc 15.00
 Body Shipped to 2 Cloud Car 10.00
 R. R. Ticket P. B. Car 5.00
 Cash advanced Car Min 5.00
 Telegram Musie 7.50
 Minister Dean Johnson
 Casket Wagon (1) 5.00
 Physician Dr.
 County or City Burial
 Automobiles SV S 15.00
 Baggage or Express Train No. 3 41.25

Carey Hand Funeral Home

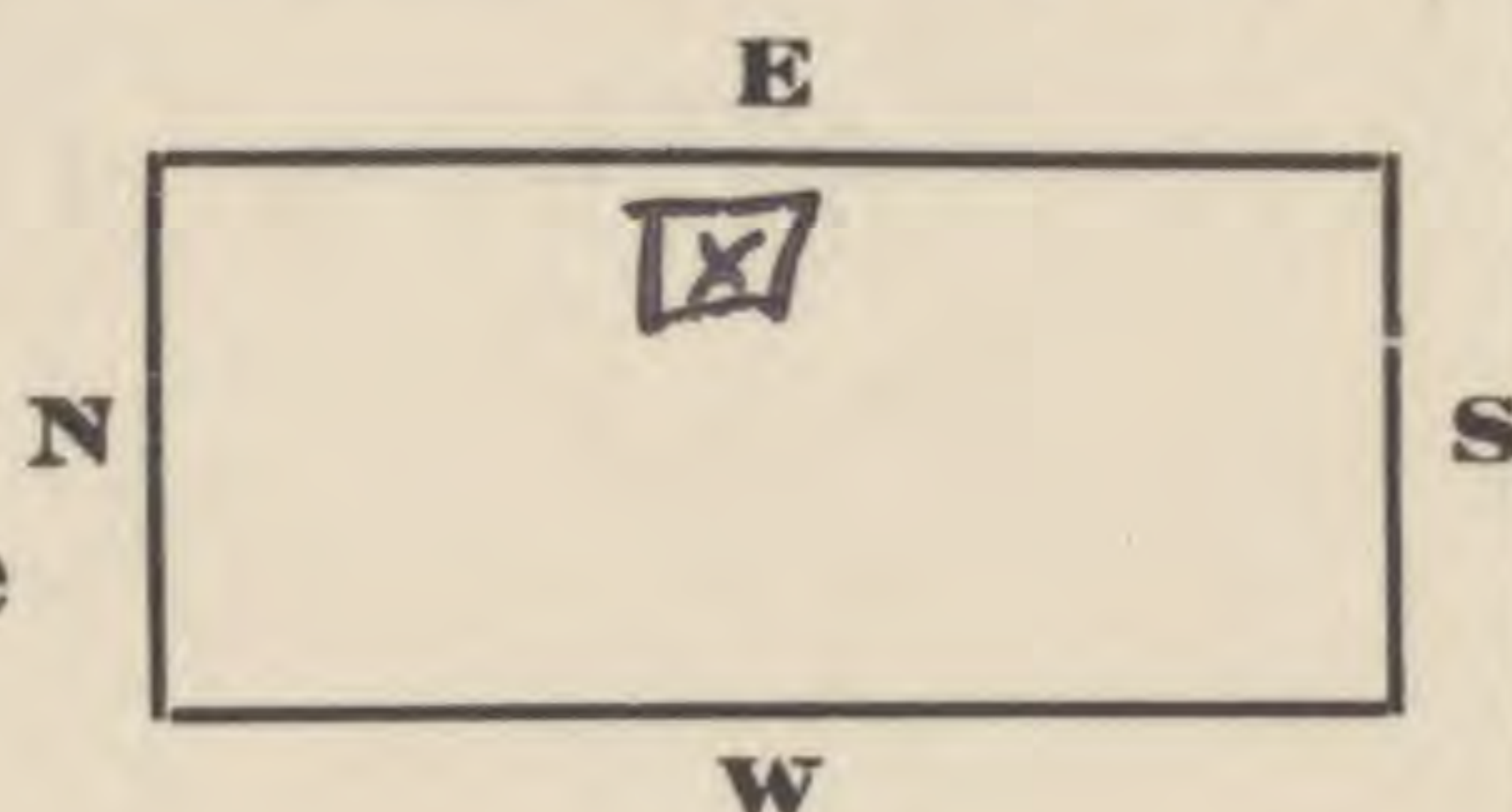
Name of deceased Charles H. Fugate
 Date of death Oct 10th 5 a.m.
 Cause of death Trauma of ten tennis during birth
 Place of death Fla Sant.
 Residence _____
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Thurs Oct 10th 1935 4:30 P.M.
 Account charged B. W. Fugate
 Address Pine Castle Fla
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket 2-0-W L.S. 12 50
 No. of Casket 0
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles small
 Pillow Set ✓

Name Plate OD
 Cemetery Greenwood
 Section P Lot 29
Head of Grave
South

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave Del Bury T. 5 00
 Body Shipped to _____
 R. R. Ticket cloud car 5 00

Cash advanced _____
 Telegram _____
 Minister Rev Stradley

Casket Wagon _____
 Physician Dr. Sutter

County or City Burial

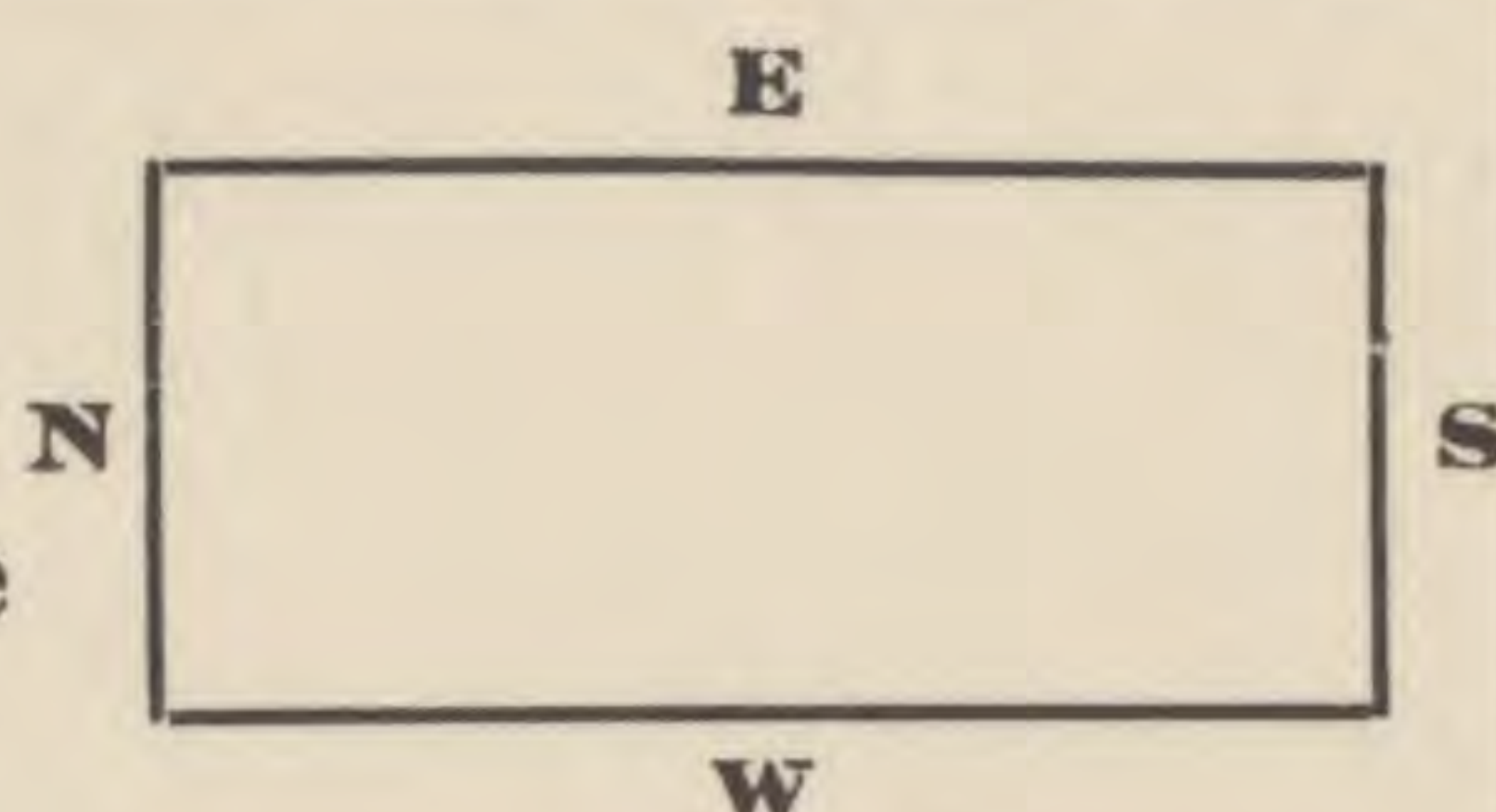
Automobiles _____
 Baggage or Express Train No. 22 50

Carey Hand Funeral Home

Name of deceased William Black
 Date of death Oct 10
 Cause of death Cerebral Embolus
 Place of death O. G. N.
 Residence Winter Garden Fla
 Age 54 Y'rs 9 Mo's 13 Days
 Weight 175 Height 5 ft. 9 in. Eyes _____
 Funeral at Rest
 Date Oct 1935 M
 Account charged Estate
 Address Gulf Stream, Fla
 Account guaranteed C. G. Tilden
 Address Winter Garden
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr. Exp. 125.00
 Casket with Copper Lin. ☒
 Style of Casket Oct - D. T.
 No. of Casket Tampa - 1977
 Outside Box Reg -
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Rest
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Winter Ga

R. R. Ticket

Cash advanced _____

Telegram Insurance only

Minister

Casket Wagon (1)

Physician Dr. J. S. McEwan

County or City Burial _____

Automobiles

Baggage or Express Train No. 92

Fri 10-11-35

Pd cash

23 33

~~5.00~~

188.33

23 33

\$160.00

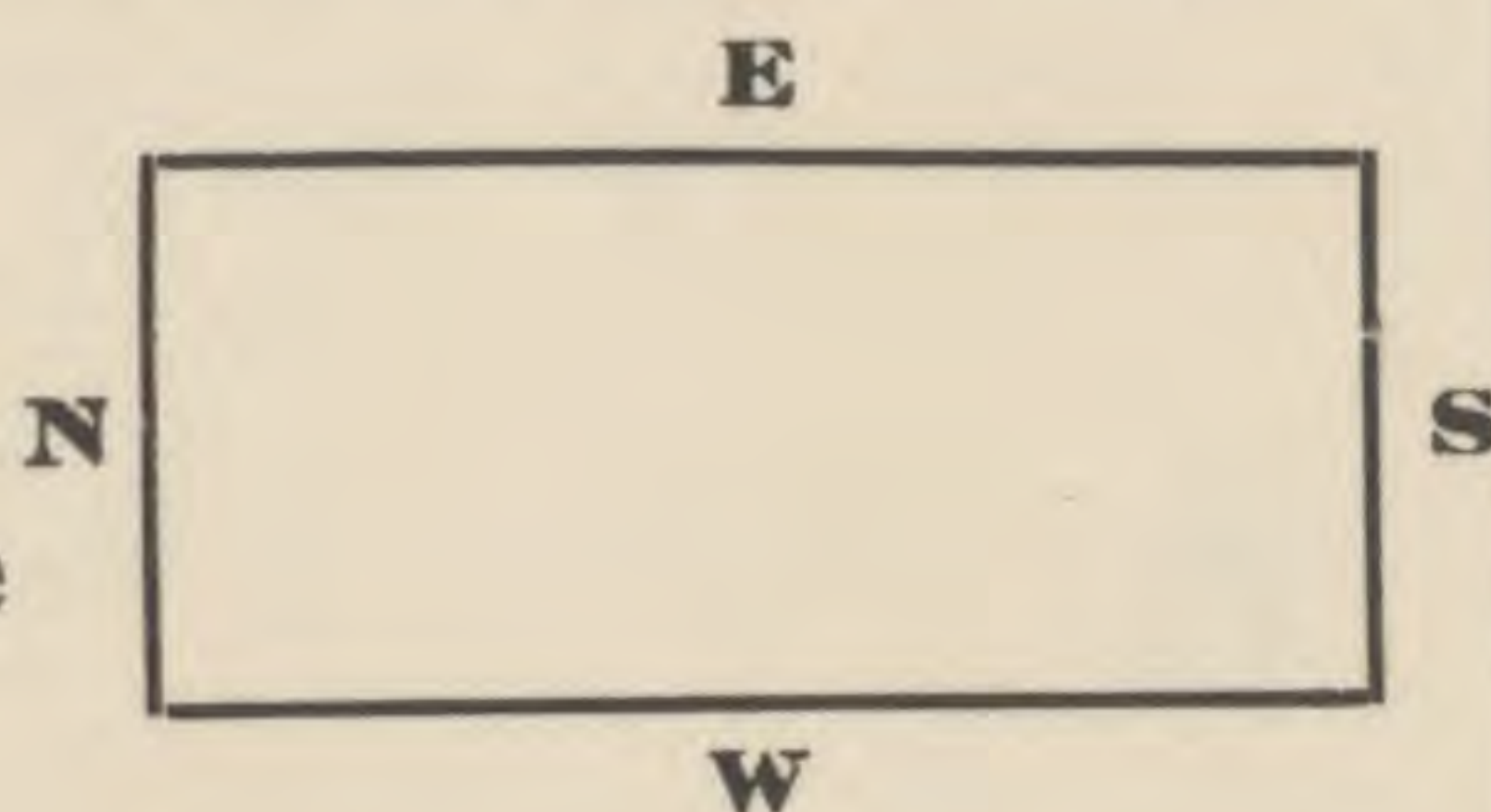
Carey Hand Funeral Home

Name of deceased *Infant of Hallie L Morgan*
 Date of death *Oct 11-35*
 Cause of death *Still Born*
 Place of death *Res*
 Residence *427 - Kaley ave*
 Age ☒ Y's ☒ Mo's ☒ Days ☒
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193_____ M
 Account charged *City*
 Address _____
 Account guaranteed *ok y officer Buchanan*
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2/0 Coffin* 7 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves

X Grave on this date



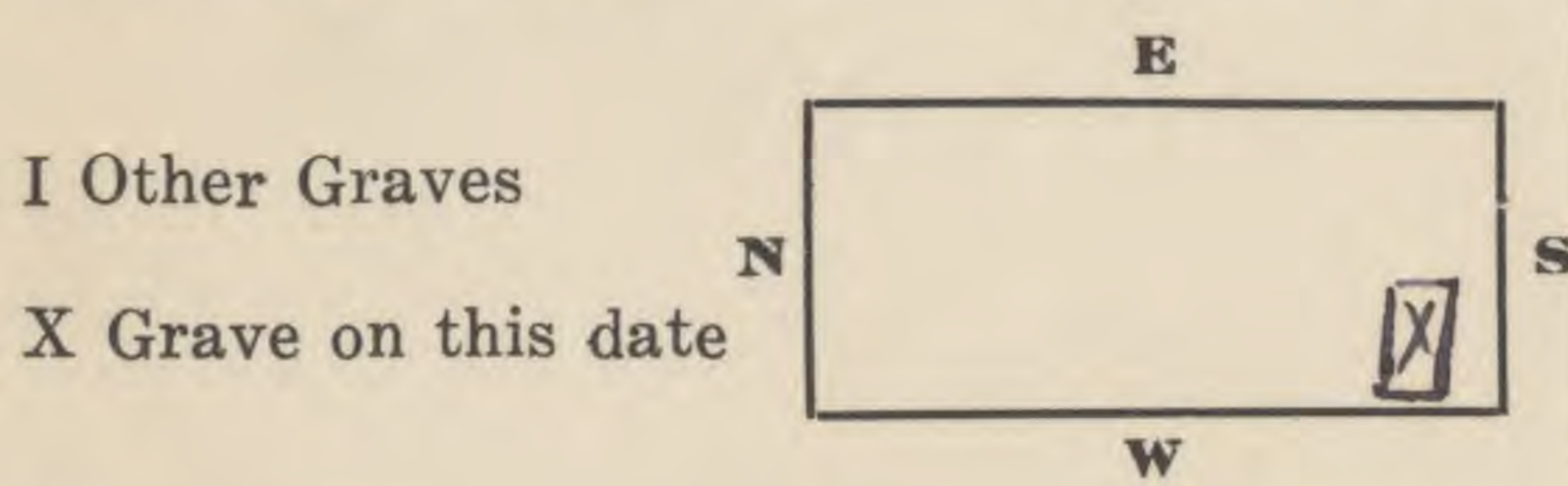
Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Callahan*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 7.00

Carey Hand Funeral Home

Name of deceased Alfred L. Thomas
 Date of death Oct-12-35 AM
 Cause of death _____
 Place of death Res
 Residence Winter Garden
 Age 54 Y'rs 0 Mo's 14 Days _____
 Weight 135 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel
 Date Sun Oct-13 1935 3-P M
 Account charged Mrs A. L. Thomas
 Address Winter Garden Fla Box 475
 Account guaranteed _____
 Address _____

Embalming & Dressing 35.00
 Robe, ~~Suit, Dress~~ Robe 3.50
 Underwear and Hose 1.00
 Casket 6-3 Gr. Exp. 75.00
 Casket with Copper Lin. ☒
 Style of Casket Sgt
 No. of Casket 22
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set _____
 Name Plate at Res
 Cemetery Winter Garden
 Section Blk B Lot 3



Cremation _____
 Single Grave _____
 Opening and Closing Grave & T 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dean Johnson & Rev Smith 5.00
 Casket Wagon _____
 Physician Dr. Wheatley
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

149.50

Carey Hand Funeral Home *Coland*

Name of deceased *Refus Megee*
 Date of death *Sat- Oct-12-35* *5 PM*
 Cause of death _____
 Place of death *County Home*
 Residence _____
 Age *30* Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *10-13-* 193*5* *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 *39*
 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 *No People here*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Beardsahl*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *14. 50*

Carey Hand Funeral Home

Name of deceased Horner Lee Buchanan
 Date of death Sun Oct-13-35- 1-P.M
 Cause of death 724 Heat Pincutor
 Place of death Chapel Room 227

Residence _____
 Age 30 Y'rs 5 Mo's 5 Days _____

Weight 165 Height 5 ft. 6 in. Eyes _____

Funeral at Chapel

Date Mon Oct-14- 1935 4 P. M

Account charged James P. Buchanan Bro

Address _____

Account guaranteed Estate

Address _____

Embalming + Dressing 35.00

Robe, Suit, Dress Blue 15.00

Underwear and Hose 1.50

Casket 6-3- Gr Doe 150.00

Casket with Copper Lin. ✓

Style of Casket S 1411

No. of Casket Oct 07

Outside Box Reg

Shipping Case or Vault ✓

Handles Ext

Pillow Set yes

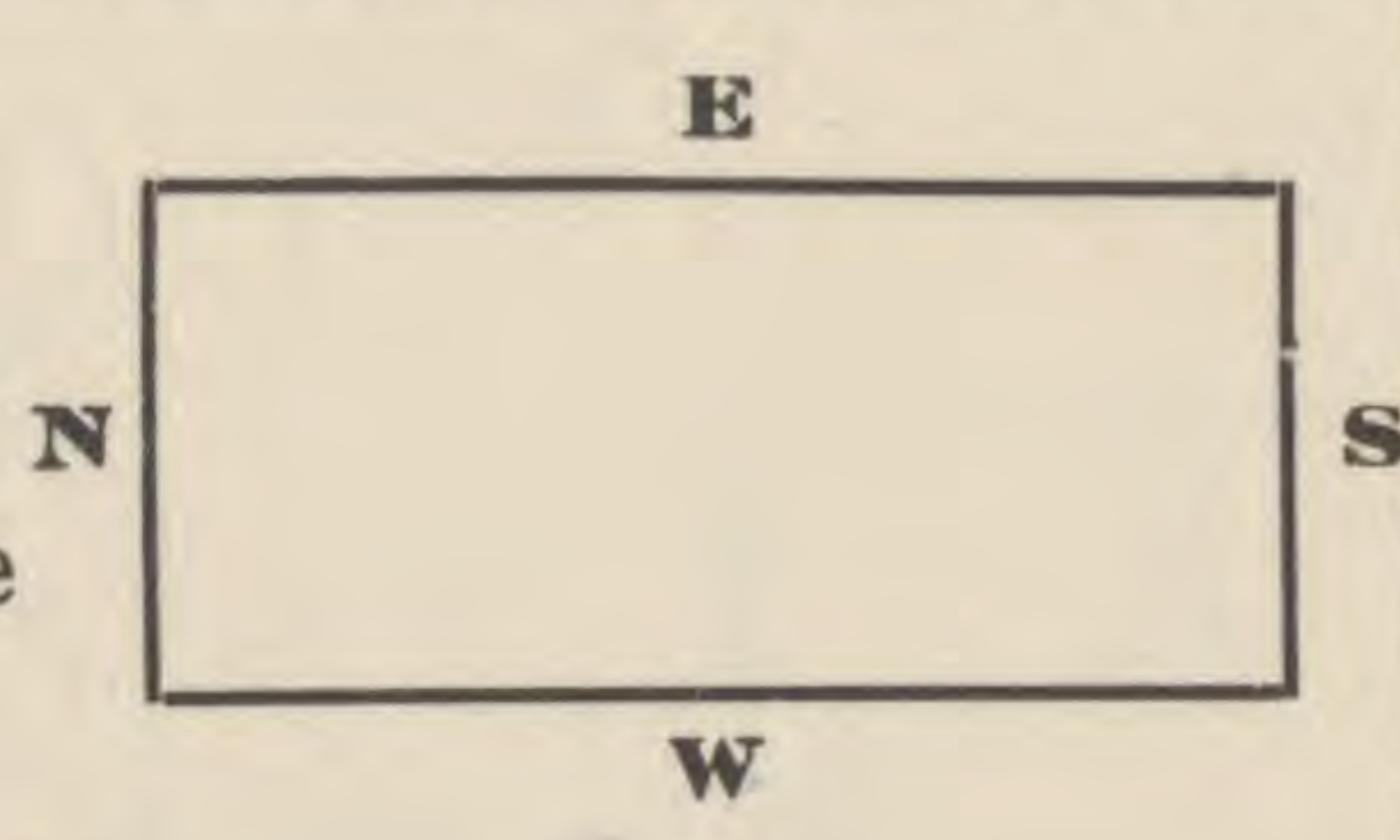
Name Plate ✓

Cemetery Greenwood

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave White 7.00

Opening and Closing Grave T + S 15.00

Body Shipped to Clare car 5.00

R. R. Ticket P. B car 5.00

Cash advanced Car mori 5.00

Telegram _____

Minister Ruffe (1) 5.00

Casket Wagon _____

Physician Dr Anderson

County or City Burial _____

Automobiles S V S 15.00

Baggage or Express Train No. 258 50

Invoice

263.50

Carey Hand Funeral Home

Name of deceased <u>Olin L. Claypool</u>		
Date of death <u>Oct-14-35</u>		<u>6-A.M.</u>
Cause of death <u>Cancer Prostate + Bladder</u>		
Place of death <u>Res</u>		
Residence <u>48 West Lumsy Amelia</u>		
Age <u>64</u>	Y'rs <u>7</u>	Mo's <u>13</u> Days
Weight	Height	ft. in. Eyes
Funeral at <u>Chapel</u>		
Date		193 <u>5</u> M
Account charged <u>Mrs Fannie Claypool</u>		
Address <u>48 West Amelia</u>		
Account guaranteed <u>John L. Claypool</u>		<u>Sen</u>
Address <u>48 Benning Ga</u>		
Embalming <u>+ Dressing</u>		25.00
Robe, Suit, Dress		
Underwear and Hose		
Casket <u>6-3</u>	<u>Gr Cup</u>	45.00
Casket with Copper Lin.		
Style of Casket <u>Sgt 4x4 Top</u>		
No. of Casket <u>70 - Tampa</u>		
Outside Box <u>Reg</u>		
Shipping Case or Vault		
Handles <u>Bale</u>		
Pillow Set		
Name Plate <u>at Rest</u>		
Cemetery <u>Greenwood</u>		
Section	Lot	
<u>Lot 1825</u>		
I Other Graves		
<u>Bought Direct</u>		
X Grave on this date		
E N S X		
Cremation <u>SW 1/4 - 41 - 9.</u>		
Single Grave <u>Single Grave</u>		
Opening and Closing Grave <u>etc</u>		15.00
Body Shipped to		
R. R. Ticket		
Cash advanced		
Telegram		
Minister <u>Mrs Sallie Russell</u>		
Casket Wagon		
Physician <u>Dr Redding</u>		
County or City Burial		
Automobiles <u>S & S</u>		15.00
Baggage or Express Train No.		100.00

Carey Hand Funeral Home

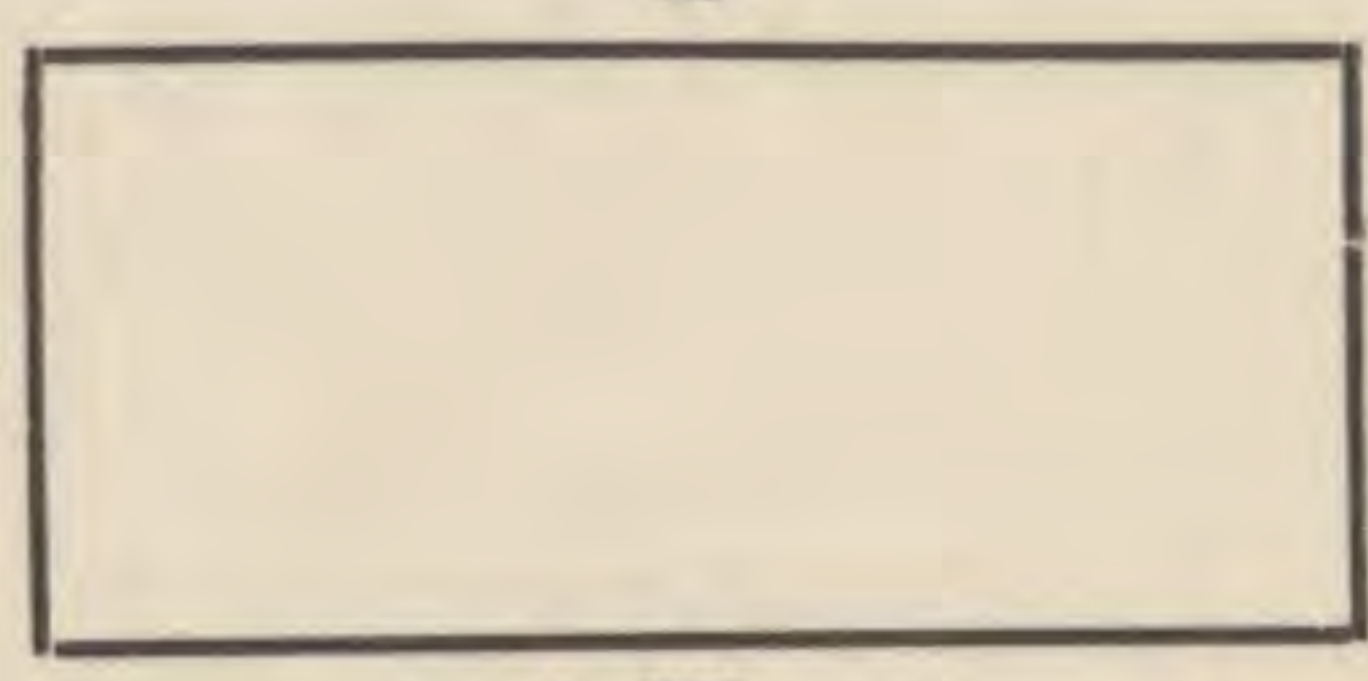
Name of deceased <u>Margery L. Anderson</u>	
Date of death <u>Mon Oct-14-35- 930 A.M.</u>	
Cause of death _____	
Place of death <u>Vla Sant</u>	
Residence <u>Pittsburg Pa</u>	
Age <u>19</u>	Y'rs <u>6</u> Mo's <u>12</u> Days _____
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Chapel Tues Oct-15</u>	
Date _____ 19 <u>35</u> <u>3-P-M</u>	
Account charged <u>Stanley H. Anderson</u>	
Address _____	
Account guaranteed <u>Estate</u>	
Address _____	
Embalming <u>+ Dressing</u>	35. ⁰⁰
Robe, Suit, Dress ☒	
Underwear and Hose ☒	
Casket <u>6-6 Metal</u>	350. ⁰⁰
Casket with Copper Lin. <u>Inner</u>	
Style of Casket <u>State H. Cap.</u>	
No. of Casket <u>S-90 Penn</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault ☒	
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate ☒	
Cemetery <u>Vault</u>	
Section _____	Lot _____
E	
I Other Graves	N Vault # S
X Grave on this date	
Cremation <u>Vault 5:00 P.M.</u>	10. ⁰⁰
Single Grave <u>Blanket</u>	
Opening and Closing Grave _____	
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	5. ⁰⁰
Telegram <u>Amb Ser</u>	
Minister _____	10. ⁰⁰
Casket Wagon <u>(2)</u>	
Physician <u>Dr - Burkes</u>	
County or City Burial _____	
Automobiles _____	\$460. ⁰⁰
Baggage or Express Train No. _____	
<u>Cash to Minister 5.00</u>	

Carey Hand Funeral Home

Name of deceased *Mrs Alice E Campbell*
 Date of death *Oct-13-35*
 Cause of death *Cancer of Stomach*
 Place of death *Res*
 Residence *New Smyrna*
 Age ~~70-85~~ Y'rs *8* Mo's *16* Days
 Weight *90* Height *5* ft. in. Eyes
 Funeral at *New Smyrna*
 Date *Settle F. Home* 193 *M*
 Account charged *New Smyrna*
 Address *OK*
 Account guaranteed

Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body*
 Style of Casket *Arrived by auto*
 No. of Casket *11 - a Tom*
 Outside Box *Oct-14-35*
 Shipping Case or Vault
 Handles *Body Cremated*
 Pillow Set *2-PM-10-14-35*
 Name Plate
 Cemetery
 Section Lot

I Other Graves
 X Grave on this date



Cremation *ashes Expressed*
 Single Grave *to*
 Opening and Closing Grave *Mrs*
 Body Shipped to *Grace Tygh*
 R. R. Ticket *724 Oakridge*
 Cash advanced *Drive*
 Telegram *Jackson*
 Minister *Mich*
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

37.50

Carey Band Funeral Home

Name of deceased Sherman M. Britt
 Date of death Oct-13-35 W M
 Cause of death Cancer of Tongue
 Place of death San Hays Hlms Ills
 Residence 2026 West Jackson Orlando
 Age 47 Y'rs 5 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Oct. 17 1935 4 P. M
 Account charged Mrs S. M. Britt
 Address 2026 W

Account guaranteed _____
 Address _____

Embalming Body arrived a e 2# 91
 Robe, Suit, Dress 1107 - a m
 Underwear and Hose 10-15-35
 Casket 6-3-05 D.T.

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box Reg

Shipping Case or Vault _____

Handles Ext

Pillow Set yes

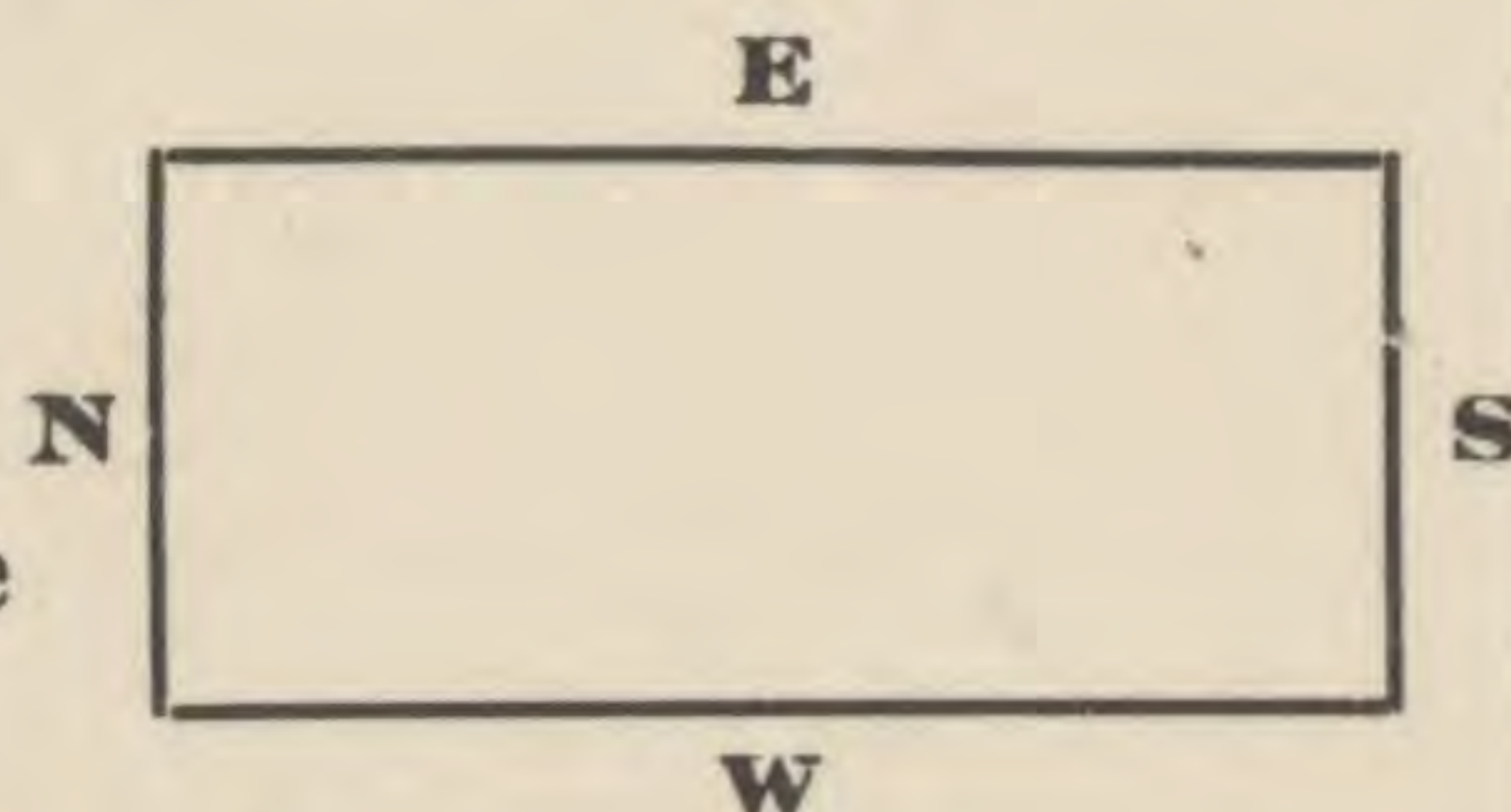
Name Plate _____

Cemetery Woodlawn

Section V-F-W- Lot _____

I Other Graves

X Grave on this date



Cremation closed ear 5 00

Single Grave P & M ear 5 00

Opening and Closing Grave T & etc 15 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon (1) 5

Physician _____

County or City Burial _____

Automobiles S & S 15 00

Baggage or Express Train No. 45 00

Carey Hand Funeral Home

Name of deceased Edward Jump
 Date of death Tues - Oct - 15 - 35 - 2:30 PM
 Cause of death _____
 Place of death Res
 Residence 1240 Nebraska
 Age 82 Y'rs 11 Mo's 15 Days _____
 Weight 180 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Tues Oct 17 1935 2-P M
 Account charged Geo Jump Son
 Address 1240 Nebraska
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Service 35.00
 Casket with Copper Lin. _____
 Style of Casket Oct OT
 No. of Casket S 1411
 Outside Box _____
 Shipping Case or Vault _____
 Handles Ext _____
 Pillow Set yes _____
 Name Plate _____
 Cemetery Cumation
 Section _____ Lot _____
 I Other Graves
 N
 E
 S
 W

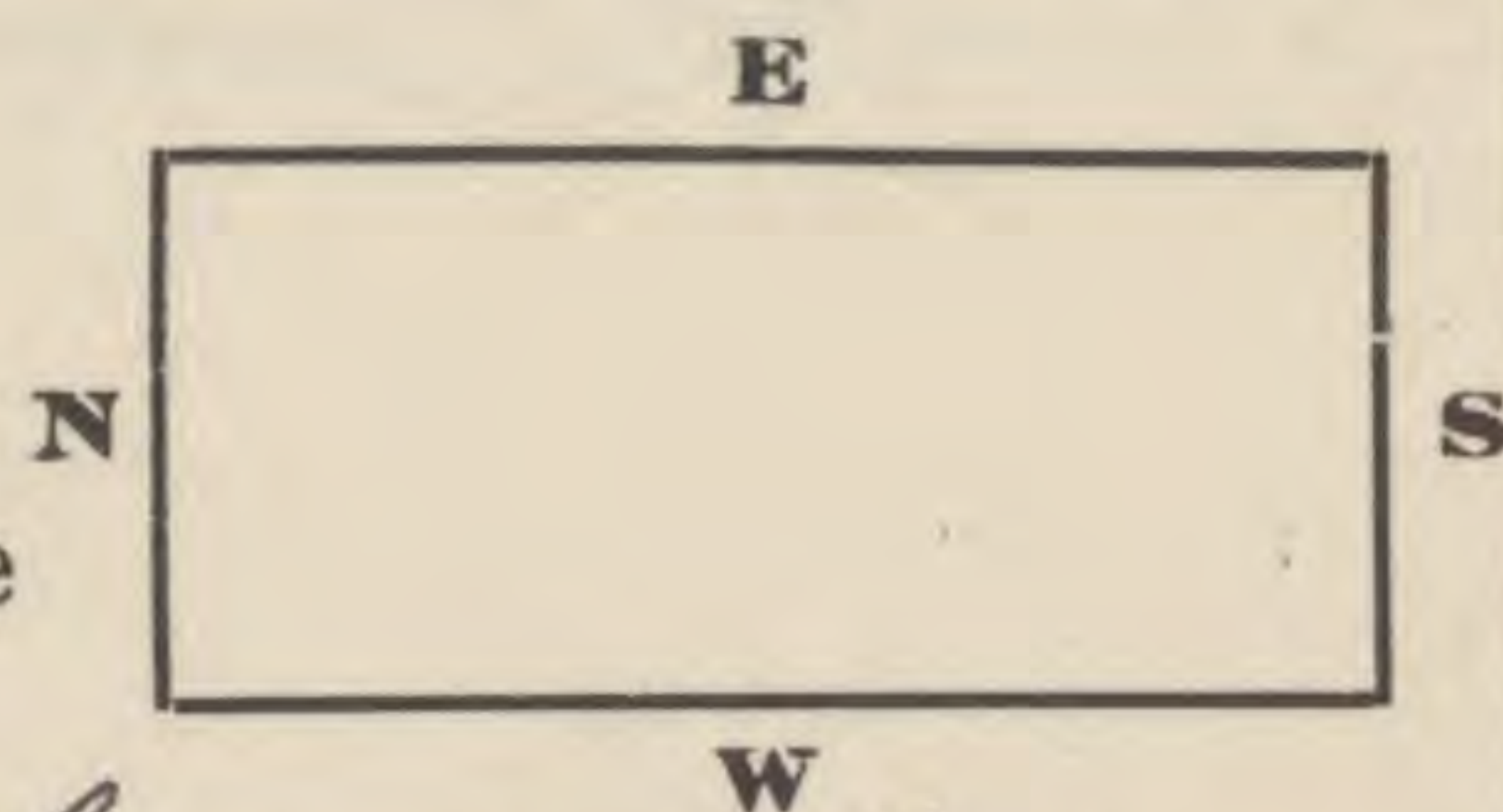
 X Grave on this date _____
 Cremation Cumation 50.00
 Single Grave Spa of Flowers 10.00
 Opening and Closing Grave Body
 Body Shipped to Cumated 10 AM
 R. R. Ticket Fri Oct 18 - 35
 Cash advanced Ashes on
 Telegram Moose, Lot
 Minister Dean Johnson
 Casket Wagon (1) 5.00
 Physician Dr Chapel
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

135.00

Carey Hand Funeral Home

Name of deceased Helen W. Lester
 Date of death Oct 13
 Cause of death Cardiac
 Place of death Miami
 Residence Miami Fla
 Age 77 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Miami Fla
 Date Oct 1935 M
 Account charged W. L. Philbrick
 Address Miami Fla
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body arrived
 Style of Casket 11:07 ~~at~~ a.m.
 No. of Casket Wed Oct 16-35
 Outside Box
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set at 2 P.M. Wed
 Name Plate Oct 16-35
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes expressed
 Single Grave to - W. L.
 Opening and Closing Grave Philbrick
 Body Shipped to and Co
 R. R. Ticket Miami Fla
 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

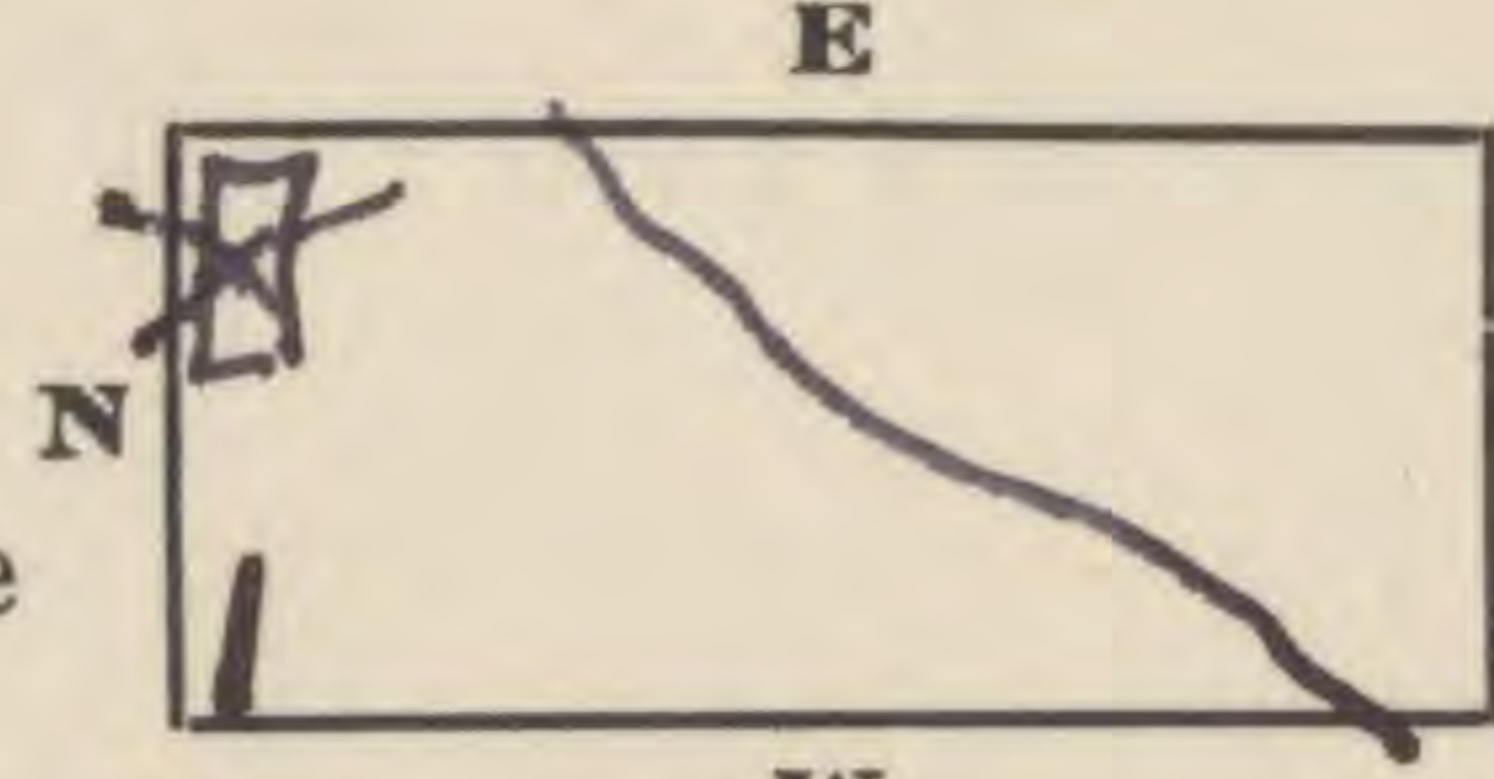
Name of deceased Edward Seefert
Date of death Oct-14-35
Cause of death Cardiac Failure
Place of death Res.
Residence Miami
Age 78 Y'rs 3 Mo's 24 Days
Weight 200 Height 6 ft. in. Eyes Blue
Funeral at Miami
Date _____ 1935 M
Account charged Stillman Funeral Home
Address Miami Fla
Account guaranteed _____
Address _____
Embalming Cremation
Robe, Suit, Dress _____
Underwear and Hose _____
Casket _____
Casket with Copper Lin. Body covered
Style of Casket by Express
No. of Casket Q 2 # 89
Outside Box Oct-17-35 - 12" PM
Shipping Case or Vault _____
Handles Body Cremated
Pillow Set 4-PM-10-17-35
Name Plate _____
Cemetery Ashes Exposed
Section Stillman Lot Funeral Home

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

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

37.50

Carey Hand Funeral Home

Name of deceased		<i>Emma E. Cleveland</i>	
Date of death		<i>Oct 18</i>	
Cause of death			
Place of death		<i>Res</i>	
Residence		<i>Orlando Rt #4</i>	
Age	<i>75</i> Y'rs	<i>11</i> Mo's	<i>4</i> Days
Weight	<i>90</i>	Height	<i>5</i> ft. <i>5</i> in. Eyes
Funeral at		<i>Chapel</i>	
Date		<i>Sunday Oct 20 1935 4 P. M</i>	
Account charged		<i>Engine Cleveland</i>	
Address		<i>Orlando Rt #4</i>	
Account guaranteed		<i>Dr. C. H. Furrer</i>	
Address		<i>Free Church -</i>	
Embalming & Dressing		25	00
Robe, Suit, Dress			
Underwear and Hose		75	00
Casket	<i>6-3- Gr Maple</i>		
Casket with Copper Lin.			
Style of Casket	<i>3 1/2</i>		
No. of Casket	<i>2 2</i>		
Outside Box	<i>Reg -</i>		
Shipping Case or Vault			
Handles	<i>Short</i>		
Pillow Set	<i>✓</i>		
Name Plate	<i>at Rest</i>		
Cemetery	<i>Greenwood</i>		
Section	<i>J -</i>	Lot	<i>97</i>
<i>Dr. T. B. Hanna</i>			
<i>Lot</i>			
I Other Graves			
X Grave on this date			
			
Cremation	<i>(2) autos</i>		
Single Grave	<i>inside</i>		
Opening and Closing Grave	<i>T & etc</i>	15	00
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram	<i>Rev C. H. Furrer.</i>		
Minister		5	00
Casket Wagon	<i>(11)</i>		
Physician	<i>Dr. Beardall</i>		
County or City Burial		15	00
Automobiles	<i>3 & 5</i>		
Baggage or Express Train No.		135	00
		60	
		<i>\$ 75.00</i>	

Carey Hand Funeral Home

Name of deceased	Herbert S. Flint		
Date of death	Oct 18	2:35 a.m.	
Cause of death	Overdose of barbitals - accidental		
Place of death	U. S. A.		
Residence	2520 E. Robinson		
Age	60 Y'rs	9 Mo's	19 Days
Weight		Height	ft. in. Eyes
Funeral at	Chapel F. Home		
Date	Sunday Oct 20	1935	11 a M
Account charged	Mrs. H. S. Flint		
Address	2520 E. Robinson		
Account guaranteed			
Address			
Embalming	Dressing		35.00
Robe, Suit, Dress			17.50
Underwear and Hose			1.50
Casket	6-3- In Don		150.00
Casket with Copper Lin.	✓		
Style of Casket	Q D T		
No. of Casket	S 1411		
Outside Box	Reg		
Shipping Case or Vault			
Handles	Ext -		
Pillow Set	yes		
Name Plate	✓		
Cemetery	Greenwood		
Section			Lot
			E
I Other Graves	N S W		
X Grave on this date			
Cremation	Car Min		5.00
Single Grave	White		2.00
Opening and Closing Grave			15.00
Body Shipped to	✓ Music 5.00		
R. R. Ticket	✓		
Cash advanced	✓		
Telegram			1.42
Minister	Rev. Murphy		
Casket Wagon	(1)		5.00
Physician	J. S. McEwan		
County or City Burial	✓		
Automobiles	S v S		15.00
Baggage or Express Train No.	252		62

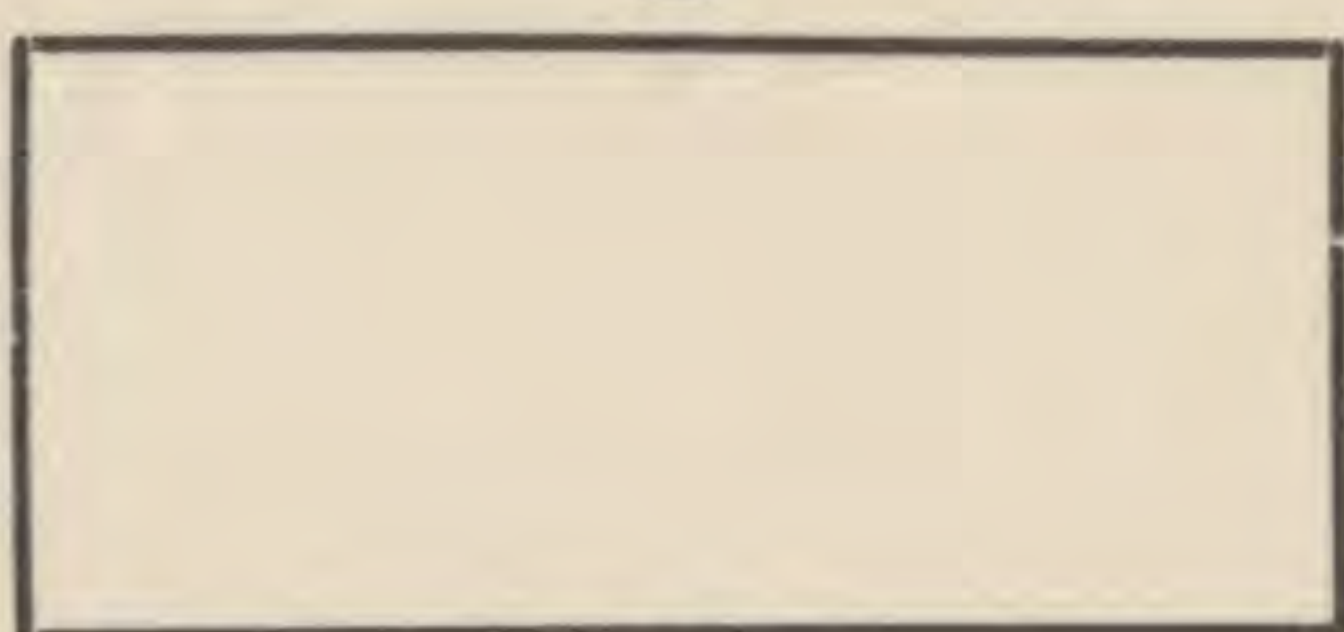
Carey Hand Funeral Home

Name of deceased	Elija Mohr		
Date of death	Oct 18 - 7:30 a.m.		
Cause of death	Pet. Liabilities Coma		
Place of death	Res		
Residence	Gotha Fla		
Age	79 Y'rs	7 Mo's	14 Days
Weight	125	Height	5 ft. 5 in. Eyes
Funeral at	Chapel F. Home		
Date	Sunday Oct 20 1935 2:30 P. M		
Account charged	Mrs A. B. Wood		
Address	Gotha Fla		
Account guaranteed	Estate		
Address			
Embalming	✓ Dressing	35	00
Robe, Suit, Dress	✓		
Underwear and Hose		1	50
Casket	4-3-2 Dr Gr Plush	175	00
Casket with Copper Lin.	✓		
Style of Casket	Oct 1/2 - C		
No. of Casket	1927-		
Outside Box	R -		
Shipping Case or Vault	✓		
Handles	Ext -		
Pillow Set	yes Lt Gr		
Name Plate	✓		
Cemetery	Beulah Cemetery		
Section		Lot	
		E	
I Other Graves		N	S
X Grave on this date		W	
Cremation			
Single Grave			
Opening and Closing Grave	Y + 1/2 Hr	15	00
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister	Rev	5	00
Casket Wagon	(1)		
Physician	Th. N. Trindall		
County or City Burial	✓		
Automobiles	5 x 5	15	00
Baggage or Express Train No.		2	46 50

Carey Hand Funeral Home

Name of deceased George R. Knott
 Date of death Oct 14
 Cause of death Intestinal Strangulation
 Place of death M. Memorial Hospital Ocala
 Residence Orlando Fla
 Age 56 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri Oct-18- 1935 4-P M
 Account charged J. W. Vets
 Address _____
 Account guaranteed M D Bailey in Chg
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body covered
 Style of Casket by order 1-PM
 No. of Casket 10-18-35
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section S. W. Vet Lot _____

I Other Graves _____
 X Grave on this date _____


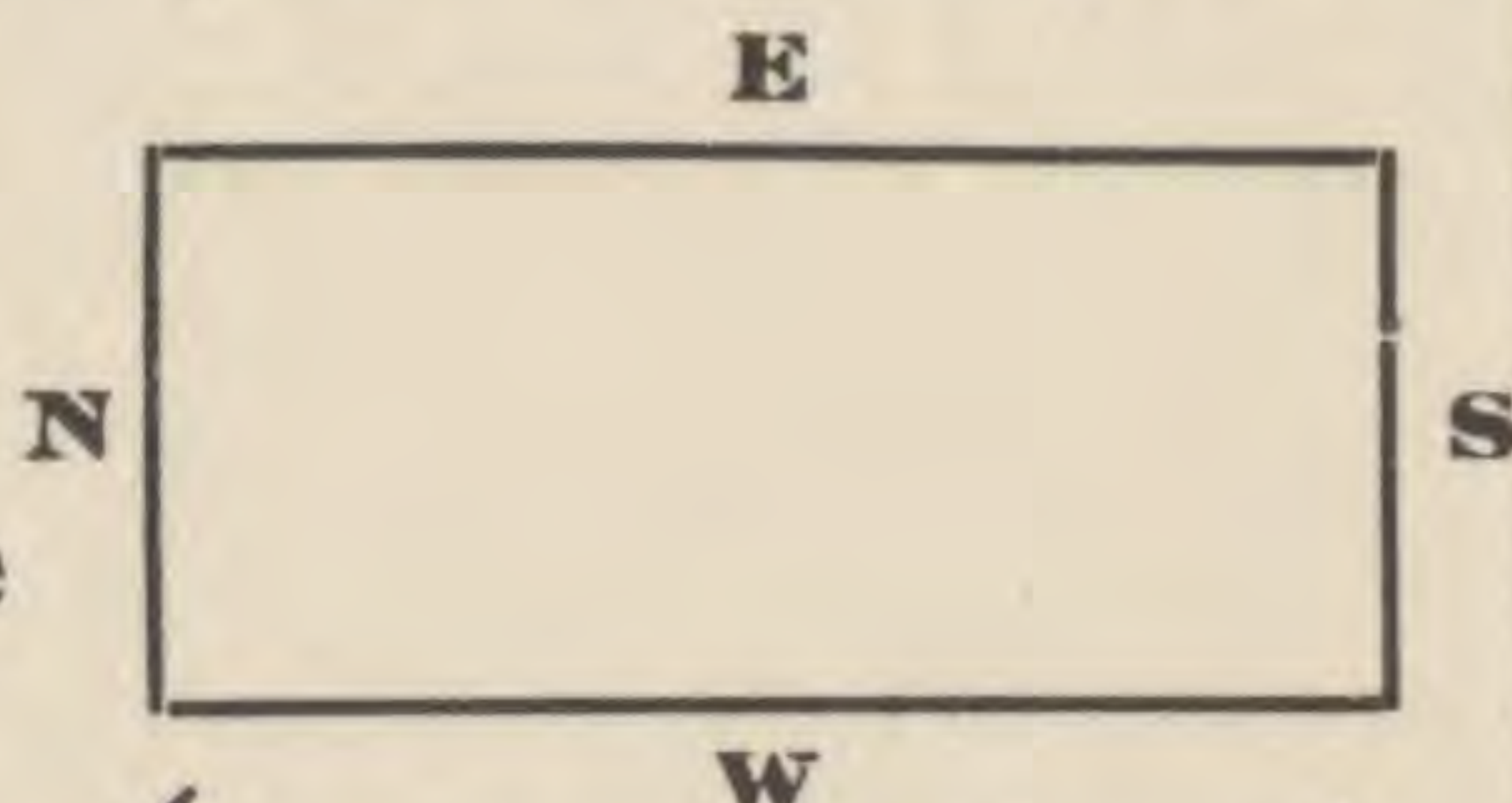
Cremation <u>Car - P. B-</u>	5 00
Single Grave _____	
Opening and Closing Grave <u>TV etc</u>	15 00
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Major Paul Crank</u>	
Casket Wagon _____	
Physician <u>Dr. at Ocala</u>	
County or City Burial _____	
Automobiles <u>SV3</u>	15 00
Baggage or Express Train No. _____	3 50

Carey Hand Funeral Home

Name of deceased Ema W. Ford
 Date of death Oct 15
 Cause of death Chro Myocarditis
 Place of death Res
 Residence St Petersburg Fla
 Age 72 Y'rs 5 Mo's 8 Days
 Weight 150 Height 5 ft. 8 in. Eyes Blue
 Funeral at St Petersburg Fla
 Date Oct 193 5 M
 Account charged Baynard Und B
 Address St Petersburg Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body
 Style of Casket Arrived by
 No. of Casket Express a.c.L.
 Outside Box 3:18 P.M.
 Shipping Case or Vault Friday
 Handles Oct 18-1935
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Friday 4 P.M.
 Section Oct 18 Lot 1935

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.

3750

Carey Hand Funeral Home

Name of deceased Anna Regler
 Date of death Oct-19-35
 Cause of death Chro myocarditis
 Place of death Tampa Fla

Residence _____
 Age 72 Y'rs 11 Mo's 17 Days

Weight 140 Height 5 ft. _____ in. Eyes _____

Funeral at Tampa
 Date _____ 1935 M

Account charged Greenman F. Home
 Address Tampa
 Account guaranteed Cash

Address _____
 Embalming Cremation 37.50

Robe, Suit, Dress _____
 Underwear and Hose _____

Casket _____
 Casket with Copper Lin. _____

Style of Casket _____
 No. of Casket _____

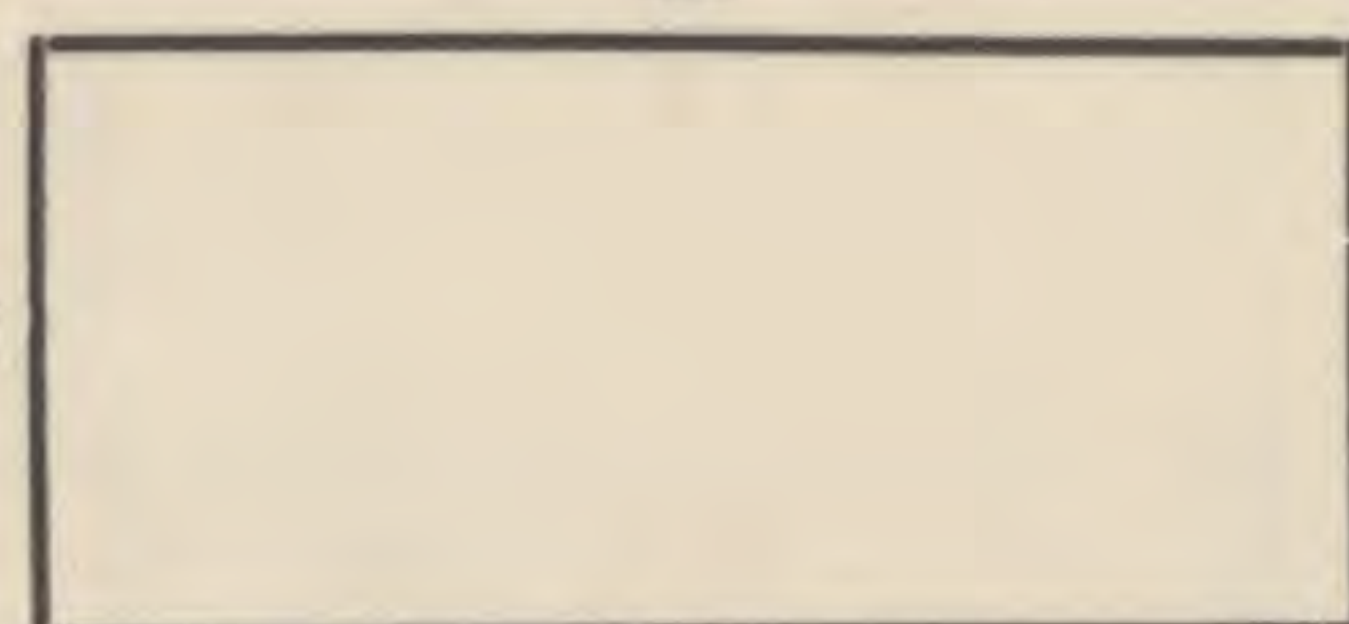
Outside Box Body arrived by
 Shipping Case or Vault Crate - 4-P. M

Handles 10-19-35
 Pillow Set _____

Name Plate Body Cremated
 Cemetery 5-P. M - 10-19-35

Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation as has returned to
 Single Grave Greenman Co

Opening and Closing Grave F. Home

Body Shipped to Tampa 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		<i>Mrs. Augusta Haden Dunn</i>	
Date of death		<i>Oct-20-35- 4:30 A M</i>	
Cause of death		<i>acute myocarditis</i>	
Place of death		<i>O. G. H.</i>	
Residence		<i>309 Cherokee Drive</i>	
Age	<i>80</i>	Y'rs	<i>11</i>
		Mo's	<i>18</i>
		Days	
Weight	<i>135</i>	Height	<i>5 ft. 5 in.</i>
Eyes			
Funeral at		<i>St. Lukes</i>	
Date		<i>Monday Oct 21- 1935 4:30 P. M</i>	
Account charged		<i>Mc Elvin Dunn</i>	
Address		<i>Orlando</i>	
Account guaranteed		<i>Estate</i>	
Address			
Embalming	<i>Yes</i>		<i>35.00</i>
Robe, Suit, Dress	☒		
Underwear and Hose	☒		
Casket	<i>6-3-1/2 Bld C.</i>		<i>250.00</i>
Casket with Copper Lin.	☒		
Style of Casket	<i>R C State</i>		
No. of Casket	<i>21-T</i>		
Outside Box	<i>Reg</i>		
Shipping Case or Vault	☒		
Handles	<i>Ext</i>		
Pillow Set	<i>yes</i>		
Name Plate			
Cemetery	<i>Greenwood</i>		
Section	<i>J-</i>	Lot	<i>68</i>
			<i>E</i>
I Other Graves			
X Grave on this date			
Cremation	<i>2-Car - P.B</i>	<i>5.00</i>	<i>10.00</i>
Single Grave	<i>Car min</i>		<i>5.00</i>
Opening and Closing Grave	<i>7 & etc</i>		<i>15.00</i>
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister	<i>Dean Johnson</i>		<i>5.00</i>
Casket Wagon	<i>(1)</i>		
Physician	<i>Dr. McEwan</i>		
County or City Burial			
Automobiles	<i>3 & 5</i>		<i>15.00</i>
Baggage or Express Train No.		<i>230</i>	<i>00</i>

Carey Hand Funeral Home

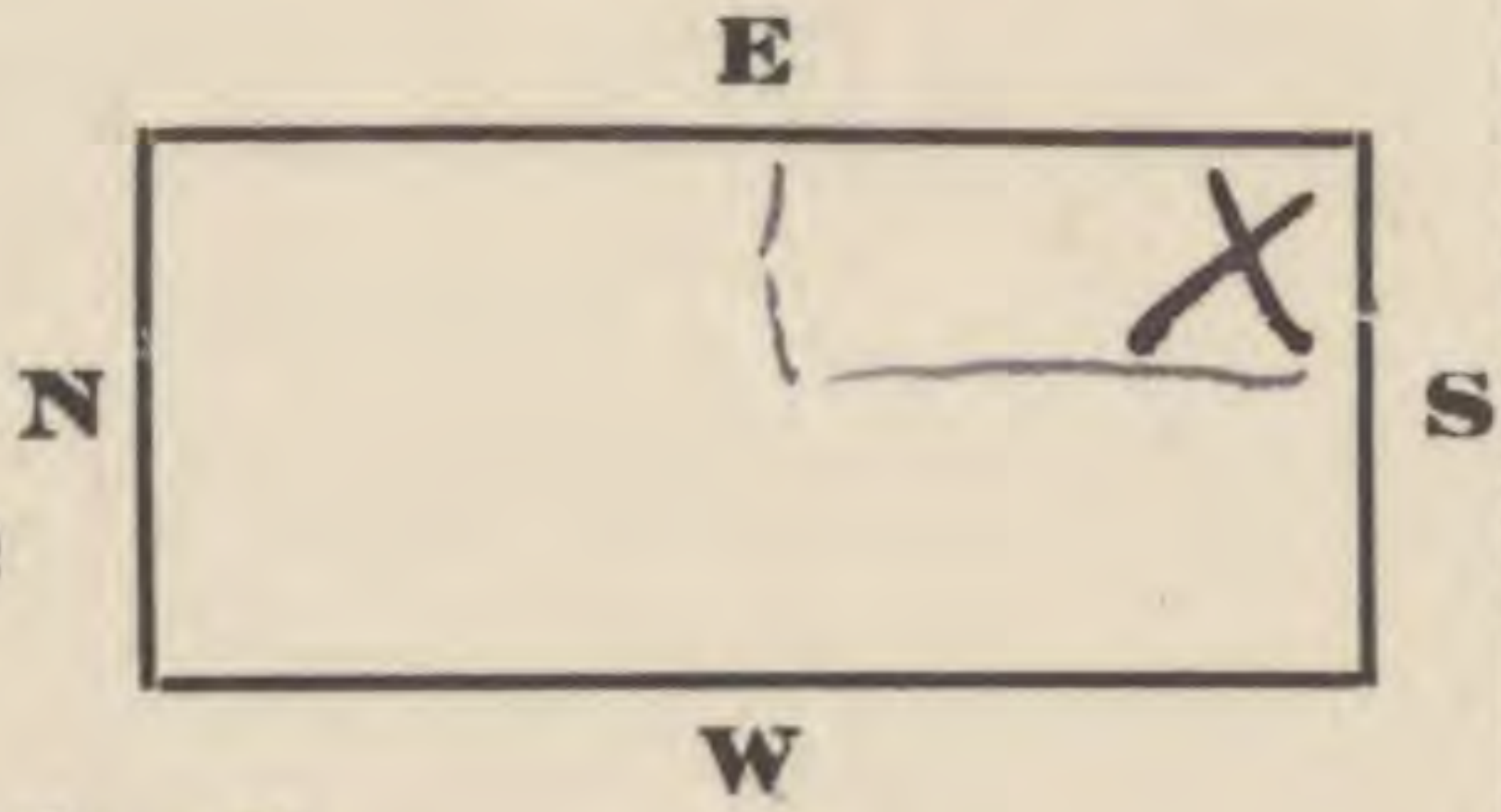
Name of deceased John Albert Rogers
 Date of death Sun Oct-20-35- AM
 Cause of death _____
 Place of death Res
 Residence 220 South Hughes
 Age 84 Y'rs 1 Mo's 0 Days _____
 Weight 140 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Tues - Oct 22 1935- 4:00 P.M
 Account charged Mrs John A. Rogers
 Address 220 S. Hughes St
 Account guaranteed Estate
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress Tie .50
 Underwear and Hose ☒ 75.00
 Casket 6-3-Br Cope
 Casket with Copper Lin. ☒
 Style of Casket 59
 No. of Casket 22
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Shat
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Greenwood
 Section 2- Lot 11

on Hopper Lot

I Other Graves

X Grave on this date



Cremation Car - P. B 5.00
 Single Grave Car 5.00
 Opening and Closing Grave T & etc 15.00
 Body Shipped to Car Min 5.00
 R. R. Ticket _____
 Cash advanced ☒
 Telegram _____
 Minister Rev Bouters & I.O.O.F.
 Casket Wagon (1) 5.00
 Physician Dr. M. Mallory
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 160 50

Carey Hand Funeral Home

Name of deceased *Mr Julius Geo Kirby*
 Date of death *Oct-18-35-*
 Cause of death *Mitral Regeneration*
 Place of death *Res*
 Residence *Mt Dora Fla*
 Age *55* Y'rs Mo's Days
 Weight *175* Height *5* ft. *10* in. Eyes
 Funeral at *Mt Dora*
 Date *193* M
 Account charged *Rabbaum Co*
 Address *Mt Dora*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Heavy State*
 Casket with Copper Lin. *Body arrived*
 Style of Casket *5-P.M. 10-20-35*
 No. of Casket
 Outside Box *Body Cremated*
 Shipping Case or Vault *10-20-35*
 Handles *5,30 P.M.*
 Pillow Set
 Name Plate *will call for ashes*
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles *37.50*
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased		<i>Missouri Patrick</i>	
Date of death		<i>Sun Oct-20-35- 3:30 PM</i>	
Cause of death		<i>Cappinoma of breast</i>	
Place of death		<i>County Sanit</i>	
Residence		<i>2030 Tampa St. Jackson</i>	
Age	<i>68</i>	Y'rs	
Weight	<i>135</i>	Height	<i>5 ft. 5 in.</i>
Funeral at		<i>Chapel</i>	
Date		<i>Tues - Oct 22nd 1935 2:30 P M</i>	
Account charged		<i>H. J. Patrick</i>	
Address		<i>2030 W. Jackson St</i>	
Account guaranteed			
Address			
Embalming	<i>& Dressing</i>		<i>35.00</i>
Robe, Suit, Dress	☒		
Underwear and Hose	☒		
Casket	<i>6-3</i>	<i>Funer-Lavender</i>	<i>175.00</i>
Casket with Copper Lin.	☒		
Style of Casket	<i>Oct 1/2 - C -</i>		
No. of Casket	<i>1527 - S</i>		
Outside Box	<i>Reg</i>		
Shipping Case or Vault	☒		
Handles	<i>Ext</i>		
Pillow Set	<i>yes Eschich</i>		
Name Plate	☒		
Cemetery	<i>Patrick Kissimmee</i>		
Section		Lot	
<i>Woodall Lot</i>		<i>E</i>	
I Other Graves			
X Grave on this date			
	N		S
		W	
Cremation			
Single Grave			
Opening and Closing Grave	<i>Tent + etc</i>		<i>15.00</i>
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister	<i>Pat Wimberley</i>		<i>5.00</i>
Casket Wagon	<i>(1)</i>		
Physician	<i>Dr J. T. Healy</i>		
County or City Burial			
Automobiles	<i>S V S</i>		<i>20.00</i>
Baggage or Express Train No.			<i>250.00</i>

Carey Hand Funeral Home

Name of deceased Thomas V. Bronson
 Date of death Oct 19 5:50 P.M.
 Cause of death Coronary occlusion
 Place of death Res
 Residence 374 Rio Grande Ave
 Age 79 Y'rs 4 Mo's 9 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Grave Side
 Date Sunday Oct 20 1935 4 P. M
 Account charged Isaac Bronson
 Address 374 Rio Grande Ave
 Account guaranteed

Address
 Embalming Dressing 25 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-92 crepe 75 00
 Casket with Copper Lin. ✓
 Style of Casket 59
 No. of Casket 22
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set
 Name Plate at Rest
 Cemetery Shingle Creek
 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 E. Lee Smith
 Casket Wagon
 Physician Dr. Hal Beardsall
 County or City Burial
 Automobiles 845- 20 00
 Baggage or Express Train No. 120 00

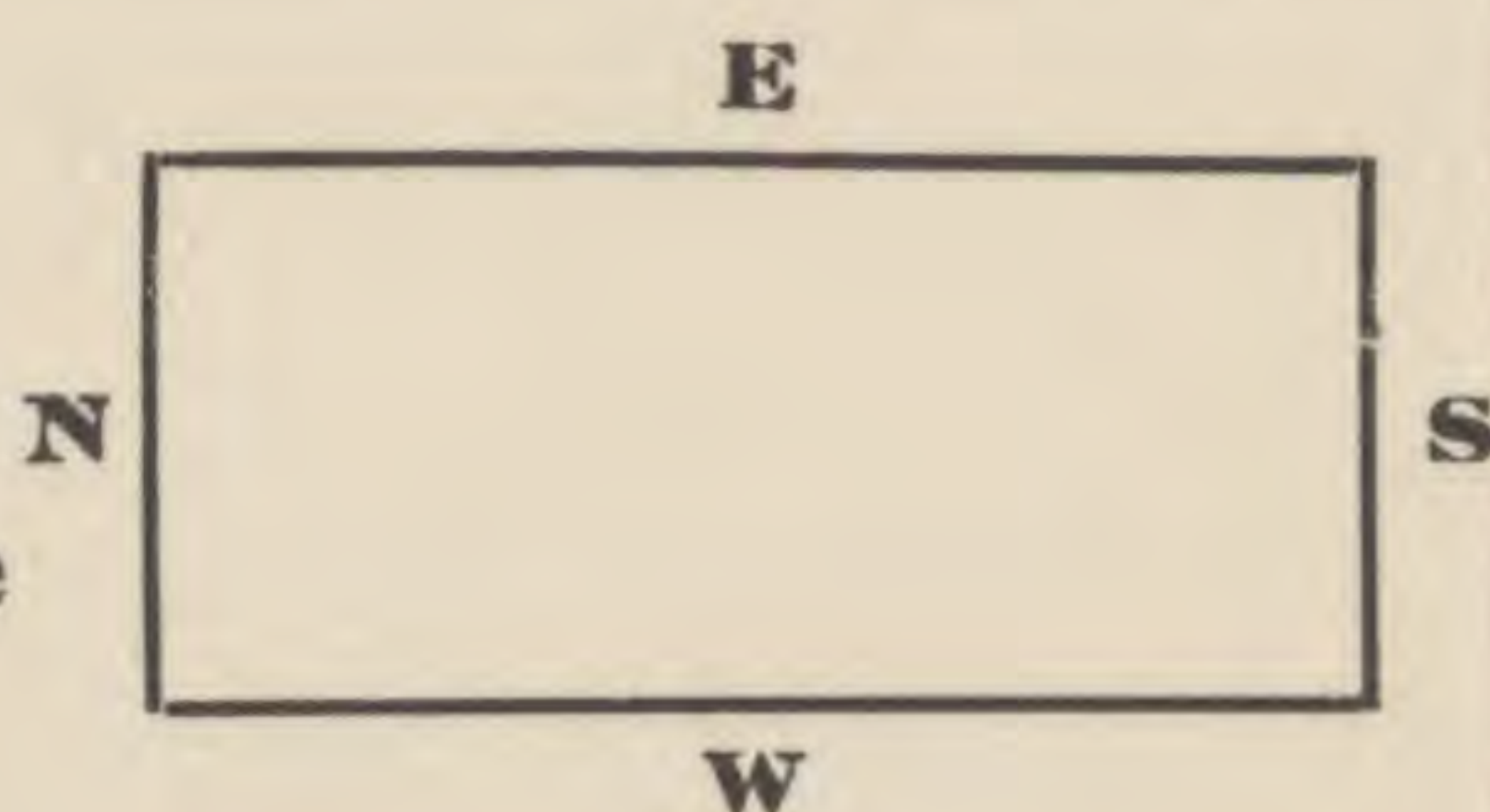
Carey Hand Funeral Home

Name of deceased Geo E Fowler
 Date of death Oct-21-35-
 Cause of death Chc Nephritis & malum
 Place of death Cuthbert Ga
 Residence Oakland Fla
 Age 51 Y'rs Mo's Days
 Weight 175 Height 5 ft. 9 in. Eyes
 Funeral at Pres. Church Oakland
 Date Wed Oct-23- 1935 3-P M
 Account charged H. E Fowler
 Address Charlotte N. C.
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-state G.B.C.
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box 01-19
 Shipping Case or Vault Body covered
 Handles 2 C X - 75-10-23-35
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves

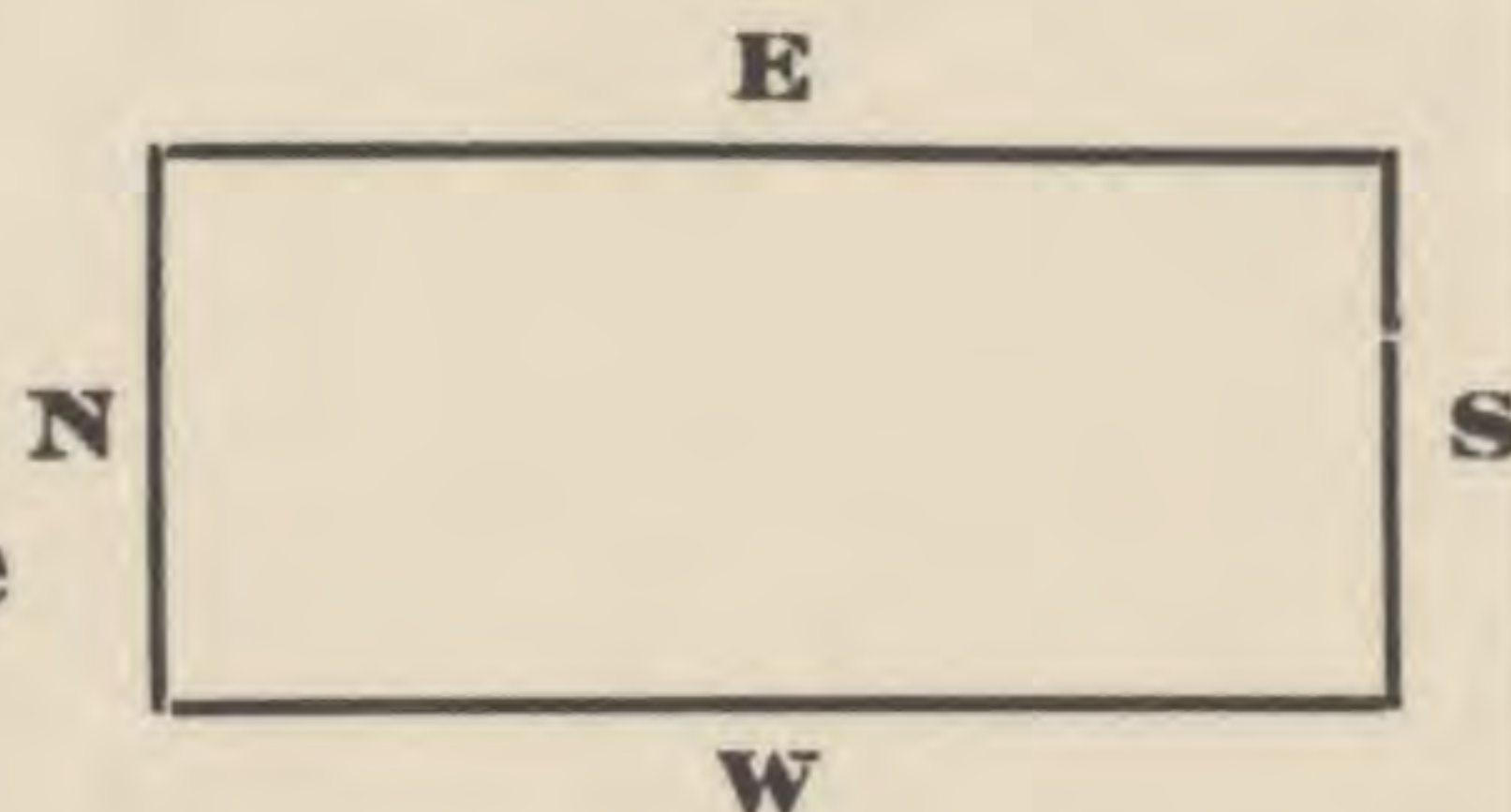
X Grave on this date



Cremation	
Single Grave	<u>Del Bx Tx etc</u> <u>10.00</u>
~~Opening and Closing Grave~~	
Body Shipped to	
R. R. Ticket	<u>Sua Flowers</u> <u>10.00</u>
Cash advanced	
Telegram	
Minister	
Casket Wagon	<u>(1)</u> <u>5.00</u>
Physician	
County or City Burial	
Automobiles	<u>S Y S -</u> <u>20.00</u>
Baggage or Express Train No.	<u>45.00</u>

Carey Hand Funeral Home

Name of deceased *Mr. N. Crowley* M
 Date of death *Wed - Oct 23 - 35*
 Cause of death *Pulmonary Embolism*
 Place of death *O. G. Hospital*
 Residence *Washington. D.C.*
 Age *about 65* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Washington D.C.*
 Date *Oct 1935* M
 Account charged *Mrs. Wm. H. Crowley*
 Address
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6- Metal* 350.00
 Casket with Copper Lin. *Inner*
 Style of Casket *stat H. C*
 No. of Casket *9295 Walker*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext -*
 Pillow Set *yes*
 Name Plate *Name*
 Cemetery *West*
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Washington D.C.*
 R. R. Ticket *Pass*
 Cash advanced
 Telegram *2 N. chq*
 Minister
 Casket Wagon *(2)* 10.00
 Physician *Dr. Louis Arr.*
 County or City Burial 395.00
 Automobiles
 Baggage or Express Train No. *9280*
10-24-35



Judge Geo F. Westbrook
Congress Hotel
Chicago Ills

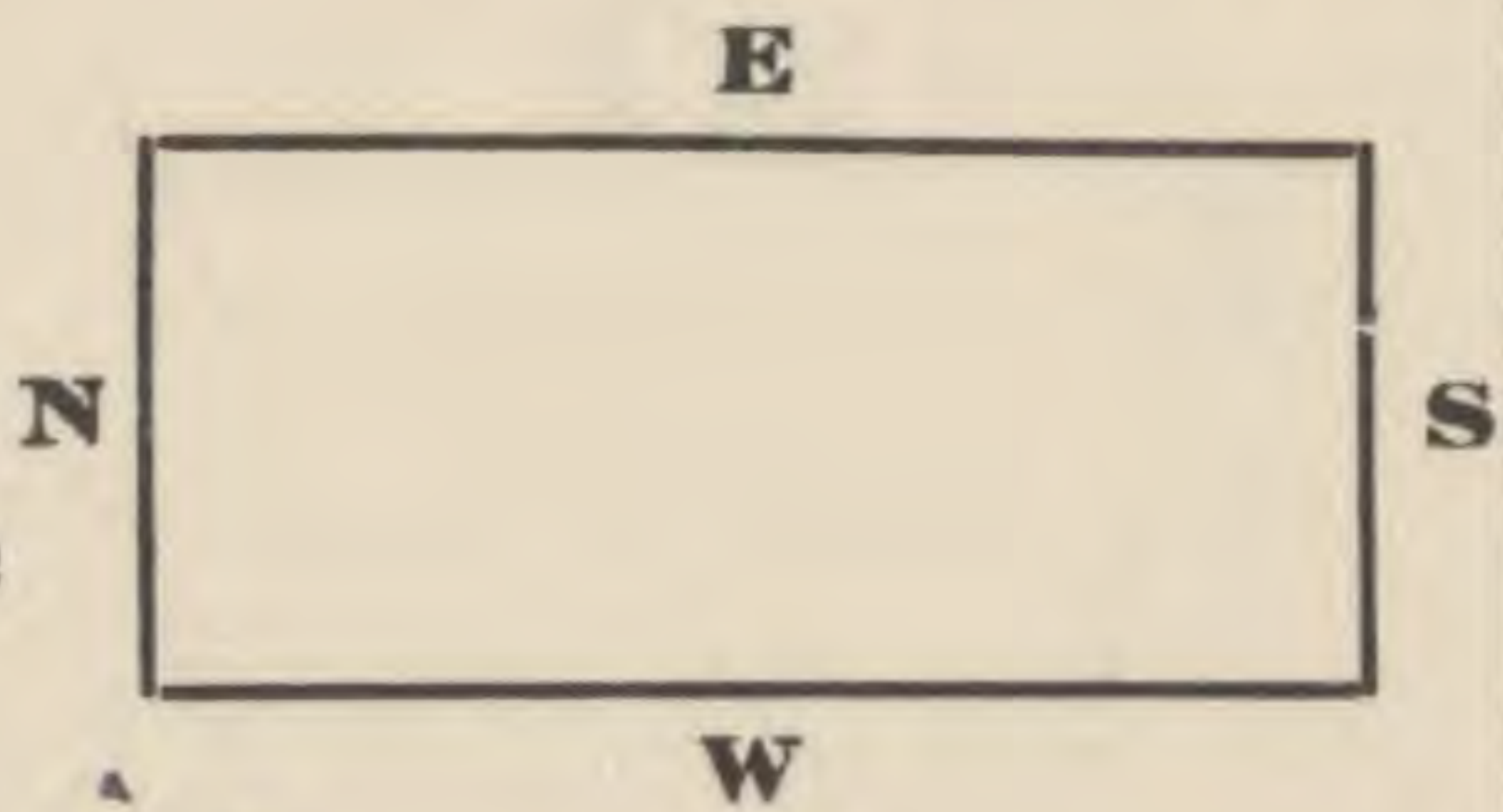
Carey Hand Funeral Home

Name of deceased Mrs. Flora Currier
 Date of death Oct 24 11:15 a.m.
 Cause of death Chro Nephritis
 Place of death Residence
 Residence Winter Park Fla
 Age 76 Y'rs 6 Mo's 16 Days
 Weight 165 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sunday Oct 27 1935 3-P M
 Account charged E. L. Currier
 Address Winter Park Fla
 Account guaranteed
 Address

Embalming, Pressing 35.00
 Robe, Suit, Dress Gown 20.00
 Underwear and Hose 5.90
 Casket 6-3-11090 Orchid 175.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 C
 No. of Casket 1527-S-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes Orchid
 Name Plate ☒
 Cemetery Restoration
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation no 7.50
 Single Grave auto to Res No Chg
 Opening and Closing Grave
 Body Shipped to Lincoln Neb
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Scadding
 Casket Wagon (2) 10.00
 Physician Dr. John Heitz
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 253.40
Per 3.40
250.00

Carey Hand Funeral Home

Name of deceased	Loban C. Burnap		
Date of death	Thurs - Oct - 24 - 35 - PM		
Cause of death			
Place of death	Camp 1-Mile N. of Lellwood		
Residence			
Age	68 Y'rs	9 Mo's	2 Days
Weight	170	Height	5 ft. 7 in. Eyes
Funeral at	Chapel		
Date	Sat Oct - 26 -	1935	4-P M
Account charged	Mrs L. C. Burnap		
Address	Lellwood		
Account guaranteed	Mam Sawyer		
Address	24 - S-E 2 nd St - Miami		
Embalming	Pressing		25.00
Robe, Suit, Dress	✓		
Underwear and Hose	✓		
Casket	6-3 in Cup		40.00
Casket with Copper Lin.	✓		
Style of Casket	Sgt. Flat		
No. of Casket	70 T		
Outside Box	Reg		
Shipping Case or Vault	✓		
Handles	Bale		
Pillow Set	✓		
Name Plate	at Rest		
Cemetery	Winter Park		
Section	Blk - 21 -	Lot	C
I Other Graves N E S X I W			
X Grave on this date			
Cremation			
Single Grave			
Opening and Closing Grave	4 etc		10.00
Body Shipped to	✓		
R. R. Ticket	✓		
Cash advanced	✓		
Telegram	✓		
Minister	Rev Lee Smith		5.00
Casket Wagon	(1)		
Physician	Dr		
County or City Burial			
Automobiles	S & S		15.00
Baggage or Express Train No.			95.00

Carey Hand Funeral Home

Name of deceased <u>James H Hirsch</u>	
Date of death <u>Sat. Oct-26-35</u>	<u>230 AM</u>
Cause of death <u>Myocarditis</u>	
Place of death <u>Mable Clark Home</u>	
Residence <u>Maitland</u>	
Age <u>75</u> Y'rs <u>3</u> Mo's <u>5</u> Days	
Weight <u>175</u> Height <u>6</u> ft. <u>1</u> in. Eyes	
Funeral at <u>Chapel</u>	
Date <u>Mon Oct-28-</u> 19 <u>35</u>	<u>11-A</u> M
Account charged <u>Mrs J. H Hirsch</u>	
Address <u>Maitland Fla</u>	
Account guaranteed <u>Insurances & Estate</u>	
Address	
Embalming <u>& Dressing</u>	35.00
Robe, Suit, Dress ☒	
Underwear and Hose ☒	
Casket <u>6-6-Metal</u>	325.00
Casket with Copper Lin. <u>Inner</u>	
Style of Casket <u>Stat H e</u>	
No. of Casket <u>6310-Walker</u>	
Outside Box <u>Reg-</u>	
Shipping Case or Vault ☒	
Handles <u>Ext-</u>	
Pillow Set <u>yes</u>	
Name Plate <u>Name</u> <u>1860</u> <u>1935</u>	
Cemetery <u>West</u>	
Section	Lot
E	
I Other Graves	E W N S
X Grave on this date	
<u>None</u>	
Cremation <u>Organ Only None</u>	
Single Grave <u>Space of Flowers</u>	10.00
Opening and Closing Grave	
Body Shipped to <u>South Bend Ind</u>	
R. R. Ticket <u>Bought Direct</u>	
Cash advanced	1.81
Telegram <u>105-76</u>	
Minister <u>Dean Johnson</u>	
Casket Wagon <u>(2)</u>	10.00
Physician <u>Dr Frank Harnes</u>	
County or City Burial ☒	#
Automobiles ☒	381.81
Baggage or Express Train No. <u>92</u>	
<u>Mon - 10-28-35</u>	

Carey Hand Funeral Home Leclair

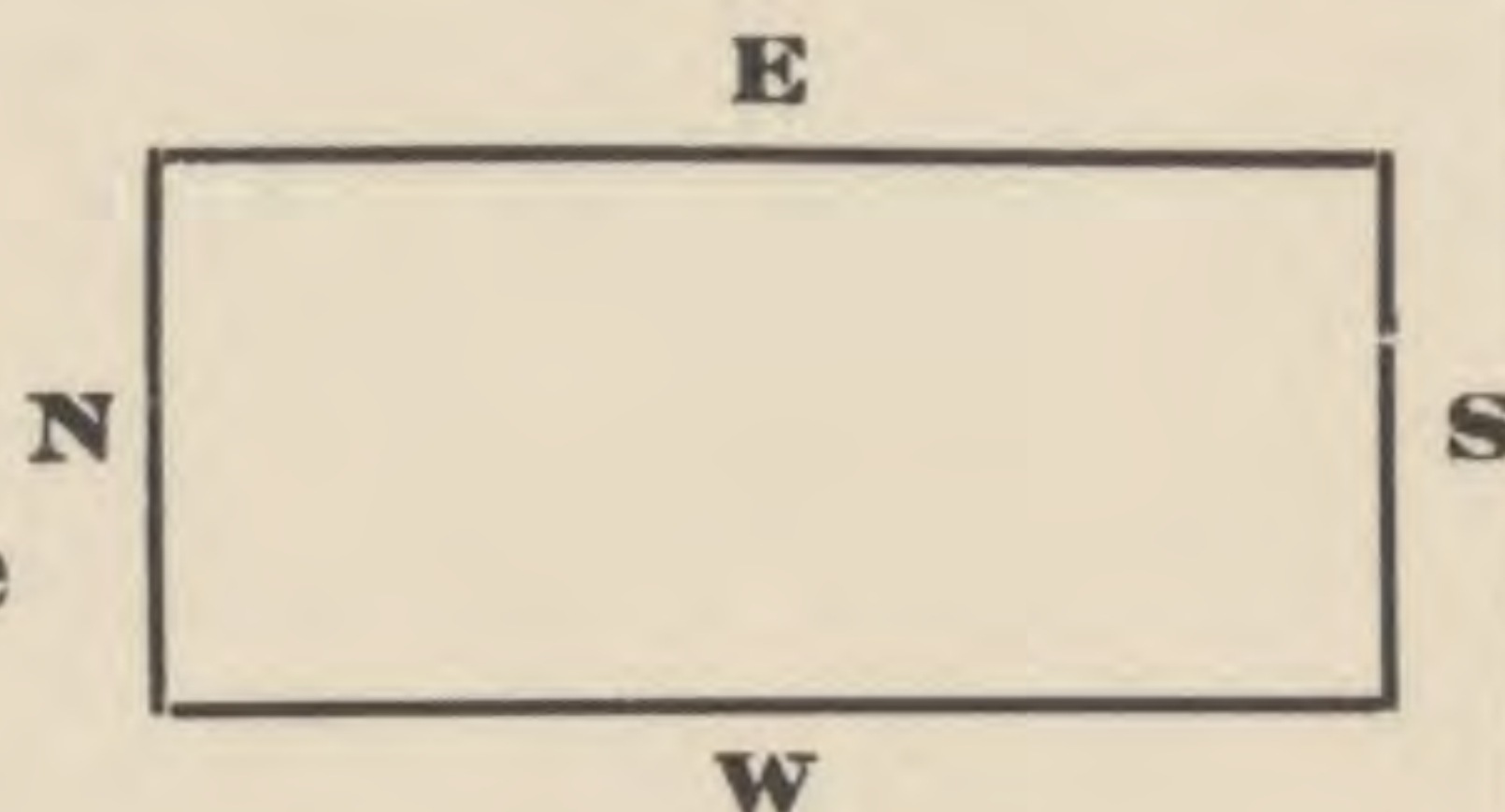
Name of deceased	<u>Baby Minnie Lee Robinson</u>		
Date of death	<u>Sat Oct-26-35</u>	<u>a M</u>	
Cause of death	<u>Premature Birth</u>		
Place of death	<u>Res</u>		
Residence	<u>Oakland</u>		
Age	<u>✓</u> Y'rs	<u>✓</u> Mo's	<u>5</u> Days
Weight		Height	ft. in. Eyes
Funeral at	<u>Grave Side</u>		
Date		193	M
Account charged	<u>County</u>		
Address			
Account guaranteed			
Address			
Embalming			
Robe, Suit, Dress			
Underwear and Hose			
Casket	<u>2-0-</u>	<u>14.50</u>	
Casket with Copper Lin.			
Style of Casket			
No. of Casket			
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	<u>County Home</u>		
Section		Lot	
		E	
I Other Graves	N		S
X Grave on this date		W	
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister			
Casket Wagon			
Physician			
County or City Burial			
Automobiles			<u>14.50</u>
Baggage or Express Train No.			

Carey Hand Funeral Home

Name of deceased Anna Chestine
 Date of death Sat Oct-26-35- 1 AM
 Cause of death Initial Resuscitation
 Place of death Res
 Residence 743 S. Paramore
 Age 64 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 _____
 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 _____
 X Grave on this date _____

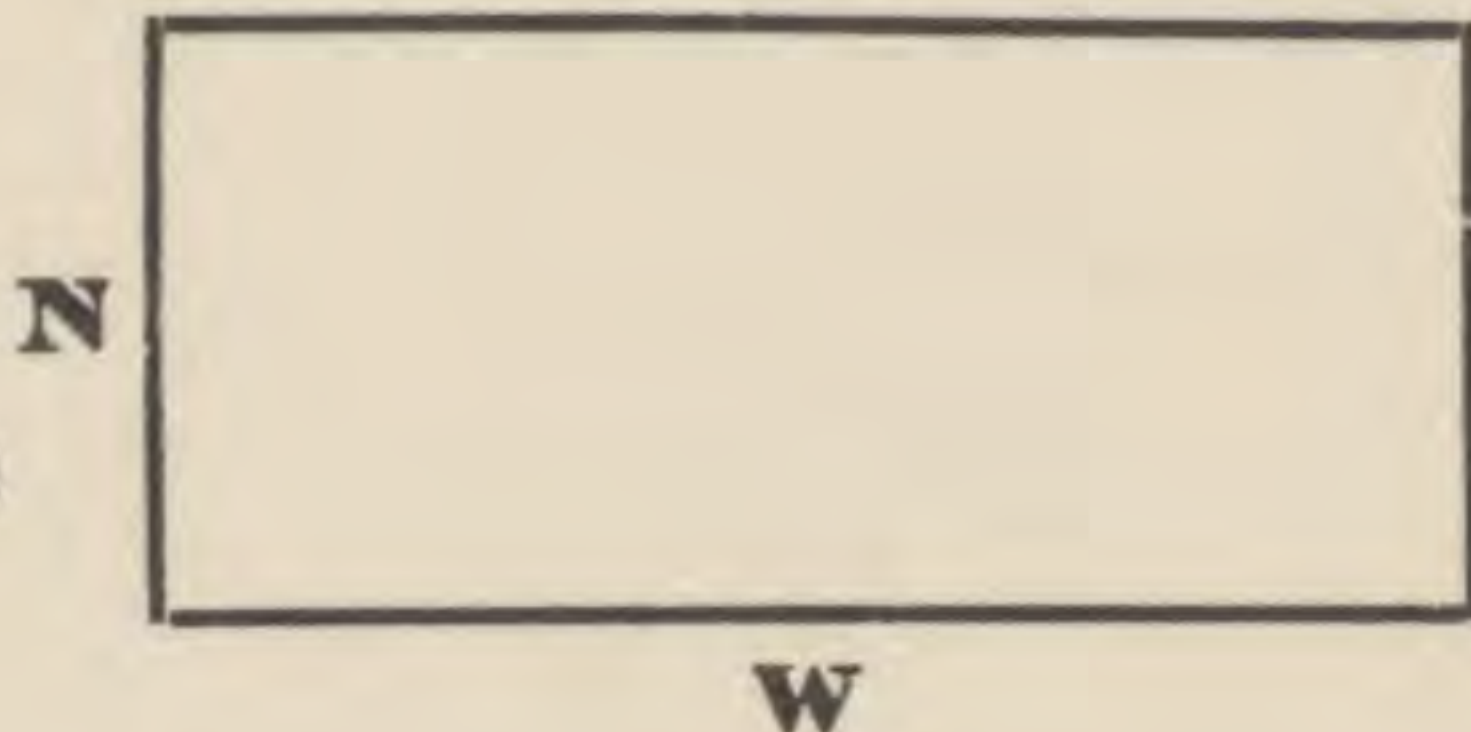


Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14. 00

14. 00

Carey Hand Funeral Home

Name of deceased Thelma Register
 Date of death Sat Oct 26-35 1130 AM
 Cause of death Pneumonia 6 mo
 Place of death Res
 Residence Orlando Raut One Conway Precinct
 Age ✓ Y'rs ✓ Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Sid
 Date Sun Oct 27- 1935 10-A M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0- 14.59
 Casket with Copper Lin. _____
 Style of Casket Sgt
 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 Beardahl
 County or City Burial _____
 Automobiles 14.50
 Baggage or Express Train No. _____

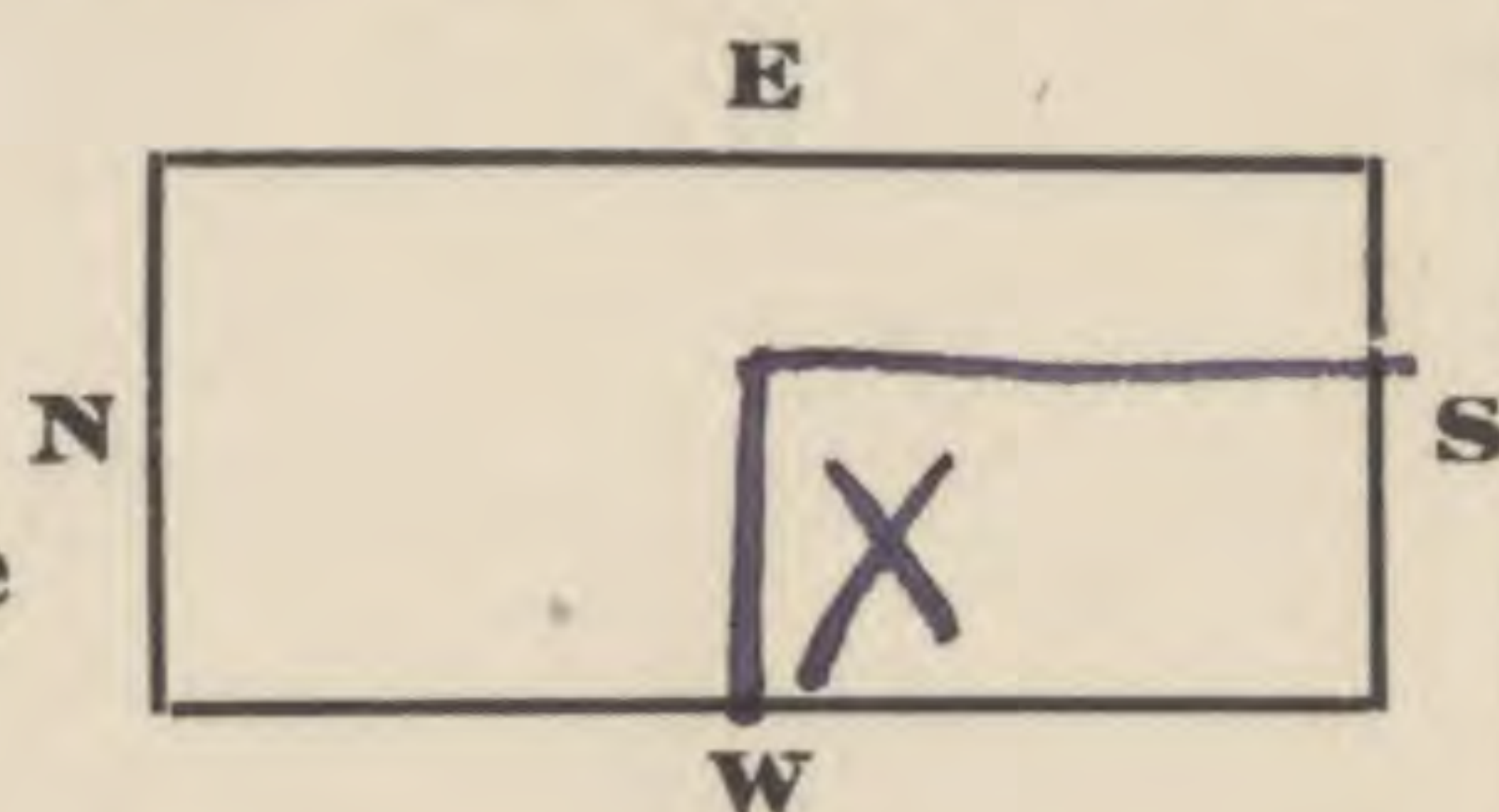
Carey Hand Funeral Home

Name of deceased Mrs Ella E Bailey
 Date of death Oct- 25-35
 Cause of death Cerebral Hemorrhage
 Place of death West Palm Beach
 Residence _____
 Age 66 Y'rs _____ Mo's _____ Days _____
 Weight 145 Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Oct 27- 1935 2-P M

Account charged _____
 Address _____
 Account guaranteed Cash
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-1/2-C-Emb-Dre
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault 2.C. End
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section B S.W 1/4 Lot 121

I Other Graves _____
 X Grave on this date _____



Cremation _____
 Single Grave Car Min + P. B 5.00
 Opening and Closing Grave T+etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Fun Music 7.50
 Telegram _____
 Minister Dean Adcock 5.00
 Casket Wagon 41
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

Pd Cash-10-27-35

Ferguson & Co
West Palm Beach
in Charge

47.50

Carey Hand Funeral Home

Name of deceased		<i>Thos A Hemmington</i>	
Date of death		<i>Oct - 21 - 35</i>	
Cause of death		<i>Senility & Disability</i>	
Place of death		<i>Daytona Beach</i>	
Residence		<i>Daytona Beach</i>	
Age	<i>77</i>	Y'rs	
		Mo's	
		Days	
Weight	<i>160</i>	Height	<i>5</i> ft. <i>8</i> in. Eyes
Funeral at		<i>Daytona</i>	
Date		<i>193</i> M	
Account charged		<i>Haig & Brook</i>	
Address		<i>Daytona Beach Fla</i>	
Account guaranteed		<i>OK -</i>	
Address			
Embalming	<i>Cremation</i>	<i>37.50</i>	
Robe, Suit, Dress			
Underwear and Hose <i>Body unwired</i>			
Casket	<i>by auto</i>	<i>1230 PM</i>	
Casket with Copper Lin.	<i>Sun Oct 27-35</i>		
Style of Casket	<i>Body cremated</i>		
No. of Casket	<i>3 - P.M. 10-27-35</i>		
Outside Box			
Shipping Case or Vault	<i>Ashes</i>		
Handles	<i>Express to</i>		
Pillow Set	<i>Haig & Brooks</i>		
Name Plate	<i>Daytona Beach</i>		
Cemetery	<i>Ann - 10-28-35</i>		
Section	Lot		
I Other Graves E S N 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		<i>37.50</i>	
Automobiles			
Baggage or Express Train No.			

Carey Hand Funeral Home

Name of deceased James Herbert Helms
 Date of death Oct-24-35-
 Cause of death Embolism
 Place of death Childrens Hospital St Petersburg
 Residence Dece
 Age 7 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date Sun Oct-27- 1935 430 P^M

Account charged _____

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 5-A-4-P-

Casket with Copper Lin. _____

Style of Casket Expense at St Petersburg

No. of Casket 35.00. Same to be

Outside Box Reg Paid American

Shipping Case or Vault Regions

Handles Short

Pillow Set _____

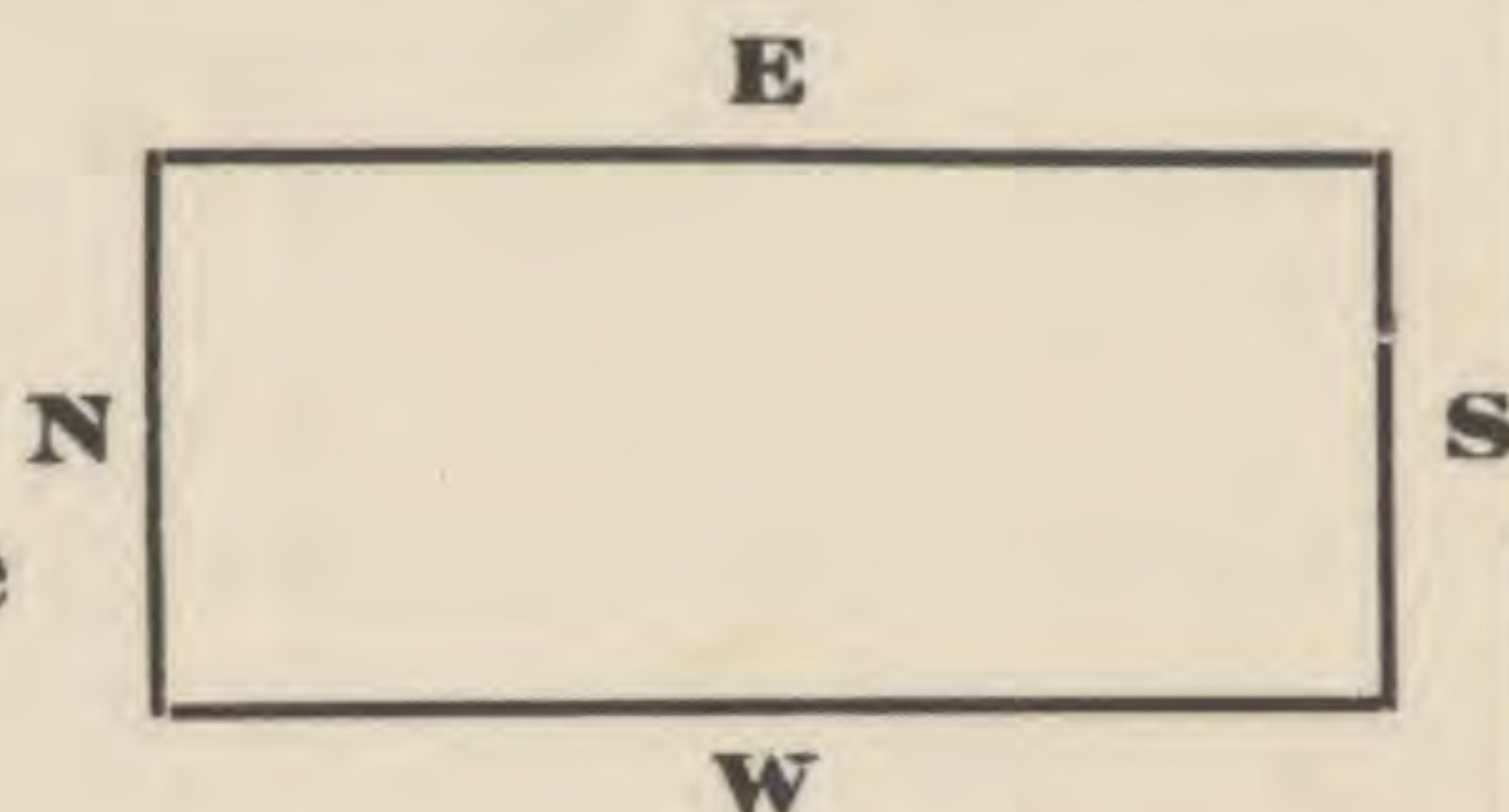
Name Plate _____

Cemetery Dece

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket (1) L. D Phone 2 00

Cash advanced 3 2

Telegram (2) 26

Minister _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S & S 15 00

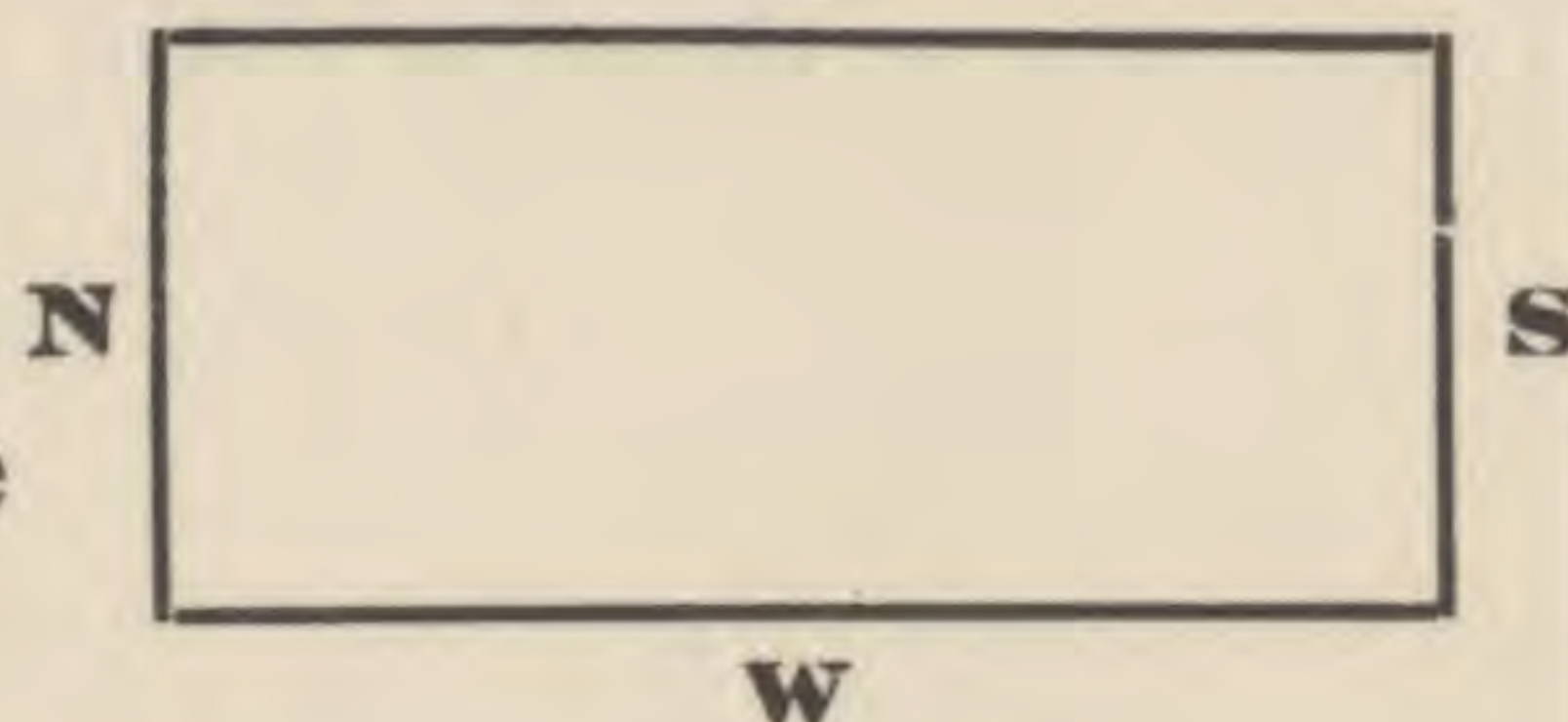
Baggage or Express Train No. 22 52

Carey Hand Funeral Home

Name of deceased Ralph Howard Bowden
 Date of death Oct - 26 - 35
 Cause of death Apoplexy
 Place of death Res
 Residence Fit Meyers
 Age 58 Y'rs _____ Mo's _____ Days _____
 Weight 144 Height _____ ft. _____ in. Eyes _____
 Funeral at Fit Meyers
 Date _____ 193 _____ M
 Account charged Lawrence Powell Fit
 Address Fit Meyers
 Account guaranteed P. O. Order
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket ace # 74 Baggage
 Casket with Copper Lin. 2:10
 Style of Casket Tuesday morning
 No. of Casket Oct 29 - 35
 Outside Box Body Cremated
 Shipping Case or Vault 9 a m
 Handles 10-29-35
 Pillow Set _____
 Name Plate Ashes Expressed
 Cemetery L. A. Powell
 Section Fit Meyers Lot _____
 _____ E

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased	John M. Phail		
Date of death	Oct 30 th		
Cause of death	Arterio Sclerosis		
Place of death	C. G. N.		
Residence	Arlando Aster Hotel		
Age	79 Y'rs	11 Mo's	24 Days
Weight	165	Height	5 ft. 8 in. Eyes
Funeral at	Dest		
Date			193 M
Account charged	Ray McPhail		
Address	Adrian Mich		
Account guaranteed	H. W. Ek		
Address			
Embalming	Dressing	35	00
Robe, Suit, Dress			
Underwear and Hose			
Casket	6-3 in. Oak	75	00
Casket with Copper Lin.			
Style of Casket	See that top		
No. of Casket	70		
Outside Box	Reg		
Shipping Case or Vault			
Handles	Bale		
Pillow Set			
Name Plate			
Cemetery	Destination		
Section		Lot	
		E	
I Other Graves	N		S
X Grave on this date		W	
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to	Adrian Mich		
R. R. Ticket		73	78
Cash advanced	Express		
Telegram			
Minister		10	00
Casket Wagon	(21)		
Physician	Dr. Folsom		
County or City Burial			
Automobiles	Amb Serv	5	00
Baggage or Express Train No.	80	198	78
Thurs Oct-31-35			
Mrs Sadie % Aster Hotel in Charge			

Carey Hand Funeral Home

Name of deceased	Infant Sydney Ives 3rd		
Date of death	Oct 31 - 2:30 a.m.		
Cause of death	Premature		
Place of death	C. G. H.		
Residence	Ponce-de-Leon Place		
Age	Y'rs	Mo's	Days 2
Weight	Height	ft.	in. Eyes
Funeral at	Graveside		
Date	Thurs Oct 31 1935 11 a. M		
Account charged	Sydney Ives 3rd		
Address	Orlando Fla		
Account guaranteed			
Address			
Embalming			
Robe, Suit, Dress			
Underwear and Hose			
Casket	2-0-H L S	12	50
Casket with Copper Lin.			
Style of Casket	Sgt -		
No. of Casket			
Outside Box	Reg		
Shipping Case or Vault			
Handles	Shut		
Pillow Set	✓		
Name Plate	O.D.		
Cemetery	Greenwood		
Section	Center	Lot	
E N S W			
I Other Graves			
X Grave on this date			
Cremation			
Single Grave			
Opening and Closing Grave	TV & E	5	00
Body Shipped to			
R. R. Ticket	auto	2	00
Cash advanced			
Telegram			
Minister	Rev M. H. Harris		
Casket Wagon			
Physician	Hal Beardsall		
County or City Burial			
Automobiles			
Baggage or Express Train No.			
		19	50

Carey Hand Funeral Home

Name of deceased Albert L. Sliggett
 Date of death Oct 31 - 5:35 a.m.
 Cause of death Pulmonary embolism
 Place of death P. Y. N.
 Residence 1303 E. Gore St
 Age 67 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Sunday Nov 3 1935 3 P. M
 Account charged Mrs A. L. Sliggett
 Address 1303 E. Gore
 Account guaranteed

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
 No. of Casket 1927- S
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes 2 Gr
 Name Plate ✓
 Cemetery Greenwood
 Section H SW 1/4 Lot 207

I Other Graves
 X Grave on this date

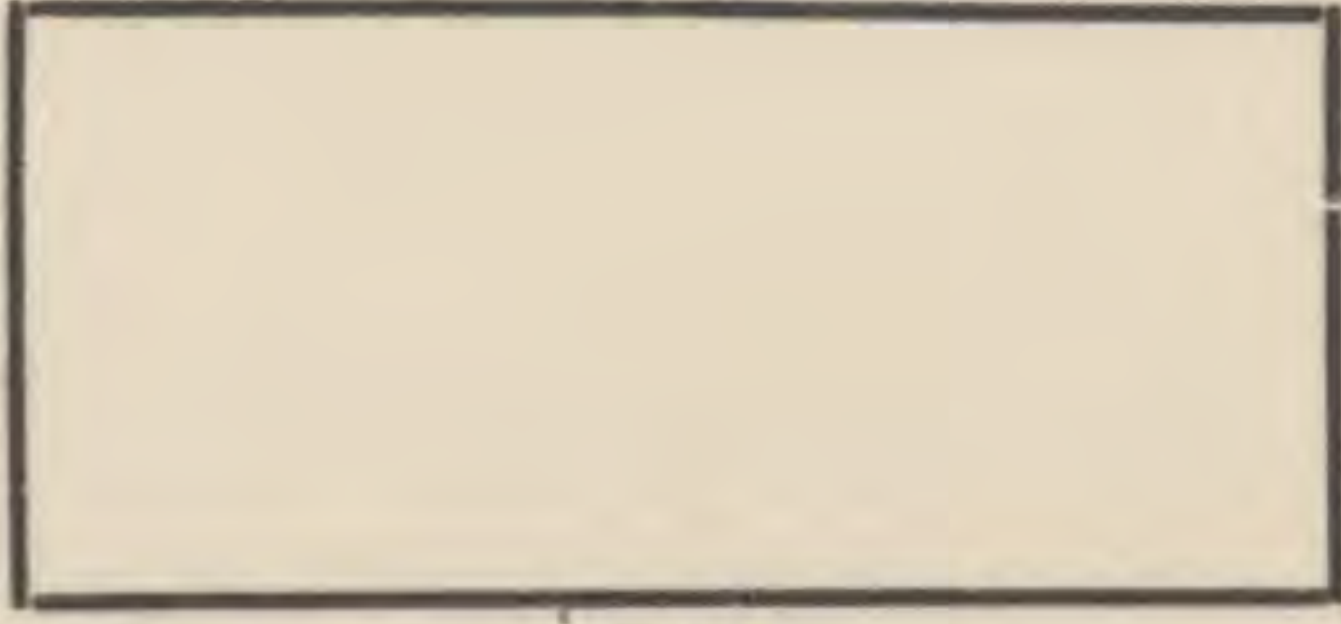
Cremation Spa Flowers 5 00
 Single Grave Car min 5 00
 Opening and Closing Grave etc 15 00
 Body Shipped to P. B. Car 5 00
 R. R. Ticket (2) Cars No Chg
 Cash advanced
 Telegram Tide 1 15
 Minister C. S. - Jas Lawrence 5 00
 Casket Wagon (1) 5 00
 Physician Dr. Beardsall 5 00
 County or City Burial music 5 00
 Automobiles S & S 15 00
 Baggage or Express Train No. 260 00

\$271.15

Carey Hand Funeral Home

Name of deceased *Mrs Fannie Heistand*
 Date of death *Oct-29-35*
 Cause of death *St Petersburg Fla*
 Place of death *myocarditis*
 Residence *St Petersburg*
 Age *82* Y'rs *2* Mo's *25* Days
 Weight *110* Height *5* ft. *5* in. Eyes
 Funeral at *St Petersburg*
 Date *1935* M
 Account charged *Endicott* *Fla Home*
 Address *St Petersburg*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body moved*
 Casket with Copper Lin. *by auto*
 Style of Casket *1230 PM*
 No. of Casket *Fri Nov-1-35*
 Outside Box
 Shipping Case or Vault
 Handles *Body cremated*
 Pillow Set *3-PM*
 Name Plate *11-1-35*
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation *ashes Expressed to*
 Single Grave *Mrs J. Adams*
 Opening and Closing Grave
 Body Shipped to *803 West Market St*
 R. R. Ticket *Akron Ohio*
 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 Frank G. Hart
 Date of death Oct-30-35
 Cause of death Chro. myocarditis
 Place of death Miami
 Residence Miami
 Age 72 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged W L Philbrick
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by Express
 Style of Casket # 89
 No. of Casket 12 11 PM
 Outside Box Nov-1-35
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 3- P. M. Nov-1-35
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves ☐ 
 X Grave on this date ☐
 Cremation Ashes Expressed
 Single Grave to W L Philbrick
 Opening and Closing Grave Miami
 Body Shipped to Fida
 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>John H Gainer</u>	
Date of death <u>Oct-30-35</u>	
Cause of death <u>Gun Shot</u>	<u>suicide</u>
Place of death <u>Res</u>	
Residence <u>Lake Worth</u>	
Age <u>53</u> Y'rs <u>7</u> Mo's <u>29</u> Days	
Weight <u>160</u> Height <u>5</u> ft. <u>10</u> in. Eyes	
Funeral at <u>W. Palm Beach</u>	
Date	19 <u>35</u> M
Account charged <u>Ferguson & Home</u>	
Address <u>West Palm Beach</u>	
Account guaranteed <u>OK</u>	
Address	
Embalming <u>Cremation</u>	37. <u>50</u>
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>Body arrived</u>	
Casket with Copper Lin. <u>by Express</u>	
Style of Casket <u>ACEX # 89</u>	
No. of Casket <u>1243-PM</u>	
Outside Box <u>Sat-Nov 2-35</u>	
Shipping Case or Vault	
Handles <u>Body Cremated</u>	
Pillow Set <u>3-PM. 11-2-35</u>	
Name Plate <u>Ashes Scattered</u>	
Cemetery <u>Greenwood Cemetery</u>	
Section <u>11-5-35</u>	Lot
E	
I Other Graves	N S
X Grave on this date	W
Cremation	
Single Grave	
Opening and Closing Grave	
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister	
Casket Wagon	
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No.	37. <u>50</u>

Carey Hand Funeral Home

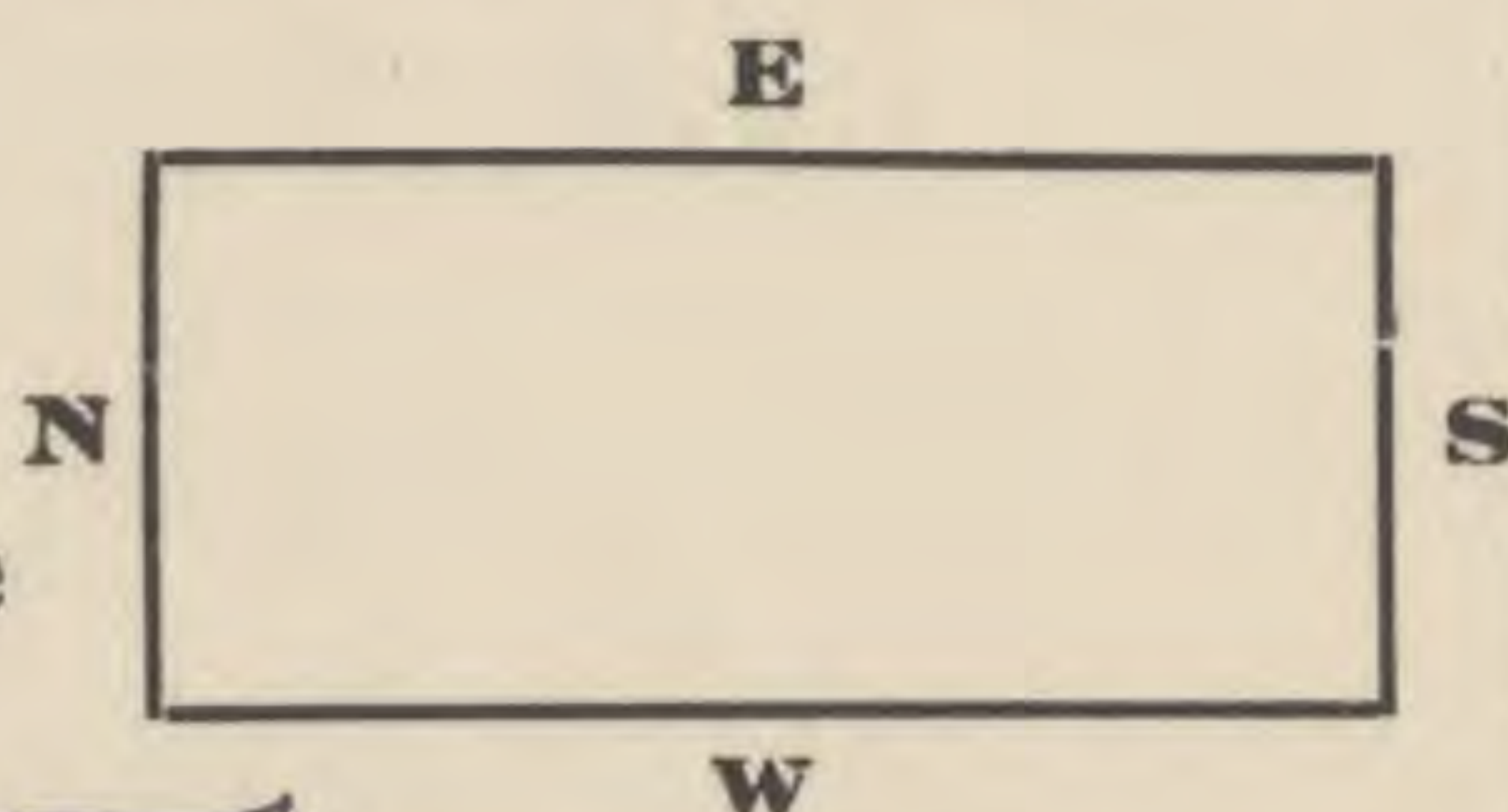
Name of deceased Alphonse Reel
 Date of death Sun. Nov- 3-35 9-AM
 Cause of death Suicide shot in breast
 Place of death Res
 Residence Forest City Road - Near Alpha Road
 Age 62 Y'rs 5 Mo's 7 Days
 Weight 165 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Tues Nov 5- 1935 9-AM
 Account charged Mrs. E. Boucher
 Address Orlando R.F.D. # 2

Account guaranteed
 Address

Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Cup 85.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt
 No. of Casket 22-5-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set ✓
 Name Plate enamel
 Cemetery Greenwood
 Section 9- Lot

I Other Graves

X Grave on this date



Cremation Spa Flowers 5.00
 Single Grave White 7.00
 Opening and Closing Grave T + etc 15.00
 Body Shipped to ✓
 R. R. Ticket Car Min 5.00
 Cash advanced ✓
 Telegram Father Bishop
 Minister Father Bishop 5.00
 Casket Wagon (1)
 Physician Lee
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. ✓ 167.00
172.00

Carey Hand Funeral Home

Name of deceased	Mrs Myrtle M O'Brien		
Date of death	Nov - Nov - 4-35 AM		
Cause of death	Bacterial Pneumonia		
Place of death	O'G St.		
Residence	Pittsburg Pa		
Age	58	Y'rs	0
		Mo's	14
		Days	
Weight	145	Height	5 ft. 0 in.
Eyes			
Funeral at	Dest		
Date		193	M
Account charged	James W O'Brien		
Address			
Account guaranteed	Bond		
Address			
Embalming	+ Dressing		35.00
Robe, Suit, Dress	✓		
Underwear and Hose	✓		
Casket	6-3- Set In Plush		190.00
Casket with Copper Lin.	✓		
Style of Casket	Oct 1/2 - e		
No. of Casket	1927		
Outside Box	Reg		
Shipping Case or Vault	✓		
Handles	Ext -		
Pillow Set	yes w		
Name Plate	✓		
Cemetery	Dest		
Section			
Lot			
	E		
I Other Graves	N		S
X Grave on this date	W		
Cremation			
Single Grave			
Opening and Closing Grave			
Body Shipped to	Pittsburg Pa		
R. R. Ticket	1-3898- 1-2494		63.92
Cash advanced			
Telegram			
Minister			
Casket Wagon	(2)		10.00
Physician	Dr T. A. Neal		
County or City Burial			
Automobiles	Amb Sew 11-1-35		5.00
Baggage or Express Train No.	92		
	11-5-35		303.92

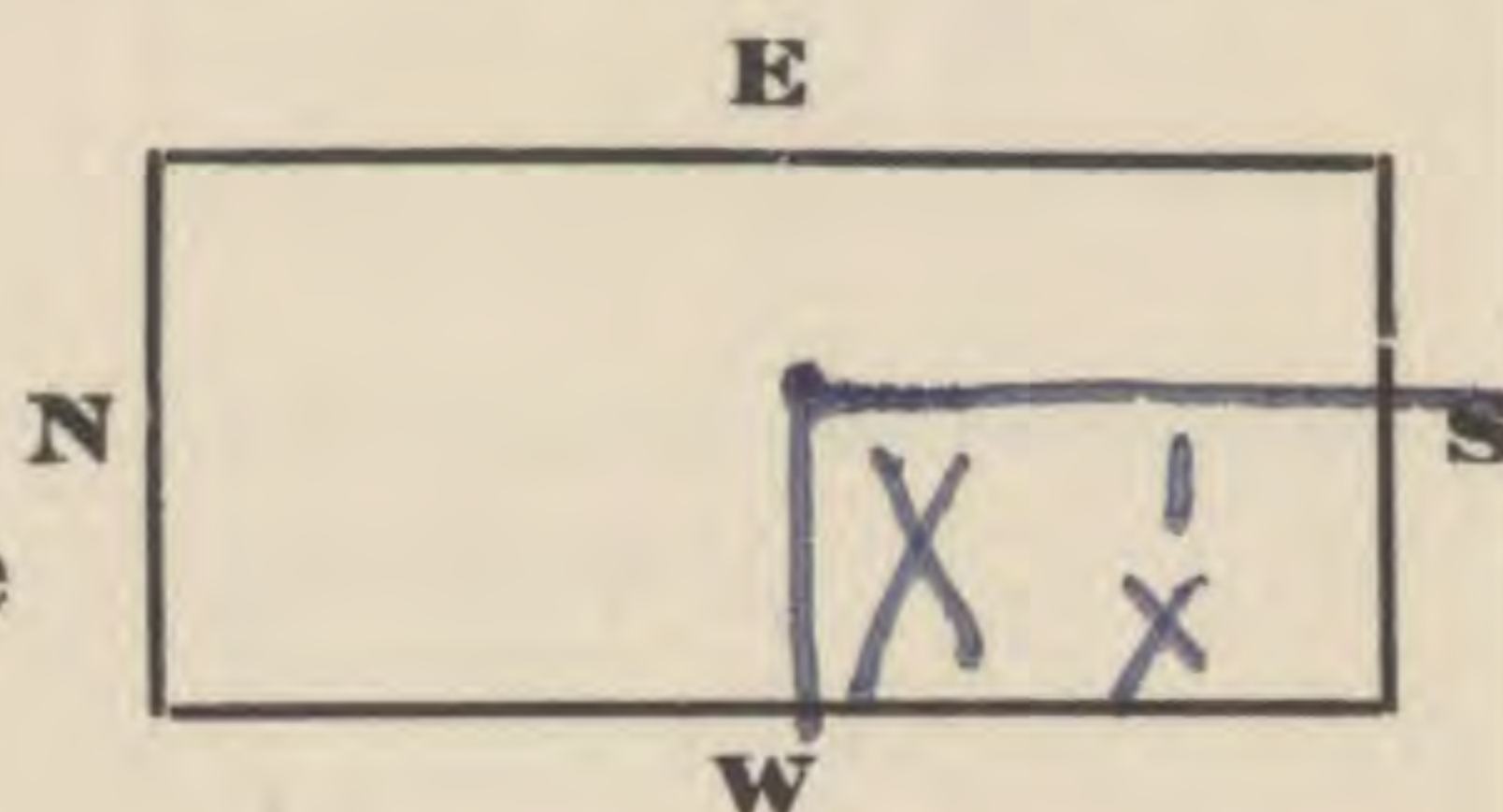
Carey Hand Funeral Home

Name of deceased Baby Toles
 Date of death Nov-5-35 A.M.
 Cause of death Still Born
 Place of death O. G. H.
 Residence Angebilt add (Ponder Res)
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. ✓ Eyes ✓
 Funeral at Graveside
 Date Tues Nov 5-1935 5:30 P.M.
 Account charged F. J. Toles
 Address Angebilt add (Ponder Res)
 Account guaranteed ✓
 Address ✓

Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 1-0-M-L-S 12.50
 Casket with Copper Lin. ✓
 Style of Casket Sgt
 No. of Casket ✓
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Small
 Pillow Set ✓
 Name Plate OD
 Cemetery Winter Park
 Section S.W 1/4-B Lot 39

I Other Graves

X Grave on this date



Cremation ✓

Single Grave ✓

Opening and Closing Grave 4 etc

Body Shipped to Auto

R. R. Ticket ✓

Cash advanced ✓

Telegram ✓

Minister ✓

Casket Wagon ✓

Physician C. C. Collins

County or City Burial ✓

Automobiles ✓

Baggage or Express Train No. 2250

5.00
5.00

Carey Hand Funeral Home

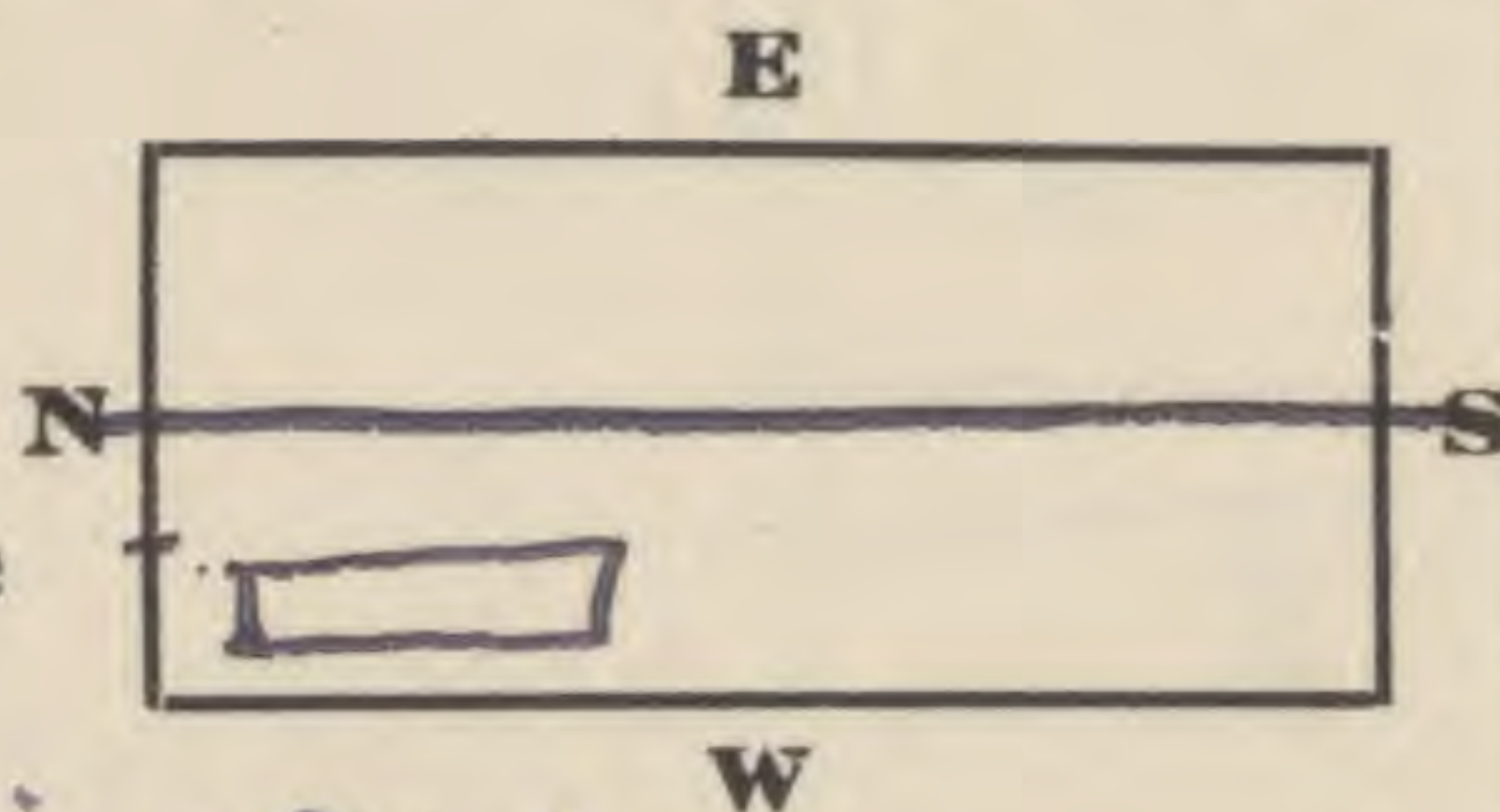
Name of deceased Alphewes, Shepherd
 Date of death Tues Nov-5-35 AM
 Cause of death _____
 Place of death Res
 Residence 705- Lake Adair Blvd
 Age 80 Y'rs 0 Mo's 10 Days _____
 Weight 140 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Wed Nov 6 1935 3 P. M
 Account charged Harold Shepherd
 Address 705 Lake Adair
 Account guaranteed Estate

Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-4 Guy Bld 312.50
 Casket with Copper Lin. ☒
 Style of Casket Stat. H.C
 No. of Casket 5208 Orleans
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Vin Bld
 Pillow Set yes cap & 6 chm
 Name Plate ☒
 Cemetery Greenwood
 Section S W 1/2 Lot 10

Head of grave
North

☐ Other Graves

☐ X Grave on this date



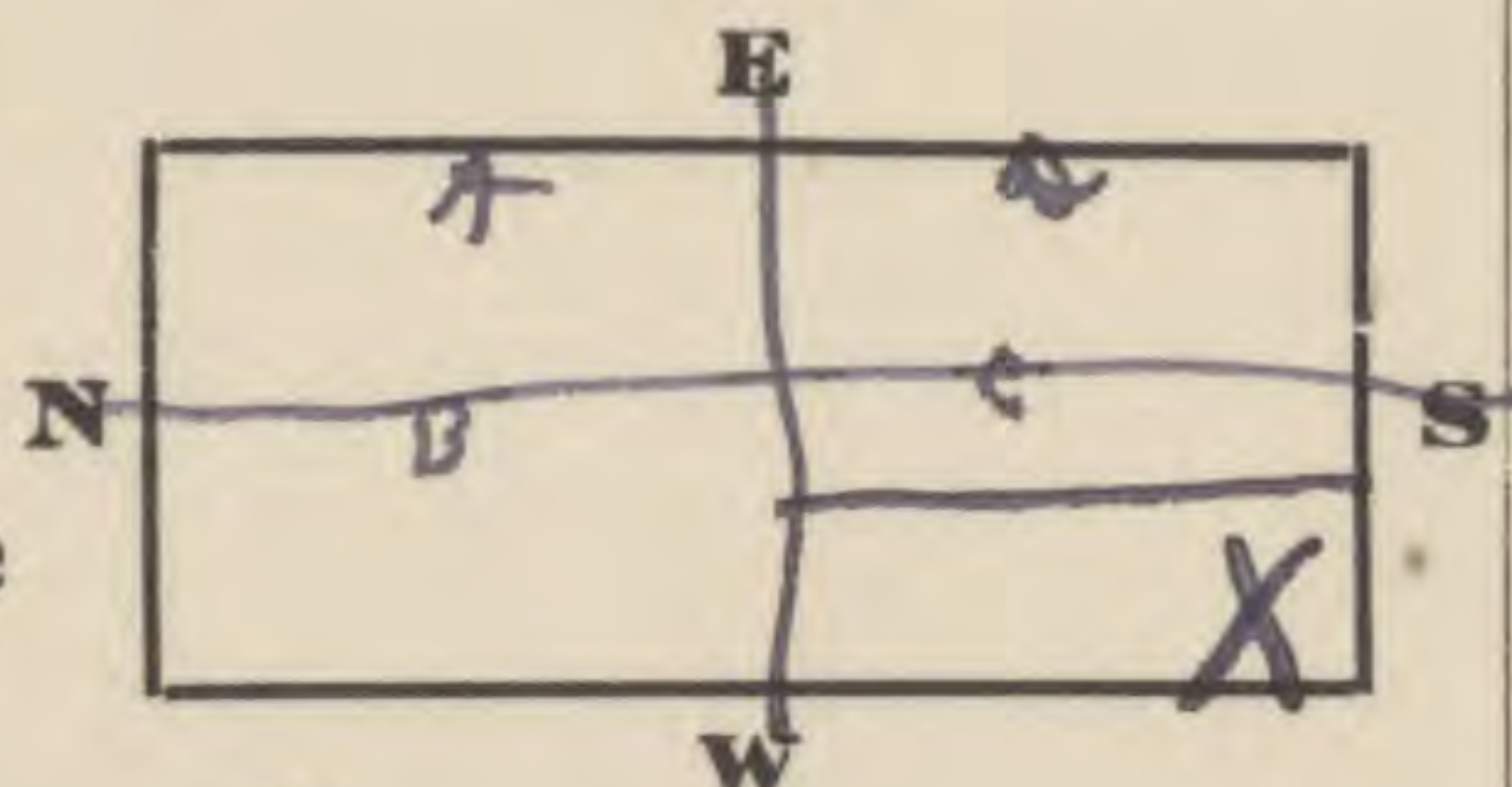
Cremation Burial 2.1 125.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to P. Bear 5.00
 R. R. Ticket Car Min 5.00
 Cash advanced Family car N.C
 Telegram _____
 Minister Dean Adcock
 Casket Wagon (1) 5.00
 Physician Dr. M. Mallory
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. 517 50

Carey Hand Funeral Home

Name of deceased Harold Beerbower
 Date of death Nov 4-35
 Cause of death Shock Hemorrhage aorta
 Place of death Hospital Charlottesville Va
 Residence Winter Park
 Age 45 Y'rs Mo's _____ Days _____
 Weight 135 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Thurs Nov 7 1935 2-P M
 Account charged Mrs H. Beerbower
 Address Winter Park - 422 East Lyman Ave
 Account guaranteed Estate
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 metal
 Casket with Copper Lin. _____
 Style of Casket State 1/2 - e
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault air Seal
 Handles Ext
 Pillow Set White
 Name Plate _____
 Cemetery Winter Park
 Section R 1/2 - C Lot 5

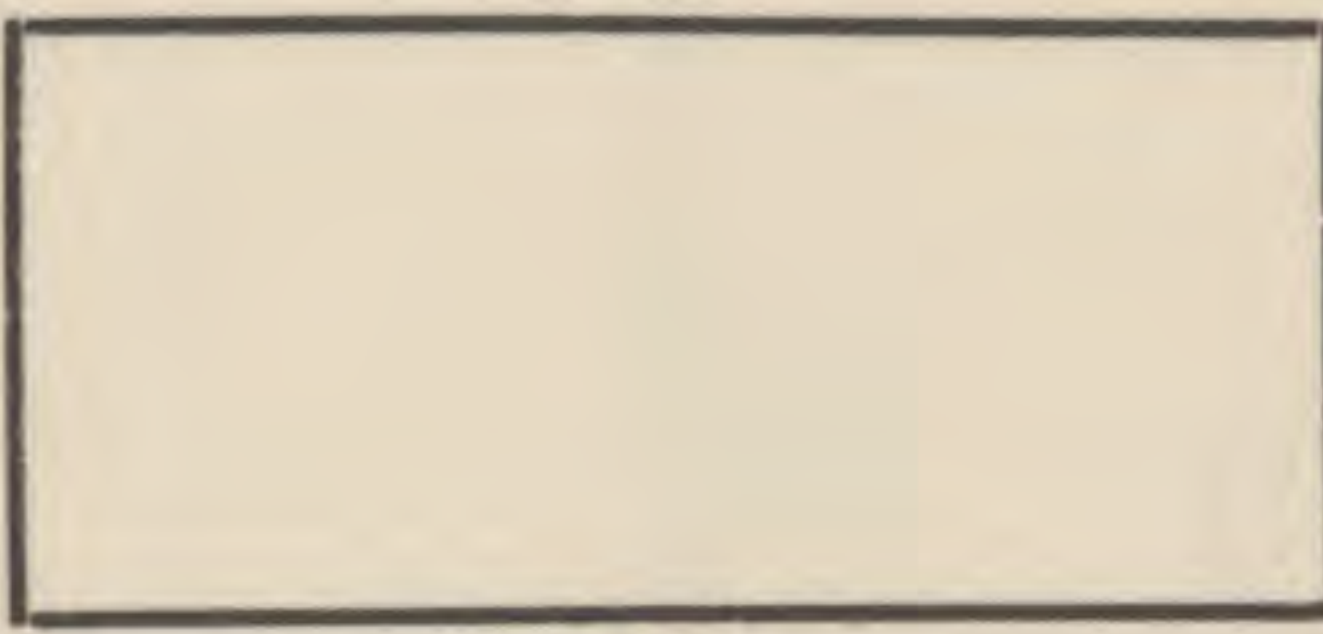
I Other Graves _____
 X Grave on this date _____



Cremation _____
 Single Grave Det Vault & Tent
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket Car for min
 Cash advanced _____
 Telegram _____
 Minister Rev Martin of Tavares
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S & S
 Baggage or Express Train No. _____

\$160.00

Carey Hand Funeral Home

Name of deceased Minnie Geiger
 Date of death Nov 7 - 1935 6:15am
 Cause of death Tertian Malaria
 Place of death 635 Terrace Blvd
 Residence Savannah, Ga
 Age 77 Y'rs 10 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date Nov 1935 5 M
 Account charged Thomas J. Geiger
 Address Savannah Ga
 Account guaranteed _____
 Address _____
 Embalming ☒ Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Mr Henderson
 No. of Casket F.H. Savannah
 Outside Box Ga Called for
 Shipping Case or Vault Body Nov 7
 Handles by auto to Savannah
 Pillow Set Ga. by auto for burial
 Name Plate _____
 Cemetery Westminster
 Section _____ Lot _____
 I Other Graves ☐ 
 X Grave on this date ☐
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Savannah Ga
 R. R. Ticket _____
 Cash advanced Service Chg 10.00
 Telegram _____
 Minister _____
 Casket Wagon 41 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

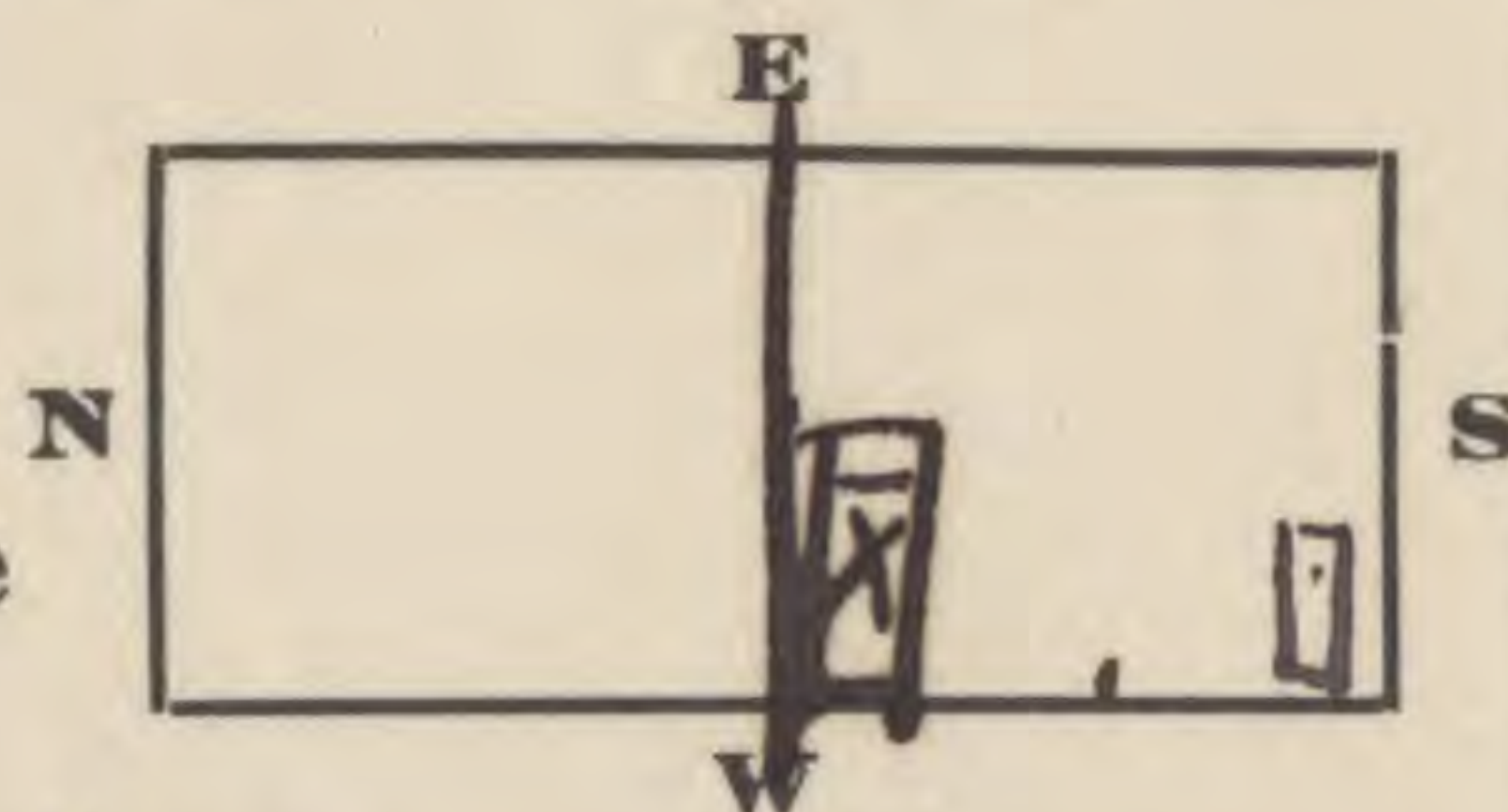
\$50.00

Carey Hand Funeral Home

Name of deceased Frank R. Pounds
 Date of death Thurs - Nov - 7 - 35 - 4 P.M.
 Cause of death Suicide wire around neck
 Place of death Res
 Residence 744 - Cliffad Drive
 Age 51 Y'rs 10 Mo's 24 Days
 Weight 135 Height 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date Sun Nov 10 1935 3 P.M.
 Account charged Mrs Frank Pounds
 Address 744 - Cliffad Drive
 Account guaranteed Estate & Insurance
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Wooden Case 250.00
 Casket with Copper Lin. ☒
 Style of Casket State Hall C -
 No. of Casket Cincinnati
 Outside Box ☒
 Shipping Case or Vault air Seal 125.00
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section 2 SP 1/2 - Lot 125

I Other Graves

X Grave on this date



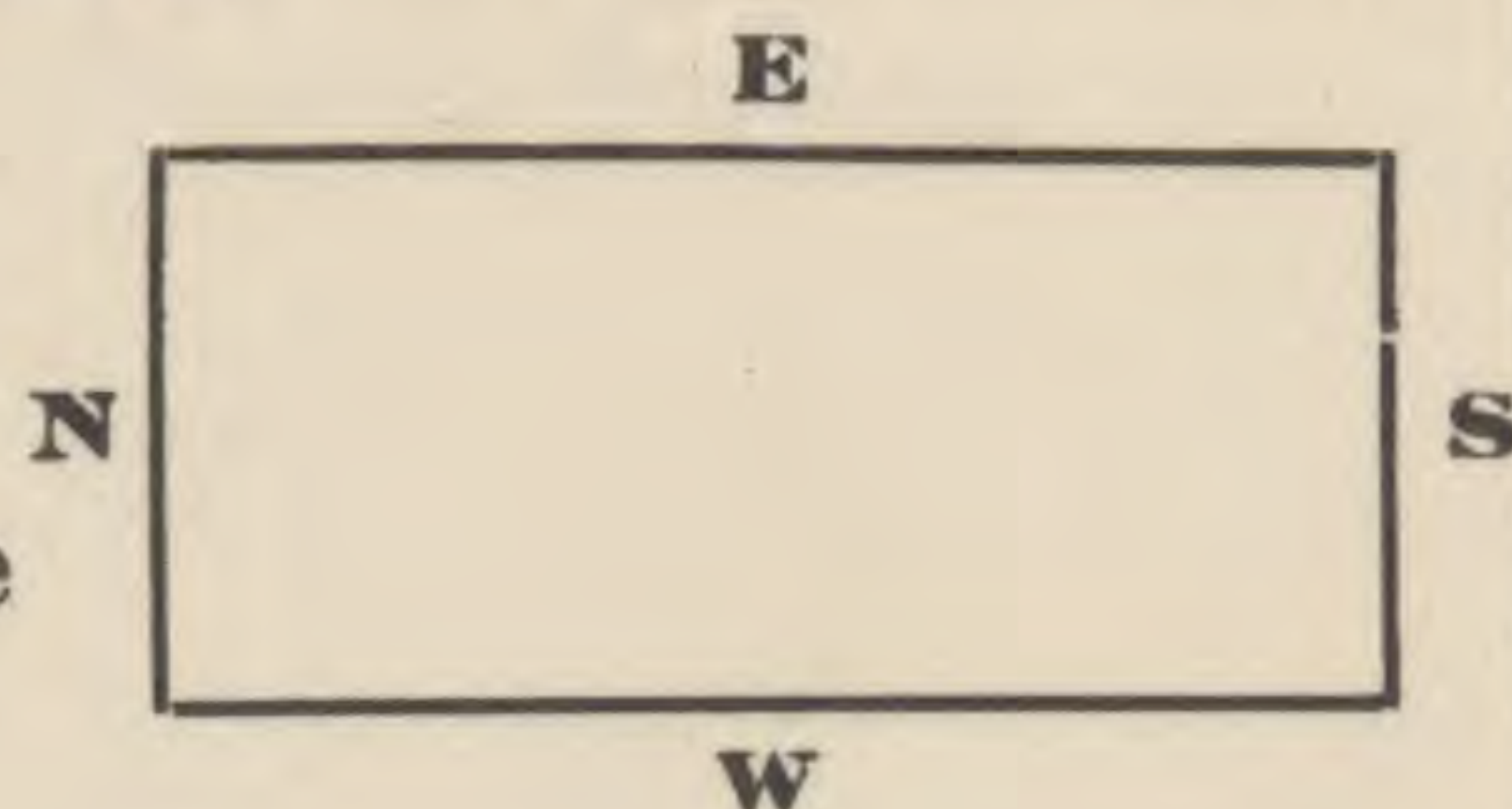
Cremation P. B. Car 5.00
 Single Grave Car Min 5.00
 Opening and Closing Grave T & etc 15.00
 Body Shipped to Musie
 R. R. Ticket Tauto F 5.00
 Cash advanced
 Telegram 63-63-41-28 1.85
 Minister
 Casket Wagon (1) 5.00
 Physician Dr Hoffman
 County or City Burial
 Automobiles S V S 15.00
 Baggage or Express Train No. 46195

Carey Hand Funeral Home

Name of deceased Herman Thomas
 Date of death Nov-4-35
 Cause of death Cardiac
 Place of death Res
 Residence Miami
 Age 65 Y'rs 8 Mo's 7 Days
 Weight 150 Height 5 ft. 10 in. Eyes
 Funeral at Miami
 Date _____ 193____ M
 Account charged W. H. Combs
 Address F. H. Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body moved
 Casket with Copper Lin. Express
 Style of Casket # 25
 No. of Casket 245 a m
 Outside Box 11-8-35
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 2-P M-11-8-35
 Name Plate Ashes expressed 1r
 Cemetery W. H. Combs F. H.
 Section Miami 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

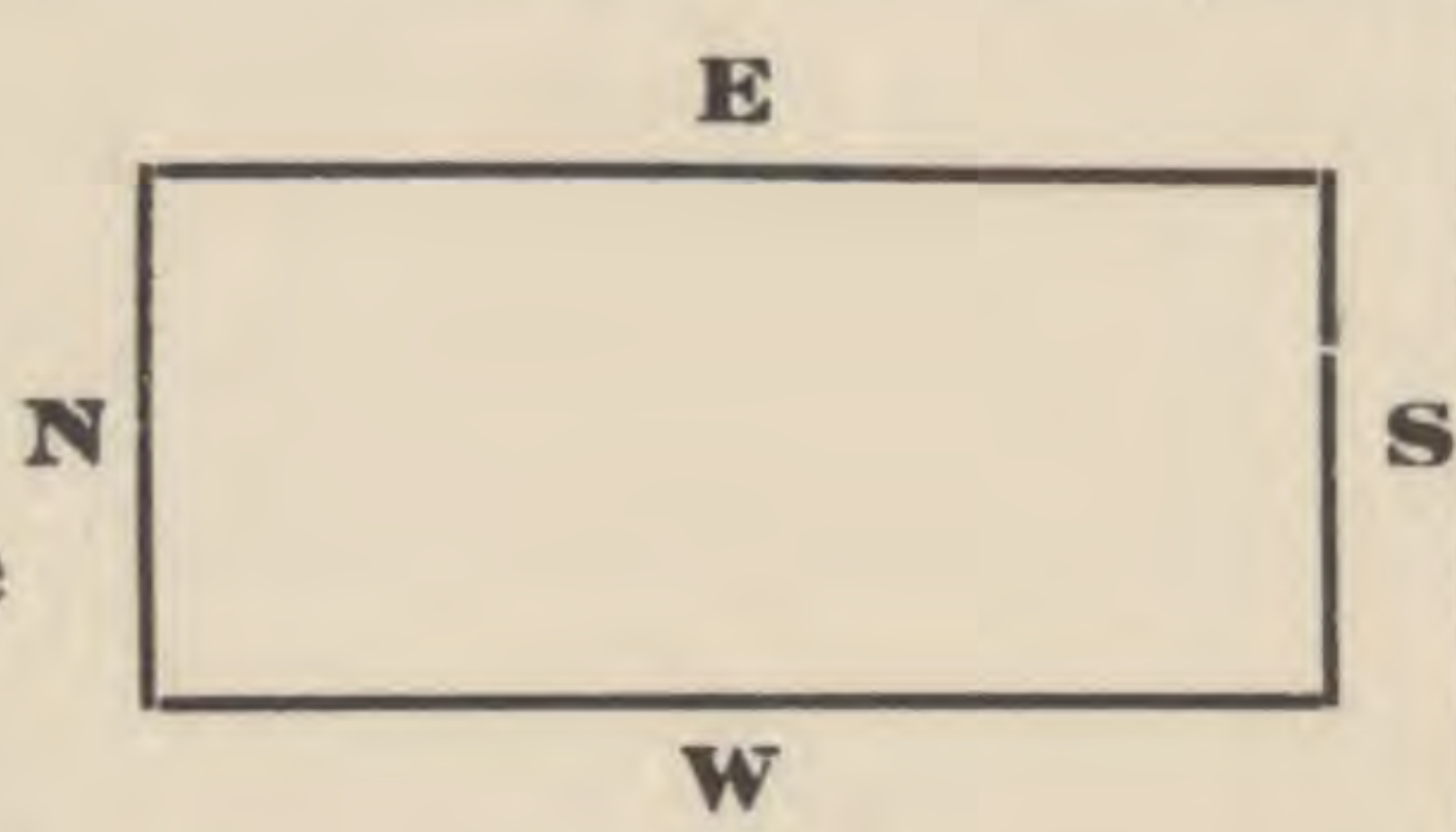
Carey Land Funeral Home

Name of deceased Wilma Poteet
 Date of death Fri Nov-8-35
 Cause of death Acute Cardiac decompensation
 Place of death Wla Colony - Gamsville
 Residence 1232 West Rob ave Orlando
 Age 19 Y'rs 2 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lusean Baptist Church
 Date Sun Nov 10 - 1935 230 P M
 Account charged Henry L Poteet
 Address 1232 West Rob ave
 Account guaranteed Insman
 Address _____

Embalming _____
 Robe, Suit, Dress Over 7 7.00
 Underwear and Hose _____
 Casket 6-3-Gr Cup 75.00
 Casket with Copper Lin _____
 Style of Casket Sgt F.T.
 No. of Casket 22-S-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate at Rest
 Cemetery Greenwood
 Section S- Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave White 7.00
 Opening and Closing Grave 7 + etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Thomas Lind Co 25.00
 Telegram _____
 Minister Rev J S Bookhart
 Casket Wagon To Gamsville 40.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 184.00

Carey Hand Funeral Home

Name of deceased Mr Cabot Kyle
 Date of death Nov 8th 1935
 Cause of death Polar Pneumonia
 Place of death Residence
 Residence Ft Lauderdale Fla
 Age 50 Y'rs 2 Mo's 10 Days
 Weight 185 Height 5 ft. 10 in. Eyes Brown
 Funeral at Ft Lauderdale Fla
 Date Nov 1935 M
 Account charged Fairchild Fun Home
 Address Ft Lauderdale Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation \$7 50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin Body arrived
 Style of Casket by express a.c.p.
 No. of Casket Sunday 2 P.M.
 Outside Box Nov 10 - 35
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Monday 8 A.M.
 Cemetery Nov 17 - 1935
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on this date W
 Cremation Ashes expressed
 Single Grave to - Fairchild
 Opening and Closing Grave Funeral
 Body Shipped to Home Ft Lauderdale
 R. R. Ticket 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 William Cabot Kyle
 Date of death Nov - 8 - 35
 Cause of death Lobar Pneumonia
 Place of death Res
 Residence 411 Lauderdale
 Age 50 Y'rs 2 Mo's 10 Days
 Weight 185 Height 5 ft. 10 in. Eyes
 Funeral at 411 Lauderdale
 Date _____ 1935 M
 Account charged Fairchild Funeral Home
 Address 411 Lauderdale Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Embr O.P.
 Casket with Copper Lin. Body Am's
 Style of Casket by Express
 No. of Casket 3 A 2
 Outside Box 2 - P. M Sunday
 Shipping Case or Vault 1110-35-
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8-a m -11-11-35
 Cemetery _____
 Section _____ Lot _____

E

I Other Graves

 X Grave on this date

E

N

S

W

 Cremation Ashes Expressed to
 Single Grave Fairchild F.H.
 Opening and Closing Grave _____
 Body Shipped to 411 Lauderdale
 R. R. Ticket 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 Bennett. B. Bushman
 Date of death Mon Nov-11-1935 7. AM
 Cause of death Myocardial Regurgitation Due to Myocarditis
 Place of death City, N.Y.
 Residence Colonial Orange Court
 Age 69 Y'rs 7 Mo's 10 Days
 Weight 165 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Tues Nov 12 1935 4 P. M
 Account charged Mrs Arlie Bushman
 Address
 Account guaranteed Estate & Insurance
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress Tie 1.50
 Underwear and Hose
 Casket 6-6 Metal 850.00
 Casket with Copper Lin. Inner
 Style of Casket State N. C. & T.
 No. of Casket Kindson Car
 Outside Box ✓
 Shipping Case or Vault Black air seal 150.00
 Handles Ext - Paper or Tin
 Pillow Set yes Taylor
 Name Plate Name & Date
 Cemetery Westchester
 Section Lot
Rock Creek Cemetery
at Wash -
 I Other Graves
 X Grave on this date
R.R.C. 3807
3807
2000
980
 Cremation \$25.94 Paid
 Single Grave
 Opening and Closing Grave
 Body Shipped to Washington D.C.
 R. R. Ticket
 Cash advanced
 Telegram 160 - 164 3.24
 Minister Dean Johnson
 Casket Wagon (2) 10.00
 Physician D. J. S. McEwan
 County or City Burial
 Automobiles Amb Serv 1049.4
 Baggage or Express Train No. 92 \$ 5.00
Wed-11-13-35 1054.74
Gawler & Son at Wash D.C. - Baggage 18.25
in Charge
1072.99

Carey Hand Funeral Home

Name of deceased Margaret H Palmer
 Date of death Nov 9-35
 Cause of death myocarditis
 Place of death Cleawater Fla
 Residence Boston Mass
 Age 44 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Cleawater
 Date _____ 193 _____ M
 Account charged Moss Funeral Home
 Address Cleawater Fla
 Account guaranteed check
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by Express
 Style of Casket S.A.L. 11-11-35
 No. of Casket 10-a.m.
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated
 Pillow Set 11-11-35- 11-a.m.
 Name Plate _____
 Cemetery will call for
 Section ashes Lot _____

37.50

I Other Graves _____
 X Grave on this date _____

N

E

S

W

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

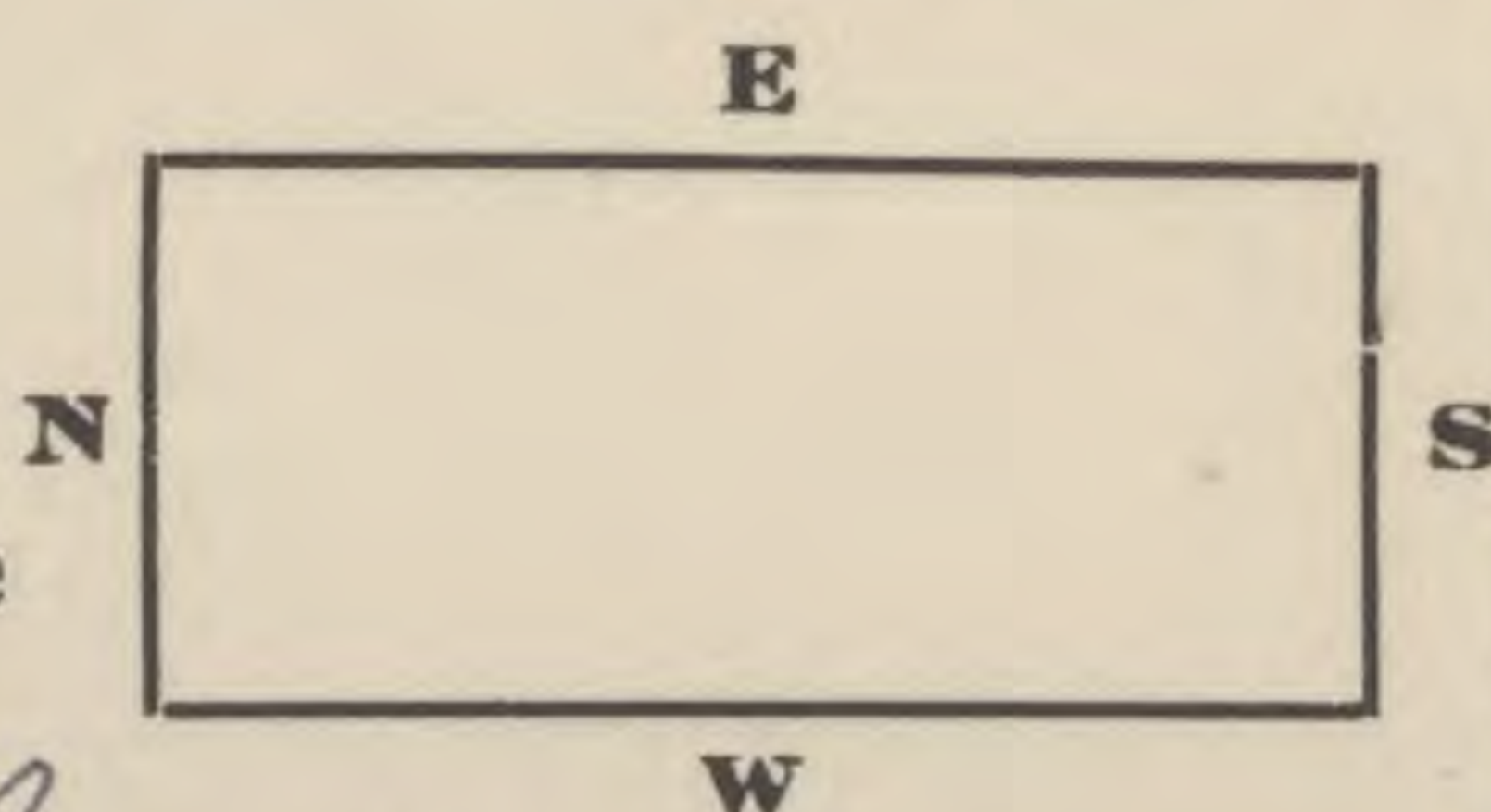
37.50

Carey Hand Funeral Home

Name of deceased Frank A. Beihn.
 Date of death Nov 10
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Newport Richey Fla
 Age 70 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Newport Richey Fla
 Date Nov 1935 M
 Account charged B. Marcus Reed F.P.
 Address Tampa. Fla
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin Body arrived
 Style of Casket by Express a.c.p.
 No. of Casket 192 Monday
 Outside Box 2:15 P.M. 11-11-35
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate Monday 5 P.M.
 Cemetery Nov 11 - 1935
 Section Lot

I Other Graves

X Grave on this date



Cremation Ashes expressed
 Single Grave To - Mrs Rosa Beihn
 Opening and Closing Grave Newport Richey
 Body Shipped to Fla.
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.