

5-11-1936

Memoranda Book 104: Carey Hand Funeral Home records, May 11, 1936 to July 11, 1936

Carey Hand Funeral Home

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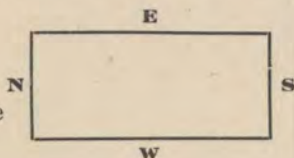
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<https://stars.library.ucf.edu/cfm-ch-records/104>

Carey Hand Funeral Home

Name of deceased Mr. Nathan W. Noble
 Date of death May 11th 3:30 P.M.
 Cause of death _____
 Place of death Residence
 Residence 2022 Atlanta Ave
 Age 78 Y'rs 10 Mo's 14 Days _____
 Weight 145 Height 5 ft. 10 in. Eyes Brown
 Funeral at No Services
 Date ✓ 1936 M _____
 Account charged J. C. Noble (son)
 Address 2022 Atlanta Ave
 Account guaranteed _____
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Cremated
 No. of Casket Tuesday 8 A.M.
 Outside Box May 12-1936
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Will Call for Ashes
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician Dr. Anderson

County or City Burial

Automobiles

Baggage or Express Train No.

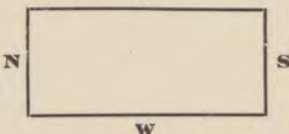
450.06

Carey Hand Funeral Home

Name of deceased Bertha Lincoln
 Date of death May 14
 Cause of death Nephritis - Hypertension
 Place of death Res
 Residence Elmwood Fla
 Age 74 Y's Mo's Days
 Weight 100 Height 5 ft. 4 in. Eyes Grey
 Funeral at Elmwood Fla
 Date May 1936 M
 Account charged Edge Funeral Home
 Address Greeland Fla.
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived by
 No. of Casket Auto 10:30 a.m.
 Outside Box Thursday May 18-1936
 Shipping Case or Vault Friday
 Handles _____
 Pillow Set Body cremated
 Name Plate Thursday 2 P.M.
 Cemetery May 18-1936
 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 John Hunter Clapper
 Date of death May 14 - 7:30 P.M.
 Cause of death Conary Thrombosis
 Place of death Residence
 Residence 912 Bradshaw Terrace
 Age 62 Y'rs 3 Mo's 21 Days
 Weight 170 Height 5 ft. 7 in. Eyes
 Funeral at Chapel F. Home
 Date Sunday May 17 - 1936 3 P. M
 Account charged Mrs J. H. Clapper
 Address 912 Bradshaw Terrace
 Account guaranteed State
 Address

Embalming & Dressing 25.00
 Robe, Suit, Dress Short 22" 21" 3.00
 Underwear and Hose tie 75
 Casket 6-3- Br Bnd-e 200.00
 Casket with Copper Lin. Quander 75
 Style of Casket Flr Cor State
 No. of Casket 121 1/2
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery West
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

Cremation 3469-3309-600 75.78
 Single Grave #7638
 Opening and Closing Grave 2 hrs
 Body Shipped to Gainesville, Ohio
 R. R. Ticket & Fr. 3469-3469 20.13
 Cash advanced _____
 Telegram _____
 Minister Rev Stradley
 Casket Wagon 2 hrs 10.00
 Physician Ch. L. McEwan
 County or City Burial _____
 Automobiles _____

Baggage or Express Train No. 76- 318.88
Man Night May-18-36
Cr by Pullman Chg 312.53

Carey Hand Funeral Home

Name of deceased L. C. Driggs
 Date of death May 13th
 Cause of death Acute Myocardial failure
 Place of death State Hospital
 Residence Fla
 Age 71 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel - Funeral Home
 Date Friday May 15th 1936 3 P. M
 Account charged C. C. Smith - son in law
 Address Int. Flora Fla
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress Blue 15.00
 Underwear and Hose yes
 Casket 6-3 - Br. C. L. H. 150.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. 05
 No. of Casket S-1411
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set yes
 Name Plate
 Cemetery Winter Haven Fla
 Section Lot

I Other Graves

N

E

S

X Grave on this date

Cremation Rev Smock^W 5.00
 Single Grave X Wagon & Smith 15.50
 Opening and Closing Grave
 Body Shipped to Out. Train 10.00
 R. R. Ticket
 Cash advanced to State Hospital 52.12
 Telegram L & Pham 3.00
 Minister Rev Smock 5.00
 Casket Wagon (1)
 Physician State Hospital
 County or City Burial
 Automobiles S & S 25.00
 Baggage or Express Train No.

280.62

Carey Hand Funeral Home

Name of deceased Baby Heckle
 Date of death May 15 - 7:30 a.m.
 Cause of death Immature Birth
 Place of death Res
 Residence 1631 Hillcrest
 Age Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Graveside
 Date Sat May 16 1936 10 a.m.
 Account charged William Heckle
 Address 1631 Hillcrest ave
 Account guaranteed
 Address Gaultner Roofing Co
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0 H L 10 00
 Casket with Copper Lin.
 Style of Casket Sgt H m
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section G- Lot

E

I Other Graves

N
S

W
E

X Grave on this date

W

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

19 50

Carey Hand Funeral Home

Name of deceased Arthur M. Heath
 Date of death May 13
 Cause of death Acute Nephritis Diabetes.
 Place of death Res
 Residence Leland Fla
 Age 73 Y's 6 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Leland Fla
 Date May 1936 M
 Account charged J. F. Allen and Co.
 Address Leland Fla
 Account guaranteed Chech
 Address _____
 Embalming Cremation #3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Auto Friday
 Outside Box 11:45 a. m
 Shipping Case or Vault May 15-1936
 Handles _____
 Pillow Set Body Cremated
 Name Plate 2 P.M. Friday
 Cemetery May 15-1936
 Section _____ Lot _____

E

I Other Graves

E

N

S

W

X Grave on this date

W

 Cremation Ashes expressed
 Single Grave to - Lakewood Cemetery
 Opening and Closing Grave 67th +
 Body Shipped to Cottage Grove Ave
 R. R. Ticket Chicago, Ill.
 Cash advanced _____
 Telegram _____
 Minister Wm Jm Allen Tm
 Casket Wagon of shipment
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

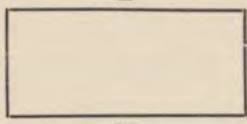
37.50

Carey Hand Funeral Home

Name of deceased Mrs Ola Wilson
 Date of death May 15 1936 P.M.
 Cause of death _____
 Place of death O. G. H.
 Residence Applha
 Age 59 Yrs 9 Mo's 28 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Fri May - 15 1936 1-P. M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming + Dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Case 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Blue
 Pillow Set _____
 Name Plate _____
 Cemetery Applha
 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 M. B. Bude
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

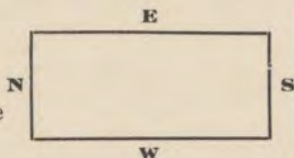
Carey Hand Funeral Home

Name of deceased *Mrs Elizabeth White*
 Date of death *Fri May 16 - 36 - 330 PM*
 Cause of death *Leizaphia - Mellitus*
 Place of death *O G H*
 Residence *Kindemere*
 Age *38* Y'rs *9* Mo's *12* Days
 Weight *90* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Sun May 17 1936 430 P. M*
 Account charged *Lowell E. White*
 Address *Kindemere*
 Account guaranteed
 Address

Embalming *Dussing* 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3- Gr Cup* 25.00
 Casket with Copper Lin. ✓
 Style of Casket *Sgt - Flat Top*
 No. of Casket *22-5-*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Short*
 Pillow Set ✓
 Name Plate *at Rest*
 Cemetery *Patrick*
 Section Lot

I Other Graves

X Grave on this date



Cremation
 Single Grave
 Opening and Closing Grave *TV 1c* 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev* *Ernest J. Brown* 5.00
 Casket Wagon *(1)*
 Physician *Dr. Conradahl*
 County or City Burial
 Automobiles *S & S* 15.00
 Baggage or Express Train No. 135.00

Carey Hand Funeral Home

Name of deceased Mrs Ella Shaw Danner
 Date of death May-14-36
 Cause of death Chc Myocarditis
 Place of death Tampa Fla
 Residence Tampa
 Age 70 Y'rs 11 Mo's 9 Days _____
 Weight 145 Height 5 ft. _____ in. Eyes Blue
 Funeral at Tampa
 Date _____ 1936 _____ M
 Account charged German F. Home
 Address Tampa Fla
 Account guaranteed Chc
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by Express
 Style of Casket Chc # 76
 No. of Casket 2-A.M. Sun
 Outside Box May-17-36
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set 8-A.M. 5-18-36
 Name Plate _____
 Cemetery will call for ashes
 Section _____ Lot _____

E
 N S
 W

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

37.50

Carey Hand Funeral Home

Name of deceased *John H. Shrawdy*
 Date of death *Sun May 17-34 930 AM*
 Cause of death *arterio Sclerosis*
 Place of death *Res*
 Residence *Union Park Cherry Highway*
 Age *57* Y's *1* Mo's *5* Days
 Weight *165* Height *5* ft. *7* in. Eyes
 Funeral at *Res*
 Date *Tues May 19 1934 3 P M*
 Account charged *Mr John H. Shrawdy*
 Address *Orlando Route #4*
 Account guaranteed *Harry P. Luv*
 Address
 Embalming *Dissection* 25 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-12 Cup.* 100. 00
 Casket with Copper Lin.
 Style of Casket *Oct-07*
 No. of Casket *1972-7*
 Outside Box *Neg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Shrawdy Cemetery*
 Section *Lot 13*

E

I Other Graves

E

N

S

W

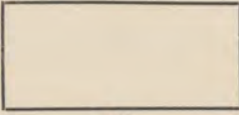
X Grave on this date

Cremation *Can Imm* 5 00
 Single Grave
 Opening and Closing Grave *Ty etc* 15 00
 Body Shipped to
 R. R. Ticket
 Cash advanced *Lumber for Top of Box* 2.50
 Telegram
 Minister *Rev Suttar*
 Casket Wagon *(1)* 5 00
 Physician *Dr. L. L. Luman W. L. Luman*
 County or City Burial
 Automobiles *SYS* 15 00
 Baggage or Express Train No. *amb Saver* 5 00

172.50

Carey Hand Funeral Home

Name of deceased Lula Smothers
 Date of death May 17 - 7:20 P.M.
 Cause of death T.B. Chrs Intestinal Hepatitis
 Place of death Res.
 Residence 2100 E. Central ave
 Age 46 Y'rs 9 Mo's 14 Days
 Weight 90 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Tues 9 May - 10 - 1936 430 M P
 Account charged Wm Fred Smothers
 Address 2100 E. Central ave
 Account guaranteed
 Address
 Embalming + Dressing 25.00
 Robe, Suit, Dress 5.00
 Underwear and Hose
 Casket 6-3 Gr. emp. 75.00
 Casket with Copper Lin.
 Style of Casket Sgt. Flat T
 No. of Casket 22 -
 Outside Box Reg
 Shipping Case or Vault
 Handles Flat
 Pillow Set
 Name Plate at Rest
 Cemetery Greenwood
 Section _____ Lot _____

E

 N _____ S
 W

 I Other Graves
 X Grave on this date
 Cremation
 Single Grave White 7.00
 Opening and Closing Grave T & etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Frank Harms.
 County or City Burial
 Automobiles S Y S 15.00
 Baggage or Express Train No. 142 00

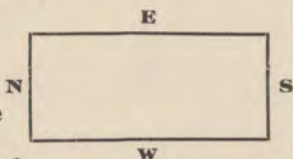
Carey Hand Funeral Home

Name of deceased *John C. Nicholson*
 Date of death *May 15*
 Cause of death *Arterio Sclerosis*
 Place of death *Rus*
 Residence *St Petersburg Fla*
 Age *81* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *The Baynard Co.*
 Date *May* 1936 M
 Account charged *The Baynard Co.*
 Address *St Petersburg Fla.*
 Account guaranteed
 Address
 Embalming *Cremation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket *Body arrived*
 No. of Casket *by express*
 Outside Box *1:45 P.M. Tues*
 Shipping Case or Vault *May 19-36*
 Handles
 Pillow Set *Body Cremated*
 Name Plate *8 A.M. Wed*
 Cemetery *May 20-36*
 Section Lot

37 50

I Other Graves

X Grave on this date



Cremation *Ashes expressed to*

Single Grave *Baynard Co.*

Opening and Closing Grave *St Petersburg*

Body Shipped to *Fla.*

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

37.50

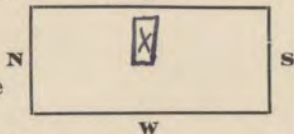
Carey Hand Funeral Home

Name of deceased *Mrs Jennie J. May*
 Date of death *May 20-36- AM*
 Cause of death *Chro myocarditis*
 Place of death *Res*
 Residence *652 Woodward ave*
 Age *76-* Y'rs *1* Mo's *19* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Thurs May-21-1936* *10 A M*
 Account charged *Mrs W. B. Crawford*
 Address *652 Woodward ave*
 Account guaranteed *Estate*

Address
 Embalming *✓ Dressing* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3 Dr Yr Plush* *175.00*
 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 Gr*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *S-* Lot *5*

Head of Grave East

I Other Graves



X Grave on this date

Cremation *2-B. Car* *10.00*
 Single Grave *1-auto No Chg*
 Opening and Closing Grave *to etc* *15.00*
 Body Shipped to *Car min* *5.00*
 R. R. Ticket *Music by Family*
 Cash advanced
 Telegram
 Minister *Rev*
 Casket Wagon *(1)* *5.00*
 Physician *Dr J. M. Evans*
 County or City Burial
 Automobiles *S & S-* *15.00*
 Baggage or Express Train No.
Burial Lot 175.00 *360.00*

Carey Hand Funeral Home

Name of deceased Enos S. Redman
 Date of death May 20 - 36
 Cause of death Cerebral Hemorrhage
 Place of death County Home
 Residence Route 4 - Near Downey Camp
 Age 66 Y'rs 0 Mo's 18 Days
 Weight 175 Height 5 ft 10 in. Eyes
 Funeral at Chapel
 Date 5-21- 1936 2:30 PM

Account charged County

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6-3- Case 14.50

Casket with Copper Lin. ✓

Style of Casket Spr

No. of Casket _____

Outside Box R-eg

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery County Home

Section _____ Lot _____

E

I Other Graves

N S

X Grave on this date

W

Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician Dr Beaudak

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 14.50

Carey Hand Funeral Home

Name of deceased *Mrs. Mary Ella Leggett*
 Date of death *Thurs May - 21 - 36*
 Cause of death *Probably heart failure*
 Place of death *Res*
 Residence *Pine Castle*
 Age *62* Y'rs *4* Mo's *19* Days
 Weight *165* Height *5* ft. *6* in. Eyes
 Funeral at *Deat*

Date _____ 193__ M

Account charged *C. C. Leggett*

Address *Pine Castle*

Account guaranteed _____

Address _____

Embalming *+ Dressing* 25.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *6-3 Gr. Crp.* 75.00

Casket with Copper Lin. ☒

Style of Casket *Leg. O'rip.*

No. of Casket *Tampa*

Outside Box *Reg*

Shipping Case or Vault ☒

Handles *Short*

Pillow Set *yes*

Name Plate *at Rest*

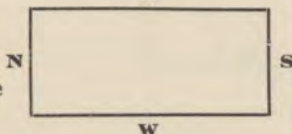
Cemetery *Deat*

Section _____ Lot _____

E

I Other Graves

X Grave on this date



W

Cremation _____

Single Grave *Burial Major Fla*

Opening and Closing Grave

Body Shipped to *Live Oak - Fla*

R. R. Ticket *(2) - 484 - 342* 10.26

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon *(2) -* 10.00

Physician *Dr*

County or City Burial

Automobiles *Del of Fla*

Baggage or Express Train No. *76*

Thurs Night 5-21-36

Cash

Bal in 10 Days

\$ 12026
 250
 \$ 12276
 4076
 882.00

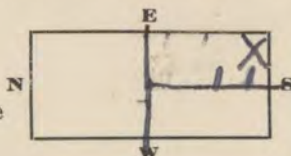
Cary Hand Funeral Home

Name of deceased Joseph B. Green
 Date of death May - 20 - 36
 Cause of death acute gastritis
 Place of death Tallahassee Ga
 Residence Leesburg Fla
 Age 55 Yrs 3 Mo's 23 Days
 Weight 170 Height 5 ft. 9 in. Eyes
 Funeral at Grave Side
 Date Sat - May 23 - 1936 11 A M
 Account charged Mrs J. B. Green
 Address Leesburg Fla R.F.D.
 Account guaranteed Insurance
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 - State
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext -
 Pillow Set yes
 Name Plate at Rest
 Cemetery Winterville
 Section 16 - Lot 2

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave T & etc

15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Holley of Graceland

5.00

Casket Wagon (1)

Physician

County or City Burial

Automobiles S & S

15.00

Baggage or Express Train No.

35.00

Carey Hand Funeral Home

Name of deceased Leon Johns
 Date of death Tues May - 12 - 38
 Cause of death Lobar Pneumonia
 Place of death Gainesville Fla
 Residence Orlando

Age 15 Y's Mo's Days
 Weight Height ft. in. Eyes

Funeral at
 Date 193 M

Account charged
 Address

Account guaranteed
 Address

Embalming Pat & Thomas and
 Robe, Suit, Dress Co of Gainesville

Underwear and Hose 60.00

Casket
 Casket with Copper Lin.

Style of Casket Spr Flat top
 No. of Casket

Outside Box 4.37
 Shipping Case or Vault union Body

Handles
 Pillow Set

Name Plate
 Cemetery Greenwood

Section 8 Lot
 E

I Other Graves
 X Grave on this date

Cremation
 Single Grave White

Opening and Closing Grave 7.00
6.50

Body Shipped to
 R. R. Ticket People have nothing

Cash advanced No Chg for service

Telegram
 Minister Rev Irving

Casket Wagon No Chg
 Physician amb collected & gave to us

County or City Burial 77.87

Automobiles No Chg
 Baggage or Express Train No.

77.87

Carey Hand Funeral Home

Name of deceased	Mrs Marie V. Lay-		
Date of death	May-19-36		
Cause of death	Potassium Cyanide Poisoning		
Place of death	Tex		
Residence	Ft Lauderdale		
Age	42 Yrs	3 Mo's	26 Days
Weight	160	Height	5 ft. 10 in. Eyes
Funeral at	Ft Lauderdale		
Date	193		M
Account charged	Fanning Funeral Home		
Address	Ft Lauderdale Fla		
Account guaranteed	let		
Address			
Embalming	Cremations		37.50
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.	Body arrived		
Style of Casket	by Express -		
No. of Casket			
Outside Box	Sat Noon		
Shipping Case or Vault	May-23-36		
Handles			
Pillow Set	Body cremated		
Name Plate	8-A.M.		
Cemetery	San May-24-36		
Section	Lot		
E			
I Other Graves	<div style="position: absolute; top: -10px; left: 50%; transform: translate(-50%, -100%);">E</div> <div style="position: absolute; top: 0; left: 0;">N</div> <div style="position: absolute; top: 0; right: 0;">S</div> <div style="position: absolute; bottom: 0; left: 50%; transform: translate(-50%, 100%);">W</div>		
X Grave on this date			
Cremation	ashes Expressed to		
Single Grave	Fanning F. Home		
Opening and Closing Grave			
Body Shipped to	Ft Lauderdale		
R. R. Ticket			
Cash advanced	Wedding ring		
Telegram	from Fingels and mailed		
Minister	by Reg Mail to		
Casket Wagon	Fanning F. Home		
Physician	May-25-		
County or City Burial			37.50
Automobiles			
Baggage or Express Train No.			

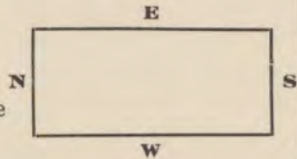
Carey Hand Funeral Home

Name of deceased Melton W. Hodge
 Date of death May-25-36 4:15 a.m.
 Cause of death _____
 Place of death Heety Sant
 Residence Ohio St. W. Garden Rd
 Age 45 Y'rs 6 Mo's 12 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Tues. May-24-1936 4 P. M
 Account charged Mable Hodge
 Address Delanda Road 3-Box
 Account guaranteed _____
 Address _____

Embalming & Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 4-3-92 Exp. 75.00
 Casket with Copper Lin. ☒
 Style of Casket Sgt
 No. of Casket 22
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Shut
 Pillow Set of Rest
 Name Plate Peace
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave 15.00 10.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Chenunung
 Casket Wagon No Chg
 Physician Dr. Heety
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. 125.00
Special Price

Carey Hand Funeral Home

Name of deceased *Mrs. Hester Bernhardt*
 Date of death *May - 22 - 36*
 Cause of death *Pelvis Cellulitis*
 Place of death *Her*
 Residence *Daytona Beach*
 Age *84* Y'rs Mo's Days
 Weight *65* Height *5* ft. — in. Eyes
 Funeral at *Daytona*
 Date _____ 193____ M
 Account charged *Baggett & Weatherly*
 Address *T.H. Daytona Beach*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Flat 17* *Body*
 Casket with Copper Lin. *Annular by*
 Style of Casket *Quite 1130 A.M.*
 No. of Casket *Monday May 25-36*
 Outside Box *Body Cremated*
 Shipping Case or Vault *2 - P.M. 5-25-36*
 Handles _____
 Pillow Set *Cashes Expensed To*
 Name Plate *Baggett & Weatherly*
 Cemetery *Daytona Beach*
 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 _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *John. W. Mc Guinnis*
Date of death *Mon. May - 25 - 36 -* *A.M.*
Cause of death *Heart failure*
Place of death *Res*
Residence *Vineland*
Age *68* Y'rs *3* Mo's *8* Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at *Graveside*
Date *Sunday May 31* 1936 *4 P. M*
Account charged *Mrs John. W. Mc Guinnis*
Address *Vineland Fla.*
Account guaranteed *Estate*
Address _____
Embalming & *Dressing*
Robe, Suit, Dress *Shirt*
Underwear and Hosiery *5⁰⁰ socks 35⁰⁰*
Casket *6-3- in Crap.*
Casket with Copper Lin.
Style of Casket *Oct O.T.*
No. of Casket *1972 - 1*
Outside Box *Reg -*
Shipping Case or Vault *Commonly Family*
Handles *Ext -*
Pillow Set *yes*
Name Plate _____
Cemetery *Vineland*
Section _____ Lot _____

25	00
1	50
	85
100.	00

I Other Graves

X Grave on this date

Cremation

Single Grave Del 7 Pont Del 4

Opening and Closing Grave

Body Shipped to

R. R. Ticket Muse

Cash advanced

Telegram

Minister

Casket Wagon ----- (4)

Physician L. G. Kevers

County or City Burial

Automobiles 5.45

Baggage or Express Train No.

$$\begin{array}{r} 25 \\ 1 \end{array} \begin{array}{r} 0 \\ 50 \\ 85 \end{array}$$

10.	<u>00</u>
-----	-----------

۵۵۵

500

152

15785

500

76285

Carey Hand Funeral Home

Name of deceased George H. Hewitt
 Date of death May 22
 Cause of death Heart Attack & Pulmonary
 Place of death Clearwater Fla
 Residence Clearwater Fla
 Age 66 Y'rs 8 Mo's 14 Days
 Weight 122 Height 5 ft. 9 1/2 in. Eyes Blue
 Funeral at Clearwater Fla
 Date May 1936 M
 Account charged Alexander F. Home
 Address Clearwater, Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body preserved
 No. of Casket by express S.A.L.
 Outside Box Tuesday 10:30 a.m.
 Shipping Case or Vault May 26 - 36
 Handles _____
 Pillow Set Body cremated
 Name Plate 2 P.M. Tuesday
 Cemetery May 26 - 1936
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

E

S

W

Cremation Ashes expressed to
 Single Grave Alexander F. Home
 Opening and Closing Grave Clearwater 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 Anetta M. Brinton
 Date of death May 22
 Cause of death Coronary Thrombosis
 Place of death St Petersburg, Fla
 Residence St Petersburg Fla
 Age 65 Y's Mo's Days
 Weight 170 Height 5 ft 5 1/2 in. Eyes Blue
 Funeral at St Petersburg Fla
 Date May 1936 M
 Account charged J. W. Wilhelm and Co
 Address St Petersburg, Fla
 Account guaranteed Chech
 Address
 Embalming Cremation #3750
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto 10:45 a.m.
 Outside Box Tuesday 5-26-36
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate Tuesday 2 P.m.
 Cemetery May 26-1936
 Section Lot

I Other Graves

X Grave on this date

N

E

S

W

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

37.50

Carey Hand Funeral Home

Name of deceased <u>Mrs Ada Clarke Bingham</u>	
Date of death <u>May 26 - 29. m</u>	
Cause of death _____	
Place of death <u>Res -</u>	
Residence <u>Winter Park, Fla</u>	
Age <u>79</u> Yrs <u>5</u> Mo's <u>8</u> Days	
Weight <u>135</u> Height <u>5</u> ft. <u>6</u> in. Eyes _____	
Funeral at <u>Prayer in SLEEPERS ROOM</u>	
Date <u>Wed May 26 1936</u> <u>4. M</u>	
Account charged <u>Margaret B. Morris</u>	
Address <u>Winter Park 194 Glenridge</u>	
Account guaranteed <u>Way</u>	
Address _____	
Embalming <u>Care of Body Casket</u>	10. ⁰⁰
Robe, Suit, Dress <u>Sever Chg</u>	10. ⁰⁰
Underwear and Hose <u>✓</u>	
Casket <u>6-3-8-2 cup Filt Top</u>	25. ⁰⁰
Casket with Copper Lin <u>✓</u>	
Style of Casket <u>59x9x9</u>	
No. of Casket <u>72-7</u>	
Outside Box <u>✓</u>	
Shipping Case or Vault <u>✓</u>	
Handles <u>Open Metal Cur</u>	25. ⁰⁰
Pillow Set <u>✓</u>	
Name Plate <u>✓</u>	
Cemetery <u>Cremation</u>	
Section _____	Lot _____
E	
I Other Graves _____	N S
X Grave on this date _____	W
Cremation <u>Cremation</u>	50. ⁰⁰
Single Grave <u>Body Cremated</u>	
Opening and Closing Grave <u>10- AM</u>	
Body Shipped to <u>Wed May-27-36</u>	
R. R. Ticket <u>will call for ashes</u>	
Cash advanced _____	
Telegram _____	
Minister <u>Rev. Checco</u>	5. ⁰⁰
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Hart</u>	125. ⁰⁰
County or City Burial _____	
Automobiles _____	
Baggage or Express Train No. _____	

Carey Hand Funeral Home

Name of deceased Mrs Harry Morris
 Date of death Mon May-25-36
 Cause of death _____
 Place of death Gainesville Fla
 Residence Jellwood
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res-
 Date Thurs May-28 1936 2-P. M
 Account charged Mrs- Harry Morris
 Address Jellwood
 Account guaranteed Estate
 Address _____

Embalming _____
 Robe, Suit, Dress Blue Sams- } 15.00
 Underwear and Hose yes } 1.00
 Casket 6-3- In Cope
 Casket with Copper Lin. ✓
 Style of Casket Oct 05.
 No. of Casket 1972-7
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext-
 Pillow Set yes
 Name Plate ✓
 Cemetery Tangier
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

E
 N S
 W

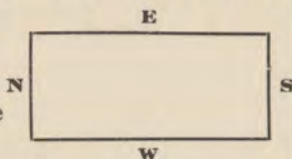
Cremation Del Body Res- 10.00
 Single Grave _____ 15.00
 Opening and Closing Grave T+etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced To Thomas Ford Co 40.00
 Telegram (1) L. D. Phare 1.00
 Minister _____
 Casket Wagon to Gainesville 35.00
 Physician _____
 County or City Burial _____
 Automobiles S. V. S. 20.00
 Baggage or Express Train No. 23600
Red Men Sew at Grave

Carey Hand Funeral Home

Name of deceased Grace B. Higbee
 Date of death May 24th
 Cause of death Carcinoma of uterus
 Place of death Res
 Residence Miami
 Age 71 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date May 26 1936 M
 Account charged W. L. Philbuck
 Address 4. H. Miami Fla -
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____ 21-35
 Underwear and Hose Braylen 40.00 32.00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived by
 No. of Casket Auto 1015 PM.
 Outside Box Tues May-26-36
 Shipping Case or Vault Body Cremated
 Handles 11-PM. 5-26-36
 Pillow Set _____
 Name Plate Ashes delivered to
 Cemetery Woods of the Philbuck
 Section Co- 1130 AM Lot 5-27

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.

Pol- 32.00/return

69.50
 32.00

\$ 37.50

Carey Hand Funeral Home

Name of deceased <u>Walter F. Rigg</u>		
Date of death <u>May 27-36</u>		<u>4th</u>
Cause of death <u>Cerebral Hemorrhage</u>		
Place of death <u>Res.</u>		
Residence <u>New Smyrna</u>		
Age <u>74</u>	Y'rs	Mo's
Weight <u>185</u>	Height <u>6 ft. 2</u>	in. Eyes
Funeral at		
Date		193 <u> </u> M
Account charged <u>Robinson F. Home</u>		
Address <u>New Smyrna</u>		
Account guaranteed <u>OK</u>		
Address		
Embalming <u>Cremation</u>		<u>37.50</u>
Robe, Suit, Dress		
Underwear and Hose		
Casket <u>6-3-4 ft 9</u>		
Casket with Copper Lin.		
Style of Casket <u>Body covered w/</u>		
No. of Casket <u>Auto</u>	<u>1130 A.M.</u>	
Outside Box <u>Wed May-27-36-</u>		
Shipping Case or Vault		
Handles <u>Body Cremated</u>		
Pillow Set <u>8-A.M. 5-28-36</u>		
Name Plate		
Cemetery <u>Ashes Expressed to</u>		
Section <u>Robinson F. H.</u>	Lot	
<u>New Smyrna -</u>	<u>E</u>	
I Other Graves		
X Grave on this date	<div style="border: 1px solid black; width: 150px; height: 50px; position: relative; margin: 0 auto;"> N S W </div>	
Cremation		
Single Grave		
Opening and Closing Grave		
Body Shipped to		
R. R. Ticket		
Cash advanced		
Telegram		
Minister		
Casket Wagon		
Physician		<u>37.50</u>
County or City Burial		
Automobiles		
Baggage or Express Train No.		

Carey Hand Funeral Home

Name of deceased		<i>Andrew Leinhart</i>	
Date of death		<i>May - 28 - 36 7-A M</i>	
Cause of death		<i>Carcinoma of face</i>	
Place of death		<i>Res</i>	
Residence		<i>Oviedo</i>	
Age	<i>70</i>	Y'rs	<i>6</i>
		Mo's	<i>14</i>
		Days	
Weight		Height	
		ft.	
		in.	
Eyes			
Funeral at		<i>Catholic Church</i>	
Date		<i>Sat - May - 30 1936 9-A M</i>	
Account charged		<i>hus Andrew Leinhart</i>	
Address		<i>Oviedo</i>	
Account guaranteed		<i>Estate & Insurance</i>	
Address			
Embalming	<i>& Dressing</i>		<i>35.00</i>
Robe, Suit, Dress	<i>Blue</i>		<i>15.00</i>
Underwear and Hose			
Casket	<i>6-6 Metal</i>		<i>400.00</i>
Casket with Copper Lin.	<i>Inner</i>		
Style of Casket	<i>State N.C.</i>		
No. of Casket	<i>Monett</i>		
Outside Box	<input checked="" type="checkbox"/>		
Shipping Case or Vault	<i>Air Seal</i>		<i>100.00</i>
Handles	<i>Ext -</i>		
Pillow Set	<i>Yes</i>		
Name Plate	<i>Crucifix</i>		
Cemetery	<i>Oviedo</i>		
Section	<i>Near the Gate</i>	Lot	
	<i>Right</i>		
I Other Graves			
X Grave on this date			
Cremation			
Single Grave			
Opening and Closing Grave	<i>TV etc</i>		<i>15.00</i>
Body Shipped to	<i>P. B. Car</i>		<i>7.50</i>
R. R. Ticket	<i>1 Car No Chg</i>		
Cash advanced			
Telegram			
Minister	<i>Trisha Bishop</i>		<i>7.50</i>
Casket Wagon	<i>(1) to Res</i>		
Physician	<i>Dr Hg Martin</i>		
County or City Burial			
Automobiles	<i>S Y S</i>		<i>20.00</i>
Baggage or Express Train No.			<i>600.00</i>

Carey Hand Funeral Home

Name of deceased Joseph N. Atwood
 Date of death May 27
 Cause of death Diabetes - Mellitus
 Place of death Res -
 Residence Ft. Pierce, Fla
 Age 74 Y'rs 9 Mo's 24 Days
 Weight 126 Height 5 ft. 6 in. Eyes Blue
 Funeral at Ft Pierce Fla
 Date May 1936 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. _____
 Style of Casket Body arrived
 No. of Casket Friday
 Outside Box 1:30 P. m. May
 Shipping Case or Vault 29-1936
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Friday 2 P. m.
 Section May 29-36 Lot _____

E

I Other Graves

N

S

X Grave on this date

W

Cremation Ashes expressed
 Single Grave to - Free Mortuary
 Opening and Closing Grave Ft Pierce Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

#3750

Cary Hand Funeral Home

Name of deceased John M. Beach Jr.
 Date of death May 29
 Cause of death _____
 Place of death Q. G. N.
 Residence Winter Garden Fla
 Age _____ Y'rs _____ Mo's 7 Days 20
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel & Home
 Date Sat May 30 1936 3:30 P. M
 Account charged John M. Beach Sr
 Address Winter Garden Fla
 Account guaranteed insurance
 Address Seven is at grave
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-6-H L S- 12.00
 Casket with Copper Lin. _____
 Style of Casket Sp A m
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Int
 Pillow Set _____
 Name Plate Bureau
 Cemetery Greenwood
 Section _____ Lot _____

E

I Other Graves

E
W
N
S

X Grave on this date

E
W
N
S

E

W

N

S

 Cremation _____
 Single Grave Baby Grave 3.50
 Opening and Closing Grave 2.50
 Body Shipped to _____
 R. R. Ticket Auto & Sew 5.00
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Asuncion
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. \$19.50

Carey Hand Funeral Home

Name of deceased *Mrs Emily Gibson Anderson*
 Date of death *May - 30 - 36*
 Cause of death *Renal Cardiac Disease*
 Place of death *Toccoa Falls Ga -*
 Residence *Toccoa Ga*
 Age *83* Y'rs *—* Mo's *22* Days *—*
 Weight *160* Height *5* ft. *6* in. Eyes *—*
 Funeral at *Christian Alliance Church -*
 Date *Sun May - 31 - 1936* *3 - P. M*
 Account charged *Rev R. A. Forest -*
 Address *—*
 Account guaranteed *OK*
 Address *—*

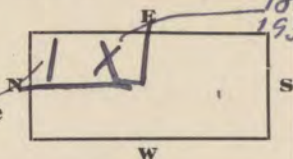
Embalming *—*
 Robe, Suit, Dress *—*
 Underwear and Hose *—*
 Casket *6-3-000-000*
 Casket with Copper Lin. *—*
 Style of Casket *—*
 No. of Casket *—*
 Outside Box *Reg*
 Shipping Case or Vault *—*
 Handles *—*
 Pillow Set *—*
 Name Plate *—*
 Cemetery *—*
 Section *W N.E.* Lot *164*

about 200

I Other Graves

X Grave on this date

1850
1910



Cremation *—*

Single Grave *—*

Opening and Closing Grave *Y P -*

15 00

Body Shipped to

R. R. Ticket *did at Church*

Cash advanced *none had no*

Telegram *Money Church*

Minister *Edacet*

Casket Wagon *—*

Physician *—*

County or City Burial *—*

Automobiles *—*

15 00

Baggage or Express Train No. *—*

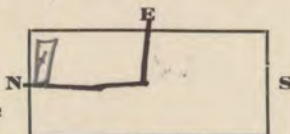
Carey Hand Funeral Home

Name of deceased James Major
 Date of death June 1-1936 34 - W M
 Cause of death auto accident 4th Lumber District
 Place of death Tamp. a
 Residence Orlando, Avalon Hotel
 Age 30 - Y's _____ Mo's _____ Days _____
 Weight 165 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Tues June 2 - 1936 3 P. M
 Account charged James Major
 Address Avalon Hotel
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress Blue Serge
 Underwear and Hose _____
 Casket 6-6- Metal
 Casket with Copper Lin. Inner
 Style of Casket Steel
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes
 Name Plate Name
 Cemetery Greenwood
 Section S - N - E 1/4 Lot 49

I Other Graves

X Grave on this date



Cremation Burial Lot
 Single Grave maie
 Opening and Closing Grave T + etc
 Body Shipped to P B Car
 R. R. Ticket Car min
 Cash advanced cloud car No Chg
 Telegram _____
 Minister Rev J. Shadley
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S & S
 Baggage or Express Train No. _____

43.75
 7.50
 15.00
 5-
 5-
 5-00
 15.00
 96.25

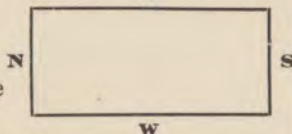
Carey Hand Funeral Home

Name of deceased Elizabeth Powell
 Date of death June 1 - 36 - 2 - PM
 Cause of death Chro Nephritis
 Place of death Res
 Residence Winter Garden
 Age 60 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues June 2 - 1936 11 A M
 Account charged M J Powell
 Address Winter Garden
 Account guaranteed Insurer
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress White
 Underwear and Hose _____
 Casket 6-3- Emb Dore
 Casket with Copper Liner _____
 Style of Casket Syn O.T. H. C
 No. of Casket 2410 - S -
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery West
 Section _____ Lot _____

25.00
 10.00
 1.50
 90.00

I Other Graves

X Grave on this date



Cremation Burial at
 Single Grave Shady Grove Ala
 Opening and Closing Grave _____
 Body Shipped to Sampson Ala
 R. R. Ticket 1 - C 2 - E

26.84

Cash advanced _____
 Telegram L.D. Phone

1.00

Minister _____
 Casket Wagon (2)

10.00

Physician Dr. Harter

County or City Burial _____

163.34

Automobiles _____

Baggage or Express Train No. 92

Tues - June 2 - 36

200.00 Swanson Son
 163.34
 366.64

Carey Hand Funeral Home

Name of deceased Geo Sanford
 Date of death Mon June - 1 - 36 - about 3-PM
 Cause of death suicide shot gun Breast
 Place of death Old - 26, P. Road 1/2 M. E of Minut P.
 Residence Montana Ave
 Age 50 Y'rs 2 Mo's 3 Days
 Weight 175 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date 193 M
 Account charged Robt Sanford
 Address S. Orange Ave
 Account guaranteed
 Address
 Embalming + Dressing To
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body
 Style of Casket cremated
 No. of Casket 11 - A M June - 8 - 36
 Outside Box
 Shipping Case or Vault will call for later
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation Cremation 50 00
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram 1-76
 Minister
 Casket Wagon 50 00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.
San Robt wants for
the Swift Packing Co -
will pay whch -
otherwise it would be City Burial

Carey Hand Funeral Home

Name of deceased Corine Lockhart
 Date of death June 1-36-
 Cause of death Cancer of Bowels
 Place of death Res-
 Residence Tampa
 Age 67 Y'rs 2 Mo's 14 Days
 Weight 100 Height 5 ft. 4 in. Eyes
 Funeral at Tampa
 Date _____ 1936 M
 Account charged Greenman F. Home
 Address Tampa - Ok
 Account guaranteed Ok
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4-3-Gr Cupr
 Casket with Copper Lin. _____
 Style of Casket Spr Flat Top
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Body arrived
 Handles by Express 210 A.M. 6-2-36
 Pillow Set #76
 Name Plate Body cremated
 Cemetery 9-A.M. 6-2-36
 Section _____ Lot _____

E

I Other Graves

E

N

S

X Grave on this date

E

N

S

W

 Cremation ashes to be scattered
 Single Grave in Greenwood Cemetery
 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. _____

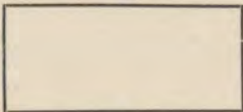
Carey Hand Funeral Home

Name of deceased Robert G. Perkins
 Date of death June-2-36 AM
 Cause of death Auto accident Fracture Skull
 Place of death at Res Father Backed over child
 Residence 1838 Rio Grand Ave
 Age 1 Y's 2 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed June 3 1936 M
 Account charged David Perkins
 Address 3011 Sta A. Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress _____ 2.25
 Underwear and Hose 2-4-H-P. 12.50
 Casket _____
 Casket with Copper Lin. ☒
 Style of Casket Sgt H m
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Small
 Pillow Set ☒
 Name Plate 02
 Cemetery Woodlawn
 Section _____ Lot _____

E
 N S
 W

 I Other Graves _____
 X Grave on this date _____
 Cremation One auto 5.00
 Single Grave _____ 5.00
 Opening and Closing Grave T & S B-1
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dean Adcock
 Casket Wagon _____
 Physician Shaver
 County or City Burial _____
 Automobiles closed car 5.00
 Baggage or Express Train No. 4975
54.75

Carey Hand Funeral Home

Name of deceased Chas T Boudle
 Date of death May-31-36-
 Cause of death Pulmonary Embolism
 Place of death Res
 Residence De Land
 Age 60 Y'rs Mo's Days
 Weight 200 Height 5 ft. 11 in. Eyes
 Funeral at De Land
 Date _____ 193_____ M
 Account charged Stith & Griffith
 Address De Land
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by auto
 Style of Casket 3 - P.M.
 No. of Casket Tues-June-2-36
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 8 - A.M. Wed 6-3-36
 Pillow Set _____
 Name Plate Ashes expressed to
 Cemetery Stith & Griffith
 Section T. H Lot _____
De Land - 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 Pana Lee Davis
 Date of death June 3- 36 9:30 P.M.
 Cause of death Spile - Malaria - B. P. Williams
 Place of death County Home
 Residence 1187 Holden street
 Age 56 Y'rs 8 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Thurs June 4 1936 3 P. M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

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

I Other Graves

X Grave on this date

N

E

S

W

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 _____
 Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

Name of deceased *Infant P. H. Perkins*
 Date of death *June 4 - 36 - 4:30 AM*
 Cause of death *Still Born*
 Place of death *O. G. H.*
 Residence *Winter Garden*
 Age *—* Y'rs *—* Mo's *—* Days *—*
 Weight *—* Height *—* ft. *—* in. Eyes *—*
 Funeral at *—*
 Date *—* 193 *—* M
 Account charged *P. H. Perkins*
 Address *Winter Garden*
 Account guaranteed *—*
 Address *—*
 Embalming *—*
 Robe, Suit, Dress *—*
 Underwear and Hose *—*
 Casket *2 - 0 - H Plush* 17.50
 Casket with Copper Lin. *—*
 Style of Casket *Oct. A. T.*
 No. of Casket *77 - Tampa*
 Outside Box *Reg*
 Shipping Case or Vault *—*
 Handles *Small*
 Pillow Set *—*
 Name Plate *—*
 Cemetery *Winter Garden*
 Section *—* Lot *—*
 E
 I Other Graves *—*
 X Grave on this date *—*
 W
 Cremation *Bought Casket*
 Single Grave *Done there also*
 Opening and Closing Grave *With*
 Body Shipped to *Have Permits*
 R. R. Ticket *for same*
 Cash advanced *—*
 Telegram *—*
 Minister *—*
 Casket Wagon *—*
 Physician *—* 17.50
 County or City Burial *—*
 Automobiles *W. 2-36 - 1st Ave 502*
 Baggage or Express Train No. *—*
Paid in full

Carey Hand Funeral Home

Name of deceased *Baby Joe Phillips*
 Date of death *Sat June - 6-36.* *10 30 AM*
 Cause of death *Pneumonia*
 Place of death *Res*
 Residence *Tildenville*
 Age *2* Y's *3* Mo's *29* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Dist*
 Date _____ 193 _____ M
 Account charged *Bill Phillips*
 Address *Tildenville*
 Account guaranteed _____
 Address _____
 Embalming *Emb. & Dressing* *12 50*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *3-0-H-R-* *12 50*
 Casket with Copper Lin. ☒
 Style of Casket *Spr H m*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Small*
 Pillow Set ☒
 Name Plate *OD*
 Cemetery *Dist*
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation *Family Bought Case*
 Single Grave *Don't know what*
 Opening and Closing Grave _____
 Body Shipped to *Eastman Ga*
 R. R. Ticket *by auto*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon *(1)* *5 00*
 Physician *Dr. Lawrence*
 County or City Burial *_____* *40.00*
 Automobiles _____
 Baggage or Express Train No. _____

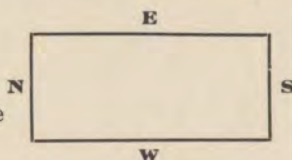
Carey Hand Funeral Home

Name of deceased Paul Kasper
 Date of death May - 31 - 36 -
 Cause of death Exhaustion + Trauma
 Place of death Alma Kansas
 Residence Okla
 Age 30 Y'rs 6 Mo's 27 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun - June 7 - 1936 3 P. M
 Account charged W. H. Kasper
 Address Okla. Conway Rd - Giles Grove
 Account guaranteed Insurance
 Address

Embalming
 Robe, Suit, Dress Robe
 Underwear and Hose
 Casket Emel Doe
 Casket with Copper Lin.
 Style of Casket Spr. H. Cap.
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Woodlawn
 Section D Lot 202

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave	<u>T & etc</u>	15.00
Body Shipped to	<u>Car min</u>	5.00
R. R. Ticket	<u>Car P. B</u>	5.00
Cash advanced	<u>X F.D. Alma Kan.</u>	179.64
Telegram	<u>142 - 95</u>	2.37
Minister	<u>Rev Geo Trapp</u>	5.00
Casket Wagon	<u>(1)</u>	

Physician

County or City Burial

Automobiles S & S 15.00

Baggage or Express Train No. 227, 01

Body arrived 902 91-
Sat June - 6 - 36 -

Carey Hand Funeral Home

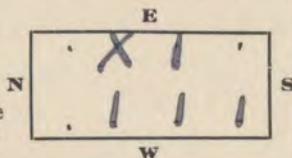
Name of deceased Walter David Yowell
 Date of death June - 5 - 36
 Cause of death Myocarditis Chro
 Place of death Daytona Beach - Hospital
 Residence Daytona Beach
 Age 62 Y's _____ Mo's _____ Days _____
 Weight 190 Height 5 ft. 11 in. Eyes _____
 Funeral at Chapel
 Date Mon June 8 - 1936 3 - P M
 Account charged N. P. Yowell
 Address Orlando
 Account guaranteed Estate
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4-3-Gr. Oak
 Casket with Copper Lin. _____
 Style of Casket Oct-O'N. H. e
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section A - Lot 147

I Other Graves

X Grave on this date

Body removed by Auto
10 - A.M.



Cremation _____

Single Grave _____

Opening and Closing Grave To etc

Body Shipped to R B Car

R. R. Ticket Car min

Cash advanced _____

Telegram _____

Minister Rev M. G. Nair

Casket Wagon _____

Physician music

County or City Burial _____

Automobiles 5 & 5

Baggage or Express Train No. _____

15.00
5.00
0.00

7.50

15.00

\$47.50

Carey Hand Funeral Home

Name of deceased Joseph S Norman
 Date of death Tues June 9-36- 4:30 AM
 Cause of death _____
 Place of death Res
 Residence 51- Grace Hill Court
 Age 72 Yrs 9 Mo's 12 Days _____
 Weight 160 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Wed June 10-1936 3-P. M
 Account charged Mrs J. S. Norman
 Address 51 Grace Hill Court
 Account guaranteed Mtg on Prop. 610 Grand Ave
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress } 15.00
 Underwear and Hose } 90.00
 Casket 6-3 Emb. Doe
 Casket with Copper Lin. ✓
 Style of Casket Spr H. Coff.
 No. of Casket 1528- 5-
 Outside Box R-9
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section G. 14 Lot _____

I Other Graves

X Grave on this date

N

E

S

Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Burial Lot

W

TV etc

(1)

Dr. Anderson

5r S

Mtg on Prop 610 Grand Ave
for this acct and the Old acct
of Mar 15-1930- 184.50
Mtg \$275.00

25.00

15.00

5.00

15.00

90.00

Stamp 40

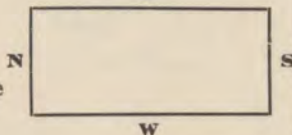
Carey Hand Funeral Home

Name of deceased Tenny Lohr
 Date of death Tues June 9 - 36 P.M.
 Cause of death Asileci Sclerosis
 Place of death County Home
 Residence Pine Castle
 Age about 72 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Thurs - June 11 - 1936 11-A M
 Account charged County A & Z Rymsya
 Address Pine Castle
 Account guaranteed

Address
 Embalming Care of Boy - 26.00
 Robe, Suit, Dress Robe 4.50
 Underwear and Hose yes .50
 Casket 6-3- Case 40.00
 Casket with Copper Lin.
 Style of Casket Flat Top
 No. of Casket 72 - Tins
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Bale
 Pillow Set ☒
 Name Plate at Rest
 Cemetery County Home Greenwood
 Section G - Lot

I Other Graves

X Grave on this date



Cremation
 Single Grave White 7.00
 Opening and Closing Grave No Tent 10.00
 Body Shipped to Auto 5.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Bray 5.00
 Casket Wagon (1)
 Physician Dr. Beardsahl
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 112.00

Carey Hand Funeral Home

Name of deceased Oscar H Snyder
 Date of death Mon June 9-36- PM
 Cause of death Chro Myocarditis
 Place of death Res -
 Residence Lake Jennings Juwell Saw Dixie
 Age 60 Yrs 3 Mo's 22 Days
 Weight 155 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date Sat June 13 1936 3-P. M
 Account charged Mrs O. H. Snyder
 Address
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr C- 225.00
 Casket with Copper Lin ☒
 Style of Casket Plat 1/2-C
 No. of Casket 121 1/2-T
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes it
 Name Plate ☒
 Cemetery Dust
 Section _____ Lot _____
 _____ E
 I Other Graves Ship. about
3 wks N S
 X Grave on this date _____ W

 Cremation _____
 Single Grave music 7.50
 Opening and Closing Grave
 Body Shipped to Groesburg Ind
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev M^c Nair
 Casket Wagon (2) 10.00
 Physician Dr S M^c Egan 277.50
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased *Catherine Louise Hand*
 Date of death *June-9-36* *11.15 PM*
 Cause of death *Placenta Previa*
 Place of death *Tla Sant*
 Residence *114 E. Spruce st*
 Age *19* Y'rs *8* Mo's *4* Days
 Weight *145* Height *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Sun June 14* 193*6* *2-P. M*
 Account charged *Ralph Hand*

Address

Account guaranteed

Address

Embalming *+ Dressing* *35.00*

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *6-3- Guy Cup.* *100.00*

Casket with Copper Lin. ☒

Style of Casket *Ext Gr Cup.*

No. of Casket *55-4-*

Outside Box *Reg*

Shipping Case or Vault

Handles *Ext*

Pillow Set *yes*

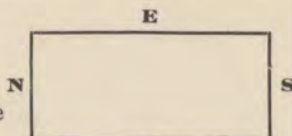
Name Plate ☒

Cemetery *Greenwood*

Section *9-* Lot

I Other Graves

X Grave on this date



Cremation *Musie (Organ)* *3.00*

Single Grave *White* *2.00*

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

Body Shipped to ☒

R. R. Ticket ☒ *Car Minn* *5.00*

Cash advanced ☒

Telegram

Minister *Dean Johnson*

Casket Wagon *(1)* *5.00*

Physician *Dr Redding*

County or City Burial

Automobiles *S & S* *15.00*

Baggage or Express Train No.

Baby in Casket with Mother *185.00*

T.P. Robinson

Pictures *3.50*

Carey Hand Funeral Home

Name of deceased *Bobbie Jean Ward & Mother*
 Date of death *June 9-1936-4-PM*
 Cause of death *Still Born*
 Place of death *Tula Sant*
 Residence *116 E Spruce st*

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

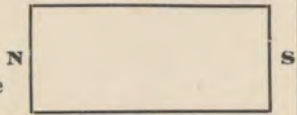
Funeral at _____
 Date _____ 1936 _____ M

Account charged *Ralph Ward*
 Address *116 Spruce st*

Account guaranteed _____
 Address _____

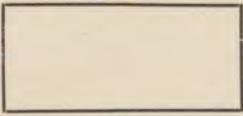
Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation *Baby Placed in*
 Single Grave *Casket with Mother*
 Opening and Closing Grave _____
 Body Shipped to *At Charge*
 R. R. Ticket *for Baby Service*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Redding*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Geo Edward - Dodd
 Date of death June - 9 - 36 - 1035 - PM
 Cause of death Myocarditis & mitral
 Place of death Res
 Residence Winter Garden
 Age 75 Y'rs 5 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res
 Date Thurs Jun 11 - 1936 2 - P. M
 Account charged Mrs G. E. Dodd
 Address Winter Garden
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6 - Gr - Doe 150.00
 Casket with Copper Lin. ☒
 Style of Casket Oct-
 No. of Casket S 1411
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Minnesota
 Section _____ Lot _____
 I Other Graves ☐ 
 X Grave on this date ☐
 Cremation _____
 Single Grave _____
 Opening and Closing Grave Y + etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Smith of W. G.
 Casket Wagon ⁽¹⁾ 5.00
 Physician Dr. Hunter
 County or City Burial _____
 Automobiles S & S 20.00
 Baggage or Express Train No. 225.00

Carry Hand Funeral Home

Name of deceased Daly Mond
 Date of death June 10-36- 730 PM
 Cause of death St. B. pneumonia
 Place of death O. G. H.
 Residence Orlando

Age ✓ Y's ✓ Mo's — Days —
 Weight — Height — ft. — in. Eyes —

Funeral at —
 Date — 193 — M

Account charged County
 Address —

Account guaranteed —
 Address —

Embalming —
 Robe, Suit, Dress —

Underwear and Hose —
 Casket 2-0- 14.50

Casket with Copper Lin. —
 Style of Casket 321

No. of Casket —
 Outside Box Reg

Shipping Case or Vault —
 Handles —

Pillow Set —
 Name Plate —

Cemetery Patrick
 Section — Lot —

— E

I Other Graves — N — S

X Grave on this date — W

Cremation —

Single Grave —

Opening and Closing Grave —

Body Shipped to —

R. R. Ticket —

Cash advanced —

Telegram —

Minister —

Casket Wagon —

Physician Dr. Childs

County or City Burial —

Automobiles — 14.50
 Baggage or Express Train No. —

Carey Hand Funeral Home

Name of deceased Ralph Jackson
Date of death June 11 1936 4 PM
Cause of death Acidosis - Tetany
Place of death GH
Residence Winter Garden
Age 1 Y'rs 10 Mo's 1 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Grave side
Date June 12 1936 4 P M
Account charged Horner Jackson
Address Winter Garden
Account guaranteed small insurance
Address _____
Embalming Care of Body 15 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 3-0 M L S 12 00
Casket with Copper Lin. _____
Style of Casket Sp/Am
No. of Casket ✓
Outside Box Reg
Shipping Case or Vault ✓
Handles Small
Pillow Set ✓
Name Plate OS
Cemetery Winter Garden
Section _____ Lot _____
E
N S
W
I Other Graves _____
X Grave on this date _____
Cremation _____
Single Grave _____
Opening and Closing Grave Ty etc 8.00
Body Shipped to _____
R. R. Ticket _____
Cash advanced Auto 5.00
Telegram _____
Minister J. H. G.
Casket Wagon ✓
Physician Dr. Osincup
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

40 00

Carey Hand Funeral Home

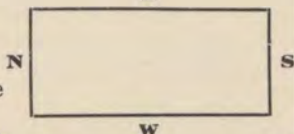
Name of deceased	Miss Alice Burr		
Date of death	June - 12 - 36 -	6 - AM	
Cause of death	Cirrhosis of liver		
Place of death	Res		
Residence	Plymouth		
Age	63	Y'rs	6
		Mo's	1
		Days	
Weight		Height	
		ft.	
		in.	
Eyes			
Funeral at	<input checked="" type="checkbox"/>		
Date		193	M
Account charged	Mrs Arthur M Burr		
Address	21 Vine St Melrose Mass		
Account guaranteed			
Address			
Embalming			
Robe, Suit, Dress			
Underwear and Hose			
Casket	6 - 3 - C	25	00
Casket with Copper Lin.			
Style of Casket			
No. of Casket			
Outside Box	Washes of Deceased		
Shipping Case or Vault	No Service		
Handles			
Pillow Set			
Name Plate			
Cemetery			
Section		Lot	
		E	
I Other Graves			
X Grave on this date			
		N	S
		W	
Cremation	Cremation	50	00
Single Grave			
Opening and Closing Grave	Body		
Body Shipped to	Cremated 9-AM		
R. R. Ticket	6-12-36 -		
Cash advanced	Order Expressed to		
Telegram	Arthur M Burr		
Minister	21 Vine St Melrose Mass	10	00
Casket Wagon	Res		
Physician			
County or City Burial		85	00
Automobiles			
Baggage or Express Train No.			

Carey Hand Funeral Home

Name of deceased Scott Beatty
 Date of death June 11th
 Cause of death Cerebral Hemorrhage
 Place of death Residence
 Residence Coronado Beach, Fla
 Age 85 Y's 9 Mo's 2 Days
 Weight 180 Height 6 ft. ✓ in. Eyes Brown
 Funeral at Coronado Beach Fla
 Date June 11 - 1936 P.M
 Account charged Robison Funeral Home
 Address New Smyrna Fla
 Account guaranteed check
 Address _____
 Embalming Cremation # 3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by Auto Thurs
 No. of Casket 5 P.M. 6-11-36
 Outside Box _____
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set Friday 8 a.m.
 Name Plate June 12th - 1936
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes expressed to
 Single Grave Robison F. Home
 Opening and Closing Grave New Smyrna Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

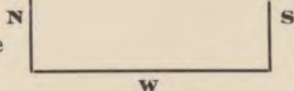
\$ 37.50

Carey Hand Funeral Home

Name of deceased Oliver J. Wiley
 Date of death June - 13 - 34. PM
 Cause of death Pulmonary Edema
 Place of death County Home
 Residence County Home
 Age _____ Y's _____ Mo's _____ Days _____
 Weight 160 Height 5 ft. 7 in. Eyes _____
 Funeral at Grave Side
 Date Mon June - 15 1934 1030 AM
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Can
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves

X Grave on this date



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

14.50

14 50

Carey Hand Funeral Home

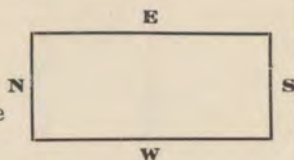
Name of deceased Ruby Mondak
 Date of death June 16 - 2:25 a.m.
 Cause of death Post Partum Hemorrhage
 Place of death Res.
 Residence Chla Vista
 Age 25 Y'rs 8 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Wed - June 17 1936 3 P. M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Coffin
 Casket with Copper Lin. _____
 Style of Casket 3/2 H.P.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Patrich
 Section _____ Lot _____

14.50

I Other Graves

X Grave on this date



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

14.50

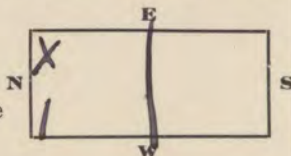
Carey Hand Funeral Home

Name of deceased Clark Shaw
 Date of death June - 14 - 32
 Cause of death T - B
 Place of death Gainesville Ga
 Residence Jacksonville Ga
 Age 17 Y's 4 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed June 17 1932 3-P. M
 Account charged John C. Shaw
 Address Jacksonville Ga
 Account guaranteed Note
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Felt Top
 Casket with Copper Lin. _____
 Style of Casket Spr
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Bale
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section B N 1/2 Lot 120

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave _____

Opening and Closing Grave To do

15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon (1)

5.00

Physician _____

County or City Burial _____

Automobiles S & S

15.00

Baggage or Express Train No. _____

35.00

Carey Hand Funeral Home

Name of deceased *Margaret Ross*
Date of death *June - 16 - 36* *7:15 P.M.*
Cause of death *Inanition Severe Diarrhea*
Place of death *Res*
Residence *714 Seminole Ave*
Age *76* Y'rs *5* Mo's *16* Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at *Des*
Date _____ 193 _____ M
Account charged *W. H. Ross*
Address *714 Seminole*
Account guaranteed _____
Address _____
Embalming *& Dressing* *35.00*
Robe, Suit, Dress ☒
Underwear and Hose ☒
Casket *6-3-Gr Gups* *100.00*
Casket with Copper Lin. ☒
Style of Casket *Oct. Op*
No. of Casket *55 - Walker*
Outside Box *Reg*
Shipping Case or Vault ☒
Handles *Ext -*
Pillow Set *yes*
Name Plate ☒
Cemetery *Des*
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.

Thurs - June 18 - 36

35 | 10

100. 00

80 78

245-

10.	00
-----	----

22824

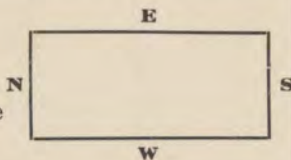
Carey Hand Funeral Home

Name of deceased Wm J. Collins
 Date of death June 17th 11 P.M.
 Cause of death Carcinoma of Larynx
 Place of death Res
 Residence 809 W. Church St
 Age 65 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel F. Home
 Date Friday - June 19 1936 3 P.M.
 Account charged J. B. Johnson
 Address
 Account guaranteed

Address
 Embalming & Dressing 25.00
 Robe, Suit, Dress 5.00
 Underwear and Hose
 Casket 4-3- Gr Oak 75.00
 Casket with Copper Lin. ✓
 Style of Casket Spr T T
 No. of Casket 22-5-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set ✓
 Name Plate at Rest
 Cemetery g - Greenwood
 Section Lot

I Other Graves

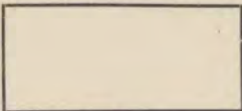
X Grave on this date



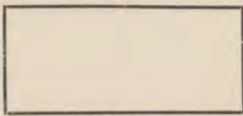
Cremation
 Single Grave White 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Bookert
 Casket Wagon 111 5.00
 Physician Dr. Beardsall
 County or City Burial
 Automobiles
 Baggage or Express Train No. SAS 15.00

147.00

Carey Hand Funeral Home

Name of deceased Willie Maxine Collins
 Date of death Thurs June 18-36 AM
 Cause of death Myocarditis acute
 Place of death Res
 Residence 642 - South Dix st
 Age 20 Y'rs 4 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Restoration
 Date June 1936 M
 Account charged David F. Collins
 Address 642 S. Harrison St
 Account guaranteed _____
 Address _____
 Embalming Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Gr Cup 75.00
 Casket with Copper Lin. _____
 Style of Casket 3yr - F T
 No. of Casket 22 - S
 Outside Box R-9
 Shipping Case or Vault _____
 Handles Shaf
 Pillow Set _____
 Name Plate at Rest
 Cemetery Summit-Graymont Ga
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 W
 Cremation _____
 Single Grave Swainsboro Ga
 Opening and Closing Grave _____
 Body Shipped to Summit-Graymont Ga
 R. R. Ticket by auto
 Cash advanced _____
 Telegram _____
 Minister Restoration
 Casket Wagon _____
 Physician Dr. Redding 100.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. Sum Night 75
Auto Mon June 22-36
Bought RR Ticket
16.05

Carey Hand Funeral Home

Name of deceased Chas W. Hardy
 Date of death June 18th 4 P.M.
 Cause of death Senility
 Place of death Res
 Residence W. Tyler St
 Age 66 Y's 11 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel F.H.
 Date Friday June 19th 1936 8 P.M.
 Account charged H. Ernest Hardy
 Address 1421 E. Washington St - Cleveland
 Account guaranteed _____
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-82 Dux 50.00
 Casket with Copper Lin. _____
 Style of Casket Oct 05. X-
 No. of Casket X-
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation 50.00
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation Body cremated
 Single Grave 8-AM Sat-6-20-36
 Opening and Closing Grave _____
 Body Shipped to will call for ashes
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev
 Casket Wagon _____
 Physician Dr. J. Ford
 County or City Burial _____
 Automobiles 125.00
 Baggage or Express Train No. _____

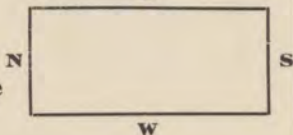
Carey Hand Funeral Home

Name of deceased Mary A. Green
 Date of death June 18th 2:40 P.M.
 Cause of death Angina Pectoris
 Place of death 220 S. Main St
 Residence Clermont Fla
 Age 70 Y'rs 2 Mo's 10 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Destin
 Date June 1936 M
 Account charged Chas. L. Green
 Address Clermont, Fla
 Account guaranteed
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-6-Metal Sil Fin 300.00
 Casket with Copper Lin.
 Style of Casket State 1/2-C
 No. of Casket Titus Orleans
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes H. Taylor
 Name Plate
 Cemetery Destin
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Richmond Ind

R. R. Ticket Pass

Cash advanced

Telegram 63-74

Minister Destin

Casket Wagon (2)

Physician Dr. H. M. Egan

County or City Burial

Automobiles

Baggage or Express Train No. 92

Fun June 19-36

6-19-36 Co by 100th Ck

1.39

10.00

346.39

Cary Hand Funeral Home

Name of deceased Margaret P. Tucker
 Date of death June 16
 Cause of death Diabetes
 Place of death Laytona Beach
 Residence Laytona Beach
 Age 52 Y'rs 11 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Laytona Beach Fla
 Date June 1936 M
 Account charged Haig & Brooks
 Address Layton Beach Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 37 50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Arrived
 No. of Casket by Auto Thurs
 Outside Box 5 P.M. 6-18-36
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 A.M. Friday
 Cemetery June 19-36
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

E

S

W

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

37 50

Carey Hand Funeral Home

Name of deceased Joseph Mathers
 Date of death June 19 - 6 a.m.
 Cause of death Chro myocarditis
 Place of death Res
 Residence 438 N. Garland
 Age 84 Y's 5 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Least
 Date June 1936 M
 Account charged Fannie L. Wilkins
 Address Barlow Fla
 Account guaranteed check
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress Suit 15.00
 Underwear and Hose _____
 Casket 6-3- Gr. cup. 100.00
 Casket with Copper Lin. _____
 Style of Casket Oct OT
 No. of Casket 1972
 Outside Box R-9
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set gr
 Name Plate _____
 Cemetery Least
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to West Norwalk, Conn.
 R. R. Ticket _____ 87.64
 Cash advanced Express 1.06
 Telegram 1-76-30
 Minister _____
 Casket Wagon (1) 10.00
 Physician Lg. Claude Anderson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76
Fri Night 6-19-36

248.70

Carey Hand Funeral Home

Name of deceased Sinclair Mc Laney
 Date of death June 19 about 2 a.m.
 Cause of death _____
 Place of death Res
 Residence 439 S. Main St
 Age 41 Y's 10 Mo's 18 Days _____
 Weight 180 Height 5 ft. 10 in. Eyes _____
 Funeral at Chapel
 Date Sat June 20 1936 30 P M
 Account charged Miss Claude Mc Laney
 Address 439 S. Main St
 Account guaranteed Estate
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Gr cloth 150.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 0 r
 No. of Casket 9-1411-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Greenwood
 Section A - Lot 151

I Other Graves _____
 X Grave on this date _____

E

N S

1 1 1 1 X

W

Cremation Car - P. B
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Adcock
 Casket Wagon _____
 Physician Dr. Spire
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

American Legion
in charge

\$ 215.00

Carry Hand Funeral Home

Name of deceased *Sallie M Hancock*
 Date of death *June - 18 - 36*
 Cause of death _____
 Place of death *Res*
 Residence *At Christmas*
 Age *62* Y'rs *9* Mo's *11* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Fri June 19* 193*6* *P.* M
 Account charged *Jessie Hancock*
 Address *Bunwell Fld Bx 132*
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3 Gr Cref.* *90.00*
 Casket with Copper Lin. _____
 Style of Casket *Oct 04*
 No. of Casket *1972 T*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *at Rest*
 Cemetery *At Christmas*
 Section _____ Lot _____

I Other Graves

N

S

X Grave on this date

Cremation *Bought Casket*
 Single Grave *done thru our*
 Opening and Closing Grave *work*
 Body Shipped to _____
 R. R. Ticket *Family Filled*
 Cash advanced *Permit for same*

Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____

Automobiles _____
 Baggage or Express Train No. _____
Cash - 50.00
10.00 Pr Mo -

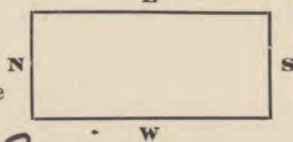
Carey Hand Funeral Home

Name of deceased Emil De Mayer
 Date of death Fri June 19-36 330 PM
 Cause of death accidently Drown
 Place of death Lake Conway
 Residence Winter Park- 760 Lake Mount
 Age 62 Y's 8 Mo's 9 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Tues June 23 1936 9:30 A M
 Account charged Mrs Elodie De Mayer
 Address Lement ave W. P.
 Account guaranteed Estate
 Address

Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Ga Copper 100.00
 Casket with Copper Lin. ✓
 Style of Casket Oct- 0 9
 No. of Casket 1972 9
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Woodlawn
 Section _____ Lot _____

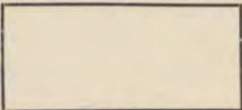
I Other Graves

X Grave on this date



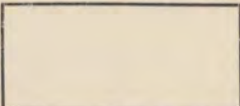
Cremation ear. Ining 5.00
 Single Grave Single Grave 12.50
 Opening and Closing Grave + + etc 15.00
 Body Shipped to Muncie 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Chieari 5.00
 Casket Wagon _____
 Physician Dr Anderson
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. \$192.50

Carey Hand Funeral Home

Name of deceased Beatrice Hancock
 Date of death Fri June 19-36 330 PM
 Cause of death accidentally Drown
 Place of death Lake Conway
 Residence Winter Park Lake Mount
 Age 13 Y'rs 1 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Pres Church Oakland
 Date Sun June 21 1936 930 AM
 Account charged E. G Hancock
 Address Winter Park
 Account guaranteed _____
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 5-9- W. L. 125.00
 Casket with Copper Lin ✓
 Style of Casket Get H. C
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Oviedo
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Single Grave Del Box & etc 10.00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Dr Andrews
 County or City Burial _____
 Automobiles S & S. X Oakland + Oviedo 25.00
 Baggage or Express Train No. 190.00

Will Pay Due 1-

Carey Hand Funeral Home

Name of deceased Hugh Ferguson
 Date of death June 21-36 1245AM
 Cause of death Senile dementia
 Place of death Res
 Residence 18 N. Main St
 Age 85 Y'rs 9 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Payors at the Home
 Date _____ 1936 M
 Account charged Mrs. Lula S. Ferguson
 Address 18 N. Main St
 Account guaranteed Estate
 Address _____
 Embalming Senile Chg 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation 50.00
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation Body cremated
 Single Grave 8- a in. man
 Opening and Closing Grave June-22-36
 Body Shipped to _____
 R. R. Ticket will call for ashes
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 85.00

Carey Hand Funeral Home

Name of deceased Samuel F. Perrygo
 Date of death June 20 -
 Cause of death Chro. Myocardial
 Place of death Whitfield near
 Residence Sanosota
 Age 81 Y'rs 0 Mo's 24 Days
 Weight 160 Height 5 ft. 10 in. Eyes
 Funeral at Sanosota

Date _____ 193 3
 Account charged Thacker & Van Gilder
 Address Sanosota

Account guaranteed _____
 Address _____

Embalming Cremation 37. 50

Robe, Suit, Dress _____

Underwear and Hose Body covered

Casket by Express # 76

Casket with Copper Lin. See morning

Style of Casket 6-21-36

No. of Casket _____

Outside Box Body cremated

Shipping Case or Vault 3-P. M.

Handles See 6-21-36

Pillow Set _____

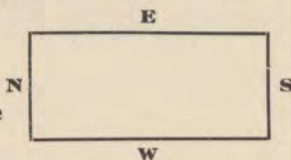
Name Plate ashes exposed to

Cemetery Thacker & Van Gilder

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

Cary Hand Funeral Home

Name of deceased Gella P. Wood
 Date of death June 21st 9:45 P.M.
 Cause of death Chro Myocarditis
 Place of death Res
 Residence 509 Harvard
 Age 86 Y'rs 7 Mo's 17 Days
 Weight 80 Height 5 ft 6 in. Eyes
 Funeral at Leest Chapel
 Date Wed 1936 9- a.m
 Account charged Mrs Margaret Troutman
 Address 509 Harvard
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Emb Tree 75.00
 Casket with Copper Lin. ☒
 Style of Casket Syn H. C
 No. of Casket 2410 - S
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Madella Fla
 Section Lot
 E
 I Other Graves
 N S
 X Grave on this date
 W
 Cremation auto T. Connecting 25.00
 Single Grave
 Opening and Closing Grave Del B & 8 ft 15.00
 Body Shipped to Madella Fla
 R. R. Ticket By auto
 Cash advanced
 Telegram
 Minister Leest
 Casket Wagon
 Physician Dr. Andrews
 County or City Burial
 Automobiles S & S 35.00
 Baggage or Express Train No. 175.00
Madella Cemetery
5-M- from Lakeland on
Mulberry Road

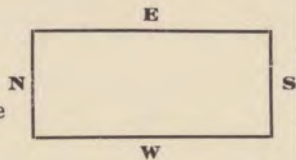
Carey Hand Funeral Home

Name of deceased Thomas P. Hodgens
 Date of death June 22nd 2:30 P.M.
 Cause of death Intestinal Hemorrhage
 Place of death O. G. H.
 Residence Albando Rt #3. Box 72
 Age 65 Y'rs ☒ Mo's 17 Days
 Weight 150 Height 5 ft. 6 in Eyes
 Funeral at Ala Vista Church
 Date Tues. June 23rd 1936 5 P. M
 Account charged H. W. Hodgens
 Address Bloomington Ill
 Account guaranteed Estate
 Address

Embalming ☒ Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr Cloth 200.00
 Casket with Copper Lin. ☒
 Style of Casket R. C. State
 No. of Casket 121-9
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Terre Haute, Ind
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev. Irwin
 Casket Wagon _____
 Physician Dr. C. J. Collins
 County or City Burial _____
 Automobiles 5.5

Baggage or ~~Express~~ Train No. 75 15.00
Thurs Night 6-25- 250.00

Carey Hand Funeral Home

Name of deceased F. W. McLean.
 Date of death June 23rd
 Cause of death Cerebral Embolism
 Place of death Star Lake Fla.
 Residence Star Lake, Fla
 Age 63 Y'rs 11 Mo's 23 Days
 Weight 140 Height 5 ft. 6 in. Eyes Blue
 Funeral at Star Lake Fla
 Date June 1936 M
 Account charged Ware-Smith Und &
 Address Winter Haven, Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation. \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived by
 No. of Casket Auto Wed- 3:30 P.M.
 Outside Box June 24-1936
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set Thurs 8 A.M.
 Name Plate June 25-1936
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

E

S

W

Cremation Will call for

Single Grave Ashes -

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

\$ 37.50

Carey Hand Funeral Home *King*

Name of deceased *John Wesley King*
 Date of death *June 25-36*
 Cause of death
 Place of death *Res*
 Residence *Gellwood*
 Age *87* Y'rs *2* Mo's *29* Days
 Weight *160* Height *5 ft. 8* in. Eyes
 Funeral at *Res*
 Date *Sun - June 28 - 1936* *3-P. M*
 Account charged *Mrs. J. H. King*
 Address *Gellwood*
 Account guaranteed *Estate*
 Address

Embalming *+ Dressing* 35. ⁰⁰

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *6-8 Stet G. Bid-e* 250. ⁰⁰

Casket with Copper Lin. ☒

Style of Casket *Stet 1/2-e*

No. of Casket *1828-*

Outside Box *Reg*

Shipping Case or Vault ☒

Handles *Ext*

Pillow Set *yes*

Name Plate ☒

Cemetery *Tangier*

Section Lot

I Other Graves

X Grave on this date

Cremation

Single Grave

Opening and Closing Grave *To etc* 15. ⁰⁰

Body Shipped to

R. R. Ticket *Body & Res -* 10. ⁰⁰

Cash advanced

Telegram

Minister *Bridges & Sargent* 5. ⁰⁰

Casket Wagon *(1) Trp*

Physician *Dr. Tyne J. Eustis*

County or City Burial

Automobiles *S. Y. S.* 25. ⁰⁰

Baggage or Express Train No. *340 00*

Carey Hand Funeral Home

Name of deceased Mrs Gertrude Meade
 Date of death Thurs. June 25-36 - 3:40 AM
 Cause of death Dialysis
 Place of death Res. - Cheney Highway
 Residence Gloversville New York

Age 74 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Deaf _____
 Date _____ 1936 _____ M

Account charged Mr. Omar H. Meade
 Address Gloversville N. Y.

Account guaranteed Cash
 Address _____

Embalming + Dressing 35.00

Robe, Suit, Dress ☒
 Underwear and Hose ☒

Casket 6-3-Gr. Oak 100.00

Casket with Copper Lin. ☒
 Style of Casket Oct. H. C

No. of Casket 55-H-
 Outside Box Reg-

Shipping Case or Vault _____
 Handles Ext

Pillow Set yes
 Name Plate ☒

Cemetery Gloversville
 Section _____ Lot _____

I Other Graves ☐
 X Grave on this date ☐

Cremation Ship. to Fonda N. Y.

Single Grave ☐

Opening and Closing Grave _____

Body Shipped to _____ 22.93

R. R. Ticket 4211 22.93

Cash advanced N. Y. Transfer 87.67

Telegram _____ 5.00

Minister _____

Casket Wagon (2) 10.00

Physician Tolson

County or City Burial _____
 Automobiles _____ 237.67
 Baggage or Express Train No. 76
Fri Night 6-25-36-

Cary Hand Funeral Home

Name of deceased C. B. Johnson
 Date of death June 22-36-
 Cause of death Cancer of Liver
 Place of death Manatee
 Residence Manatee Fla
 Age 82 Y'rs 10 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Bradenton
 Date June 1936 M
 Account charged Wekeman F. Home
 Address Bradenton
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by express 2 a.m.
 Outside Box Thursday
 Shipping Case or Vault June 25-36
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 8 a.m. Thursday
 Section June 25-36 Lot _____

E

E
N
S
W

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

37.50

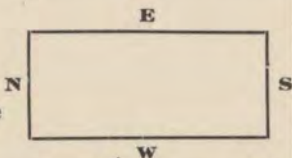
\$ 37.50

Carey Hand Funeral Home

Name of deceased Anna B Scherer
 Date of death June 26
 Cause of death Carcinomia
 Place of death Sarasota
 Residence Sarasota
 Age 70 Y'rs 11 Mo's 28 Days
 Weight 120 Height 5 ft. 4 in. Eyes
 Funeral at Sarasota Fla
 Date June 1936 M
 Account charged Thacker Van Gilder
 Address Sarasota Fla Unit 6
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress Cremation \$37.50
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body Arrived
 No. of Casket by express 2 a.m.
 Outside Box Friday 6-26-36
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate Sat 8 a.m.
 Cemetery June 27-1936
 Section Lot

I Other Graves

X Grave on this date



Cremation Asper expressed to
 Single Grave Woodlawn Cemetery
 Opening and Closing Grave Asca Scherer
 Body Shipped to Vault - New York
 R. R. Ticket City - N.Y.
 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 Everett Newman
 Date of death June 23rd
 Cause of death Cerebral Thrombosis
 Place of death St Petersburg
 Residence St Petersburg
 Age 87 Y'rs 2 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St Petersburg Fla
 Date June, 1936 M
 Account charged J. W. Wilhelm and Co
 Address St Petersburg Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body covered
 Casket by Auto Friday
 Casket with Copper Lin. 109.00
 Style of Casket June 26-36
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set Sat 84.00
 Name Plate June 27-36
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Ashes expressed
 Single Grave to J. W. Wilhelm
 Opening and Closing Grave and Co
 Body Shipped to St Petersburg
 R. R. Ticket + la
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

Cary Hand Funeral Home

Name of deceased		<i>Mrs. Jennie H. Damm</i>	
Date of death		<i>Tue June 26-36- 8:30 AM</i>	
Cause of death			
Place of death		<i>Res of Sam Mrs Treadwell</i>	
Residence		<i>1606 Philadelphia ave</i>	
Age	<i>79</i> Yrs	<i>6</i> Mo's	<i>18</i> Days
Weight	<i>100</i>	Height	<i>5 ft. 6 in.</i> Eyes
Funeral at		<i>Chapel</i>	
Date		<i>Sun June 28 1936 5 P M</i>	
Account charged			
Address			
Account guaranteed		<i>G. F. Damm</i>	
Address		<i>Winter Garden</i>	
Embalming	<i>Dressing</i>		<i>25.00</i>
Robe, Suit, Dress	<input checked="" type="checkbox"/>		
Underwear and Hose	<input checked="" type="checkbox"/>		
Casket	<i>6-3-Gr Cup</i>		<i>90.00</i>
Casket with Copper Lin.	<input checked="" type="checkbox"/>		
Style of Casket	<i>State H. C.</i>		
No. of Casket	<i>178-9</i>		
Outside Box	<i>Reg</i>		
Shipping Case or Vault	<i>Cement by Family</i>		
Handles	<i>Short</i>		
Pillow Set	<i>yes</i>		
Name Plate	<i>at Res -</i>		
Cemetery	<i>Osceola</i>		
Section		Lot	
		E	
I Other Graves		N	S
X Grave on this date		<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div>	
		W	
Cremation			
Single Grave	<i>Del Box + etc</i>		<i>10.00</i>
Opening and Closing Grave	<i>By Family</i>		
Body Shipped to	<i>Canto</i>		<i>5.00</i>
R. R. Ticket			
Cash advanced			
Telegram	<i>Le Roy Christler</i>		
Minister			
Casket Wagon			
Physician	<i>Dr</i>		
County or City Burial			
Automobiles	<i>SYS</i>		<i>15.00</i>
Baggage or Express Train No.			
		<i>Telegram</i>	
			<i>145.00</i>
			<i>236</i>
			<i>147.36</i>

Carey Hand Funeral Home

Name of deceased Mrs Myrtle Goepel
 Date of death Sat June 27-36 145 AM
 Cause of death _____
 Place of death Res
 Residence 1232 E. Liv ave
 Age 50 Y'rs 10 Mo's 27 Days _____
 Weight 100 Height 5 ft. 5 in. Eyes blue
 Funeral at No Service
 Date _____ 1936 _____ M
 Account charged Oscar Goepel
 Address 1232 East Livingston ave
 Account guaranteed _____
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket See Chg 25.00
 Casket with Copper Lin. ☒
 Style of Casket ☒
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles ☒
 Pillow Set ☒
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 _____ N _____ S
 X Grave on this date _____
 _____ W
 Cremation ☒ Body Cremated
 Single Grave S-Va 91
 Opening and Closing Grave See
 Body Shipped to June 28-36
 R. R. Ticket _____
 Cash advanced will call for ashes
 Telegram _____
 Minister _____
 Casket Wagon ☒
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
People Very Poor

875.00

Carey Hand Funeral Home

Name of deceased *Mrs. Augusta Kuhn*
 Date of death *June 26-36-*
 Cause of death *Cancer of Rectum*
 Place of death *Res*
 Residence *City Point*
 Age *76* Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Cocoa Fla*
 Date _____ 193 _____ M
 Account charged *Roach Turn Home*
 Address *Cocoa Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose *Body arrived*
 Casket *by auto 10:30 AM*
 Casket with *Copper Lin. Sat June 27-36*
 Style of Casket _____
 No. of Casket *Body Cremated*
 Outside Box *Sun June 28-36*
 Shipping Case or Vault *8-a.m.*
 Handles _____
 Pillow Set *will call for Ashes*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation *Expressed ashes*
 Single Grave *W. A. Kircher & H. Ruesman - Morticians*
 Opening and Closing Grave *Haled St. & North Ave.*
 Body Shipped to *Chicago - Ill.*
 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 Dr Philly. Howell
 Date of death June 25-36
 Cause of death Cancer of Stomach
 Place of death Res
 Residence De Land Fla
 Age 71 Y'rs 6 Mo's 22 Days
 Weight 90 Height 6 ft. in. Eyes
 Funeral at De Land
 Date _____ 1936 M
 Account charged J A Allen Fun Home
 Address De Land Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body unwired
 Casket with Copper Lin. Hy Gato
 Style of Casket 1230 P.M.
 No. of Casket Sat 6-27-36
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 3 P.M.
 Pillow Set Sat 6-27-36
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

E

I Other Graves

E

N

S

W

X Grave on this date

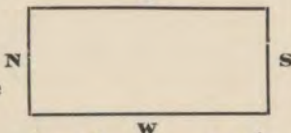
 Cremation Express ashes To
 Single Grave J. A. Silvia & Son
 Opening and Closing Grave 69
 Body Shipped to Richmond Ave
 R. R. Ticket Port Richmond
 Cash advanced New York
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 37.50
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mrs Eva Johnson Blair
 Date of death June 26 - 36
 Cause of death Senile Dementia
 Place of death Rock Lodge
 Residence _____
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged Moore Funeral Home
 Address Cocoa Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body covered w
 No. of Casket white 4-P.M.
 Outside Box Sun June - 28 - 36
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body cremated
 Name Plate 6 - P.M.
 Cemetery June 28 - 36
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes Expressed to
 Single Grave _____

Opening and Closing Grave

Body Shipped to Mrs B. F. Lyle

R. R. Ticket 203 Woolfrie ave

Cash advanced Cincinnati Ohio

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

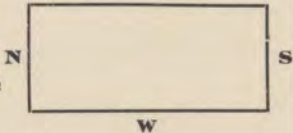
Baggage or Express Train No.

3750

Carey Hand Funeral Home

Name of deceased Ernest Schwenn
 Date of death June 23-34
 Cause of death Chro Bright Disease
 Place of death Res
 Residence Lakeland
 Age 65 Y'rs 10 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lakeland
 Date _____ 1934 M
 Account charged Smith & Duke
 Address Lakeland Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body moved
 Casket with Copper Lin. By auto
 Style of Casket 8 a.m. Mon
 No. of Casket June 29-
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 8 a.m.
 Pillow Set Tues June 30-34
 Name Plate _____
 Cemetery Expressed To
 Section Smith & Duke Not
Funeral Home E
Lakeland
 I Other Graves Fla 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 _____ 37.50
 Baggage or Express Train No. _____

James **Carey Hand Funeral Home**

Name of deceased *Finnie Best*
Date of death *Nov - Jan - 29 - 36* *11:50 AM*
Cause of death *accidentally drowned*
Place of death *Lake Michigan*
Residence _____
Age _____ Yrs _____ Mo's _____ Days _____
Weight *175* Height *5* ft. *8* in. Eyes _____
Funeral at *Best*
Date _____ 193 _____ M
Account charged *Mr* *Best*
Address *N. Orange Ave* *H. Park*
Account guaranteed _____
Address _____
Embalming *+ Dressing* *35.00*
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *6-3- In Cope* *100.00*
Casket with Copper Lin. ☒
Style of Casket *Cot 07*
No. of Casket *55 - 9th*
Outside Box *Reg*
Shipping Case or Vault ☒
Handles *Ext*
Pillow Set *yes*
Name Plate *at Rest*
Cemetery *Best*
Section _____ Lot _____
E
I Other Graves 
X Grave on this date _____
W
Cremation _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to *Cincinnati Ohio*
R. R. Ticket _____
Cash advanced *Express* *56.80*
Telegram _____
Minister _____
Casket Wagon *(2)* *10.00*
Physician *Shenig & Shuber*
County or City *Burial* *Dr Gardner*
Automobiles *201.80*
Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased	Mrs. Columbia E. Latimer		
Date of death	Mon June 29-34	8:40 PM	
Cause of death	Chico - nephritis		
Place of death	Res Lockhart		
Residence	Lockhart		
Age	70	Yrs	2 Mo's 2 Days
Weight	135	Height	5 ft. 5 in. Eyes
Funeral at	Chapel Thurs- 11- AM		
Date	June 9-34	193	M
Account charged	Richard Brock		
Address	Lockhart		
Account guaranteed			
Address			
Embalming	+ Dressing	25.00	
Robe, Suit, Dress	}	5.00	
Underwear and Hose			
Casket	6-3- Gr. Cup	75.00	
Casket with Copper Lin.			
Style of Casket			
No. of Casket			
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery			
Section		Lot	
		E	
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> E W N S </div>		
X Grave on this date			
Cremation			
Single Grave	White	7.00	
Opening and Closing Grave	To & Fr	15.00	
Body Shipped to			
R. R. Ticket			
Cash advanced			
Telegram			
Minister			
Casket Wagon	(1)	3.00	
Physician	Dr. Beardsall		
County or City Burial			
Automobiles	S Y S	15.00	
Baggage or Express Train No.		147.00	

Carey Hand Funeral Home *July*

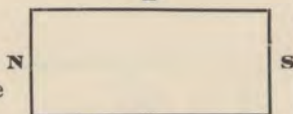
Name of deceased <i>Frances C. Conway</i>		
Date of death <i>July 1st</i>		<i>3:30 A.M.</i>
Cause of death <i>Shock - Operation</i>		
Place of death <i>Fla Sant.</i>		
Residence <i>Apopka Fla</i>		
Age <i>34</i>	Y'rs <i>8</i>	Mo's <i>25</i> Days
Weight <i>130</i>	Height <i>5 ft. 4</i>	in. Eyes
Funeral at <i>Chapel</i>		
Date <i>July 3rd Friday</i>		<i>1936 10 A.M</i>
Account charged <i>Clarence C. Conway</i>		
Address <i>Apopka Fla</i>		
Account guaranteed		
Address		
Embalming + <i>Dressing</i>		<i>35.00</i>
Robe, Suit, Dress <i>Plush Col Gown</i>		<i>17.50</i>
Underwear and Hose		
Casket <i>6-3-8 Plush</i>		<i>175.00</i>
Casket with Copper Lin.		
Style of Casket <i>Ext 1/2 - e</i>		
No. of Casket <i>1927-3</i>		
Outside Box		
Shipping Case or Vault <i>air Seal</i>		<i>125.00</i>
Handles <i>Ext</i>		
Pillow Set <i>yes white</i>		
Name Plate		
Cemetery <i>Woodlawn</i>		
Section	Lot	
<i>Lot Bought</i>	<i>E</i>	
<i>Sweet</i>		
I Other Graves		
X Grave on this date		
	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S W </div>	
Cremation <i>Spr Flowers</i>		<i>10.00</i>
Single Grave		
Opening and Closing Grave <i>etc</i>		<i>15.00</i>
Body Shipped to		
R. R. Ticket <i>music</i>		<i>7.50</i>
Cash advanced		
Telegram		
Minister <i>Rev Turner</i>		
Casket Wagon <i>(11)</i>		<i>5.00</i>
Physician <i>Dr. Sutter</i>		
County or City Burial		
Automobiles <i>SVS</i>		<i>15.00</i>
Baggage or Express Train No.		<i>405.00</i>

Carey Hand Funeral Home

Name of deceased Elsie N. Mac Kay
 Date of death June 23rd
 Cause of death Appendicitis (Ruptured)
 Place of death St Petersburg Fla
 Residence St Petersburg Fla
 Age 65 Y's Mo's Days
 Weight 185 Height 5 ft. 9 1/2 in. Eyes Gray
 Funeral at St Petersburg Fla
 Date June 1936 M
 Account charged Cooksey F. Home
 Address St Petersburg Fla
 Account guaranteed Check
 Address
 Embalming Cremation \$37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by Sinto
 Outside Box Wed 11:20 a.m.
 Shipping Case or Vault July 1-36
 Handles
 Pillow Set
 Name Plate Body cremated
 Cemetery July 1st Wed 3 P.M.
 Section Lot

I Other Graves

X Grave on this date



Cremation Ashes expressed to
 Single Grave Mrs. Blanche H.
 Opening and Closing Grave Simmons
 Body Shipped to 707 Weis & Gaul
 R. R. Ticket Md.
 Cash advanced Louisville, Ky.
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$37.50

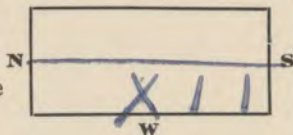
Carey Hand Funeral Home

Name of deceased John M. Halderman
 Date of death June 30 - 36
 Cause of death Cholera mureus dilis - Nephritis
 Place of death Vet Hospital Bay Pines
 Residence Osceola Fla
 Age 93 Y'rs _____ Mo's _____ Days _____
 Weight 90 Height 5 ft. 7 in. Eyes _____
 Funeral at Grave side
 Date Thurs July 2 - 1936 3 P M
 Account charged Harold D. Halderman
 Address Osceola Fla
 Account guaranteed Estate
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body annied
 Style of Casket from St Petersburg
 No. of Casket by Express S.A.L.
 Outside Box Thurs Room
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section B W 1/2 Lot 127

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave _____

Opening and Closing Grave T & etc

15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Dean Johnson

Casket Wagon 1

5.00

Physician Vet Hospital

County or City Burial _____

Automobiles S & S

15.00

Baggage or Express Train No. _____

\$ 35.00

Carey Hand Funeral Home

Name of deceased		Mrs Ida Lawrence Tolittle	
Date of death		June 28-36	
Cause of death		Artificial Pneumonia Heart Disease	
Place of death		St. Petersburg	
Residence		St. Petersburg	
Age	91	Y'rs	10
		Mo's	28
Days			
Weight	150	Height	5 ft. 6 in.
Eyes			
Funeral at		St. Petersburg	
Date		1936	
Account charged		Candicott T. Horne	
Address		St. Petersburg	
Account guaranteed		OK	
Address			
Embalming	Amputation	37.50	
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket			
No. of Casket	Body carried to		
Outside Box	Casket - 11 ⁴⁵ A.M.		
Shipping Case or Vault	Thru 7-2-36		
Handles			
Pillow Set	Body Amnated		
Name Plate	8-9 A.M. 7-3-36		
Cemetery			
Section		Lot	
E			
I Other Graves			
X Grave on this date	N	S	
W			
Cremation	Ashes expressed		
Single Grave	Candicott T. Horne		
Opening and Closing Grave	St. Petersburg		
Body Shipped to	T.M.		
R. R. Ticket			
Cash advanced			
Telegram			
Minister			
Casket Wagon			
Physician			
County or City Burial			
Automobiles			
Baggage or Express Train No.			

37.50

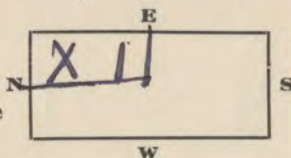
Carey Hand Funeral Home

Name of deceased *Mrs. Ella Atkinson*
 Date of death *Thurs. July 2-36-* *1045 PM*
 Cause of death _____
 Place of death *Og H*
 Residence *Bellevue Vista*
 Age *64* Y'rs *10* Mo's *20* Days _____
 Weight *145* Height *5 ft. 5 in.* Eyes _____
 Funeral at *Chapel*
 Date *Sun July 5* 193*6* *430 P. M*
 Account charged *Mrs. J. Atkinson*
 Address *Orlando Rte 3-*
 Account guaranteed _____

Address _____
 Embalming *+ Dressing* *25.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-3 1/2 Plush* *150.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct. D.T. 1/2-C*
 No. of Casket *1927-S-*
 Outside Box *Rt.*
 Shipping Case or Vault *air seal* *125.00*
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *G-NE 1/4* Lot *21*

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave *T & etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Rev. Shurin*
 Casket Wagon *C. W. Hoffman* *5.00*
 Physician _____
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *325.00*

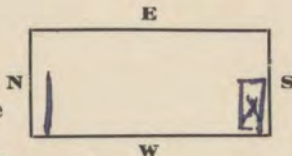
Pd. Cash 125.00

Carey Hand Funeral Home

Name of deceased *Mrs. Helen O'Neal Palmer*
 Date of death *Thurs July 5-*
 Cause of death *Intestinal obstruction*
 Place of death *At Home*
 Residence *Newton Conn.*
 Age *48* Yrs *10* Mo's *23* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel - Ft. Home*
 Date *Monday July 6 -* 1936 *3 P. M*
 Account charged *W. R. O'Neal*
 Address *Orlando Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 In Bld C* 300.00
 Casket with Copper Lin. ☒
 Style of Casket *R. Car State*
 No. of Casket *6008* *3 -*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ☒
 Cemetery *Greenwood*
 Section *L -* Lot *136*

I Other Graves

X Grave on this date



Cremation *P. B. Car* 5.00
 Single Grave *Car Min* 5.00
 Opening and Closing Grave *etc* 15.00
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister *Rev Mr. Hair*
 Casket Wagon *(1)* 5.00
 Physician *Dr. C. B. Christ*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *SVS* 15.00

380.00

Cary Hand Funeral Home

Name of deceased Baby Calhoun
 Date of death July 5th 3:30 P.M.
 Cause of death C. G. H.
 Place of death Islands Fla
 Residence Islands Fla
 Age ☒ Y's 193 Mo's 193 Days 193
 Weight 193 Height 193 ft. 193 in. 193 Eyes 193
 Funeral at No Service
 Date 193 M
 Account charged Leo P. Calhoun
 Address Islands Fla
 Account guaranteed 193
 Address 193
 Embalming Cremation 5.00
 Robe, Suit, Dress 193
 Underwear and Hose Body cremated
 Casket 8- a m Mar 7-6-36
 Casket with Copper Lin. 193
 Style of Casket 193
 No. of Casket 193
 Outside Box 193
 Shipping Case or Vault 193
 Handles 193
 Pillow Set 193
 Name Plate 193
 Cemetery Cremation
 Section 193 Lot 193
 I Other Graves 193
 X Grave on this date 193
 Cremation will call for ash
 Single Grave 193
 Opening and Closing Grave 193
 Body Shipped to 193
 R. R. Ticket 193
 Cash advanced 193
 Telegram 193
 Minister 193
 Casket Wagon 193
 Physician Dr. Frank Gray
 County or City Burial 5.00
 Automobiles 193
 Baggage or Express Train No. 193

Carey Hand Funeral Home

Name of deceased Edwin H. Clark
 Date of death July - 6 - 34 — 6 — P.M.
 Cause of death C. G. H.
 Place of death C. G. H.

Residence _____

Age — Y'rs 5 Mo's 20 Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Chapel

Date July 10 1934 M

Account charged Henry Clark

Address _____

Account guaranteed small insurance

Address & Payments

Embalming Care of Body 25.00

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket 2-6-H-L-S 23.75

Casket with Copper Lin. ✓

Style of Casket Sgt. O.T.

No. of Casket 77-Tampa

Outside Box Reg

Shipping Case or Vault ✓

Handles small

Pillow Set ✓

Name Plate Op

Cemetery Greenwood

Section 9 E 1/2 Lot 12

I Other Graves E

X Grave on this date N S W

Cremation Burial Lot 50.00

Single Grave 7.50

Opening and Closing Grave T & etc

Body Shipped to ✓

R. R. Ticket 7-9-34-2-PM

Cash advanced Moved Remains from

Telegram Clark from Single

Minister Grove K E 1/2 - 12 6.50

Casket Wagon Disinfectant

Physician Dr. Sinclair

County or City Burial 5.00

Automobiles closed car

Baggage or Express Train No. 107.75

Carey Hand Funeral Home

Name of deceased *Mr Elbridge N. Goodwin*
 Date of death *July - 2 - 34*
 Cause of death *Diaphragmatic Hernia*
 Place of death *Tampa*
 Residence *New Orleans*
 Age *62* Y'rs Mo's Days
 Weight *134* Height ft. in. Eyes
 Funeral at *Tampa*
 Date 193 *7* M
 Account charged *Greenman* *F. Home*
 Address *Tampa*
 Account guaranteed *OK*
 Address
 Embalming *Emmation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body Arrived*
 Style of Casket *W Express*
 No. of Casket *Case # 74*
 Outside Box *Tuesday morning*
 Shipping Case or Vault *7-7-34*
 Handles
 Pillow Set *Body emmated*
 Name Plate *9-9 A.M. 7-7-34*
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 Cremation *ashes expressed to*
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Navy Holmes*
 R. R. Ticket
 Cash advanced *Henniker*
 Telegram *A. H.*
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Mrs. Mary W. Bryan
 Date of death July - 6 - 36 -
 Cause of death Cancer of Uterus & Rectum
 Place of death Leesburg
 Residence Leesburg -
 Age 84 Y'rs 6 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Leesburg
 Date _____ 193 _____ M
 Account charged B. D. Hanis
 Address T. Home Leesburg Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by auto
 Style of Casket 10-A. M.
 No. of Casket Wed. July 8-36-
 Outside Box _____
 Shipping Case or Vault Body-
 Handles Cremation
 Pillow Set 2-A. M. July 8-36-
 Name Plate _____
 Cemetery Ashes Expressed to
 Section B. D. Hanis Lot _____
T. Home Leesburg
 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 Baby Streetman
 Date of death July 8-36 A.M.
 Cause of death Still Born
 Place of death Res
 Residence Bithla West 2 1/2 mi Lala Picket Rd
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0- 14. 50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Baugh Casket
 Outside Box done their own
 Shipping Case or Vault none
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery St Christmas
 Section _____ Lot _____
 I Other Graves E
N S
 X Grave on this date W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Mid Wife
 County or City Burial 14. 50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mary Cottrell
 Date of death Wed July - 8 - 36 3:30 P
 Cause of death Rheumatoid heart disease
 Place of death Sea Sam
 Residence Maitland
 Age 36 Y'rs 8 Mo's 23 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at West
 Date July 1936 M
 Account charged J. M. Cottrell
 Address Maitland
 Account guaranteed Estate
 Address
 Embalming Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 Br Cloth 300.00
 Casket with Copper Lin. Inner
 Style of Casket Elephant
 No. of Casket X 10 - Belmont
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate Name 1899
 Cemetery Lincoln Neb
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 W _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Lincoln Neb
 R. R. Ticket + P. Bought Direct .50
 Cash advanced Gene Clark 3.65
 Telegram (3) -
 Minister West
 Casket Wagon (2) 10.00
 Physician Dr Hart + Dr Jewett 349.15
 County or City Burial _____ 5.00
 Automobiles amb Sew
 Baggage or Express Train No. 92 \$ 354.15
Tot 7-10-36 -

Carey Hand Funeral Home

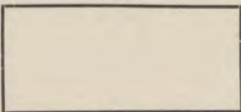
Name of deceased *Frederick James*
 Date of death *July 6th*
 Cause of death *Cerebral Hemorrhage*
 Place of death *St Petersburg*
 Residence *St Petersburg*
 Age *68* Y'rs *5* Mo's *27* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg Fla*
 Date *July* 193*6* M
 Account charged *Cooksey F. Home*
 Address *St Petersburg Fla*
 Account guaranteed *Check*
 Address _____
 Embalming *Cremation* \$ *37.50*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Body arrived*
 No. of Casket *by Jenco*
 Outside Box *Thurs 7:30 a.m.*
 Shipping Case or Vault *July 9-36*
 Handles _____
 Pillow Set _____
 Name Plate *Body Cremated*
 Cemetery *3 P. M. Thurs*
 Section *July 9-36* Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 W
 Cremation *Ashes expressed to*
 Single Grave *Robert F. James*
 Opening and Closing Grave _____
 Body Shipped to *Mahwah N. J.*
 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 South*
 Date of death *July - 10 - 36* *6-AM*
 Cause of death *Multiple Carbuncles*
 Place of death *O. G. N.*
 Residence *Winter Garden*
 Age *63* Y'rs *8* Mo's *24* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Sat July - 11 -* 193*6* *P* M
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *Pd by Family 25.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3 - Oak* *14.50*
 Casket with Copper Lin. _____
 Style of Casket *Sgt*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Base*
 Pillow Set ☒
 Name Plate ☒
 Cemetery *Winter Garden*
 Section _____ Lot _____
 E
 I Other Graves ☐ N ☐ S
 X Grave on this date ☐ W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave *by Family*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Andrews*
 County or City Burial _____
 Automobiles *Ford Truck* *14.50*
 Baggage or Express Train No. _____
Family Will Pay 25.00
for additional services.

Carey Hand Funeral Home

Name of deceased Mr James P. Clare
 Date of death July 8 36
 Cause of death Cancer of Face & Neck
 Place of death Res
 Residence Leesburg Fla
 Age 81 Y'rs — Mo's 4 Days —
 Weight 150 Height 5 ft. 10 in. Eyes —
 Funeral at Leesburg
 Date — 1936 M
 Account charged Flage T. Home
 Address Leesburg
 Account guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —
 E
 I Other Graves —
 X Grave on this date —
 N  S
 W
 Cremation —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Telegram —
 Minister —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —