

7-11-1936

Memoranda Book 105: Carey Hand Funeral Home records, July 11, 1936 to August 23, 1936

Carey Hand Funeral Home

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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 Leesburg Fla
 Residence Leesburg Fla
 Age 81 Y's _____ Mo's _____ Days _____
 Weight 150 Height 5 ft. 10 in. Eyes _____
 Funeral at Page Funeral Home Leesburg
 Date Sat July 11 - 1936 P. M.
 Account charged Page Funeral Home
 Address Leesburg Fla
 Account guaranteed Yes
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- State
 Casket with Copper Lin. Body arrived
 Style of Casket by auto 545 PM
 No. of Casket Sat 7-11-36
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated Sun 7-12-36
 Pillow Set 9-9. In.
 Name Plate ashes expressed to
 Cemetery Page F. Home
 Section Leesburg Lot Fla

37.50

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 <u>Wm H. Middlebrook</u> | |
| Date of death <u>Sat July 11-36</u> | <u>5:30 - P.M.</u> |
| Cause of death <u>Disintegration of Small Intestine</u> | |
| Place of death <u>Dr Heity Sant</u> | |
| Residence <u>Conway</u> | |
| Age <u>80</u> | Y'rs _____ Mo's _____ Days _____ |
| Weight <u>145</u> | Height <u>5</u> ft. <u>5</u> in. Eyes _____ |
| Funeral at <u>Grave side</u> | |
| Date <u>Mon July 13</u> | 193 <u>6</u> <u>4 P.</u> M |
| Account charged <u>Alma Jones</u> | |
| Address <u>Oak Castle Fl</u> | |
| Account guaranteed <u>Cash</u> | |
| Address _____ | |
| Embalming <u>Dressing</u> | 15. ⁰⁰ / ₁₀₀ |
| Robe, Suit, Dress _____ | 5. ⁰⁰ / ₁₀₀ |
| Underwear and Hose _____ | |
| Casket <u>6-3 Case</u> | 20. ⁰⁰ / ₁₀₀ |
| Casket with Copper Lin. <u>✓</u> | |
| Style of Casket <u>Sgt. F. T</u> | |
| No. of Casket <u>Temp.</u> | |
| Outside Box <u>Reg</u> | |
| Shipping Case or Vault <u>✓</u> | |
| Handles <u>Short</u> | |
| Pillow Set <u>✓</u> | |
| Name Plate <u>✓</u> | |
| Cemetery <u>Oak Ridge</u> | |
| Section _____ | Lot _____ |
| E | |
| I Other Graves _____ | <div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> E W N S </div> |
| X Grave on this date _____ | |
| Cremation _____ | |
| Single Grave _____ | |
| Opening and Closing Grave _____ | 10. ⁰⁰ / ₁₀₀ |
| Body Shipped to <u>Family Sing Port</u> | |
| R. R. Ticket _____ | |
| Cash advanced _____ | |
| Telegram _____ | |
| Minister _____ | |
| Casket Wagon _____ | |
| Physician <u>Dr Heity</u> | |
| County or City Burial _____ | |
| Automobiles <u>S</u> | 10. ⁰⁰ / ₁₀₀ |
| Baggage or Express Train No. _____ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>60.00</u> </div> |

Carey Hand Funeral Home

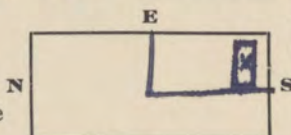
Name of deceased Mrs Matilda S Turner
 Date of death Sun July 12 - 36 -
 Cause of death Relic Heart Disease
 Place of death Res -
 Residence 1718 Lake Side Dr Mount Park
 Age 48 Y's 6 Mo's 19 Days 10
 Weight 135 Height 5 ft. 5 in. Eyes Blue
 Funeral at Chapel
 Date Tues July 14 1936 10 A M
 Account charged Admin
 Address Administration M. A. Turner Son
 Account guaranteed Estate
 Address —
 Embalming ✓ Dressing 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-31 Plush 175 00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2 C
 No. of Casket 1927-3
 Outside Box ✓
 Shipping Case or Vault air Seal 150 00
 Handles Ext -
 Pillow Set yes
 Name Plate ✓
 Cemetery Woodlawn
 Section — Lot —
 E
 I Other Graves —
 X Grave on this date —
 W
 Cremation Closed Car 5 00
 Single Grave P. B. Car 5 00
 Opening and Closing Grave T & C 15 00
 Body Shipped to Car Min 5 00
 R. R. Ticket Music 5 00
 Cash advanced —
 Telegram —
 Minister Rev. Soncks -
 Casket Wagon —
 Physician Dr. Hart
 County or City Burial —
 Automobiles S & S 15 00
 Baggage or Express Train No. 410.00

Carey Hand Funeral Home

Name of deceased *Chas. J. Welsh*
 Date of death *Sun - July - 13 - 1936 - 3:30 P.M.*
 Cause of death _____
 Place of death *Res*
 Residence *16 - Lake St -*
 Age *23* Y'rs *8* Mo's *8* Days _____
 Weight *150* Height *5* ft. *7* in. Eyes _____
 Funeral at *Chapel*
 Date *Tues July - 14* 193*6* *2 - P.* M
 Account charged *Mrs Jennie Welsh*
 Address *16 - Lake 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 *State H. C.*
 No. of Casket *304 J. C. C*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *at Rest*
 Cemetery *Greenwood*
 Section *S. E. 1/4 - 6 - 9.* Lot _____

I Other Graves

X Grave on this date



Cremation *Burial Lot* 25.00
 Single Grave _____
 Opening and Closing Grave *7 & c* 15.00
 Body Shipped to _____
 R. R. Ticket *Organ Only*
 Cash advanced _____
 Telegram *5 - 72-72-*
 Minister *Rev F. Turner*
 Casket Wagon *(1)* 5.00
 Physician *C. Collins*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. 245.00

Carey Hand Funeral Home

Name of deceased *Mr Alvin B. Leary*
 Date of death *July - 9 - 36*
 Cause of death *Myocardial Regurgitation*
 Place of death *Tampa Fla*
 Residence *Tampa Fla*
 Age *92* Y'rs *8* Mo's *19* Days
 Weight *130* Height *5* ft. *8* in. Eyes
 Funeral at *Tampa*

Date _____ 193____ M
 Account charged *J. L. Reed & Son*
 Address *Tampa Fla*
 Account guaranteed *OK*

Address _____
 Embalming *Cremation* 37.50

Robe, Suit, Dress _____
 Underwear and Hose *Body arrived*

Casket *by auto 1130 a M*
 Casket with Copper Lin. *Mon July-13*

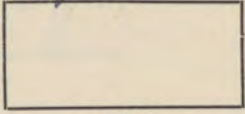
Style of Casket _____
 No. of Casket *Body Cremated*

Outside Box *1145 a M 7-13-36*
 Shipping Case or Vault _____

Handles *Other Expressed To*
 Pillow Set *Harry L. Perigo*

Name Plate *% Clay Benson*
 Cemetery *Allegan Mich*

Section _____ Lot *Shipment*
Home in Perigo day

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. _____ 32.50

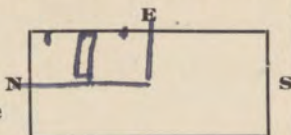
Carey Hand Funeral Home

Name of deceased Mae Wilbur Beebe
 Date of death July 14th 1:55 a.m.
 Cause of death Uremia
 Place of death Residence
 Residence 1904 Jewell Ave. Winter Park
 Age 55 Yrs 4 Mo's 6 Days
 Weight 135 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel - F. Home
 Date Thurs July 16 1936 - 10-A M
 Account charged Wm H. Beebe
 Address 1904 Jewell Ave Winter Park
 Account guaranteed Estate Fla

Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Six Plush 175.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2-c
 No. of Casket 1927 5-
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes it
 Name Plate ☒
 Cemetery Greenwood
 Section V NE 1/4 Lot 57

I Other Graves

X Grave on this date



Cremation Burial Lot 62.50
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Bowers
 Casket Wagon (1) 5.00
 Physician Dr Spires
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. SAS 10.50

307.50

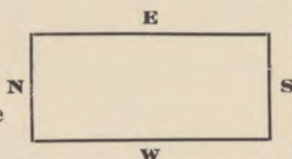
Carey Hand Funeral Home

Name of deceased Mr. Edgar Miller
 Date of death July 13 7:30 P.M.
 Cause of death Suicide by shooting self at temple
 Place of death Residence
 Residence 1266 Via Salerno
 Age 72 Y's 4 Mo's 18 Days
 Weight 140 Height 5 ft. 8 in. Eyes
 Funeral at Dust
 Date July 1936 M
 Account charged Victor M. Miller
 Address 1308 Lake Shore Blvd. W. Park
 Account guaranteed Estate
 Address
 Embalming Y Dressing
 Robe, Suit, Dress Blk
 Underwear and Hose
 Casket 4/3 Grey cloth
 Casket with Copper Lin.
 Style of Casket Oct. O. T.
 No. of Casket S-1411
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext.
 Pillow Set yes
 Name Plate
 Cemetery Rice Lake Wis.
 Section Lot

35 00
 13 00
~~15 00~~
 165 00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Rice Lake, Wis.

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician Judge Shiver

County or City Burial

Automobiles

Baggage or Express Train No. 76

Mon Night July - 20 -
\$225.00

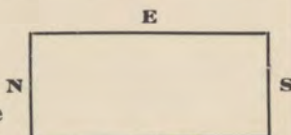
Carey Hand Funeral Home

Name of deceased Mary Sallas
 Date of death July 14 1936 10:30 a.m.
 Cause of death Slightly arteriosclerosis - Pneumonia
 Place of death Res
 Residence 21 - E. Jackson St
 Age 86 Yrs 8 Mo's 12 Days
 Weight 90 Height 5 ft. 5 in. Eyes
 Funeral at Chapel. Funeral Home
 Date Wed. July 15 1936 3 P.M.
 Account charged Frances S. Sallas
 Address 1507 Rio Grand ave
 Account guaranteed Payments

Address
 Embalming Dressing 25.00
 Robe, Suit, Dress etc 5.00
 Underwear and Hose 1.50
 Casket 6-3- Emb Doe 75.00
 Casket with Copper Lin.
 Style of Casket Sgt. H. C
 No. of Casket 2016 5
 Outside Box Reg
 Shipping Case or Vault
 Handles short
 Pillow Set yes
 Name Plate emerald
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation 2 - Autos 10.00
 Single Grave White 8.00
 Opening and Closing Grave etc 15.00
 Body Shipped to P. B. Car 5.00
 R. R. Ticket Car min 5.00
 Cash advanced
 Telegram
 Minister Father Fogarty
 Casket Wagon (1) 5.00
 Physician Dr. Hal Beardsall
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 768.50

Carey Hand Funeral Home

Name of deceased Rufus C. Eldridge
 Date of death July 10
 Cause of death accidental fall from 13ly
 Place of death Res -
 Residence Tampa Fla
 Age 67 Y'rs 11 Mo's 17 Days
 Weight 125 Height 5 ft. 8 in. Eyes Blue
 Funeral at Tampa Fla
 Date July 1936 M
 Account charged B. Marion Reed and Co
 Address Tampa, Fla.
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Arrived
 No. of Casket by Baggage Train
 Outside Box 24 in. July 14-36
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 2:30 P. M. Tues
 Cemetery July 14-36
 Section _____ Lot _____

E

I Other Graves

N

S

X Grave on this date

W

Cremation Ashes Expressed
 Single Grave To B. Marion Reed
 Opening and Closing Grave and Co
 Body Shipped to Tampa Fla
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$37.50

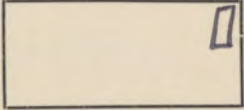
Carey Hand Funeral Home

Name of deceased *Mrs Vera M Haywood*
 Date of death *Tue July 17-34* *1 A.M.*
 Cause of death *Chronic Pulmonary Editis*
 Place of death *Res*
 Residence *358 Vietna W. P.*
 Age *38* Y'rs *11* Mo's *18* Days
 Weight *125* Height *5* ft. *4* in. Eyes
 Funeral at *Chapel*
 Date *Sun July 19 1934* *4-P. M.*
 Account charged *J. Ernest Haywood*
 Address *358 Vietna ave W. Park*
 Account guaranteed *Insurance*
 Address
 Embalming *Dressing* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-Dark Gr Plank* *175.00*
 Casket with Copper Lin.
 Style of Casket *Oct 1/2-e*
 No. of Casket *1927*
 Outside Box
 Shipping Case or Vault *air Seal* *125.00*
 Handles *Ext -*
 Pillow Set *yes Sil Gr*
 Name Plate
 Cemetery *Woodlawn*
 Section Lot
 E
 I Other Graves
 X Grave on this date
 W
 Cremation *Cav-P. B* *5.00*
 Single Grave
 Opening and Closing Grave *1st etc* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev M. Vain*
 Casket Wagon *(1)* *5.00*
 Physician *Dr E. L. Everett*
 County or City Burial
 Automobiles *S. & S.* *15.00*
 Baggage or Express Train No. *375.00*

Carey Hand Funeral Home

| | | | |
|------------------------------|-------------------|---------|------------------|
| Name of deceased | Robt. C. Letson | | |
| Date of death | July-17-36 | 9:30 PM | |
| Cause of death | O. G. H. | | |
| Place of death | Winter Garden | | |
| Residence | Winter Garden | | |
| Age | 74 | Y'rs | 3 Mo's 8 Days |
| Weight | 150 | Height | 5 ft. 8 in. Eyes |
| Funeral at | Grave side | | |
| Date | Sun July-19 | 1936 | 3 P. M |
| Account charged | Mrs Robt C Letson | | |
| Address | Winter Garden | | |
| Account guaranteed | Mrs | | |
| Address | | | |
| Embalming | Yes | | 25.00 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 6-3 Gr. cup | | 95.00 |
| Casket with Copper Lin. | | | |
| Style of Casket | Oct O T | | |
| No. of Casket | 1972-7 | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | | | |
| Handles | Ext - | | |
| Pillow Set | Yes | | |
| Name Plate | at Rest | | |
| Cemetery | Duncan | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | | | |
| X Grave on this date | | | |
| | | N | S |
| | | W | |
| Cremation | | | |
| Single Grave | | | |
| Opening and Closing Grave | T, etc | | 15.00 |
| Body Shipped to | | | |
| R. R. Ticket | | | |
| Cash advanced | | | |
| Telegram | | | |
| Minister | Rev Morgan | | 5.00 |
| Casket Wagon | (1) | | |
| Physician | Dr Lawrence | | |
| County or City Burial | | | |
| Automobiles | 5 x 5 | | 15.00 |
| Baggage or Express Train No. | | | 155.00 |

Carey Hand Funeral Home

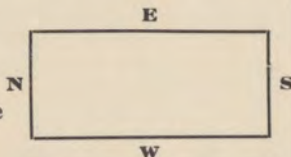
Name of deceased J. Wilson Gray
 Date of death July-18-36 4-PM
 Cause of death _____
 Place of death Res
 Residence 1-M-N-7 Ocoee
 Age 78 Y'rs _____ Mo's 4 Days _____
 Weight 145 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Mon July-20 1936 330 P M
 Account charged Dudley Wilson
 Address Ocoee Fla
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Stat 125.00
 Casket with Copper Lin. ☒
 Style of Casket Stat 1/2-e
 No. of Casket _____
 Outside Box Reg Jet C-
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Ocoee
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation music 5.00
 Single Grave One R.B.C. Wayne 5.00
 Opening and Closing Grave 4 etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dean Johnson
 Casket Wagon (1) 5.00
 Physician Dr. J. M. Egan
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. 1825000

Carey Hand Funeral Home

Name of deceased *Mary Armstrong*
 Date of death *Sun July - 19 - 36.*
 Cause of death *O. G. H.*
 Place of death *O. G. H.*
 Residence *Springfield Ohio*
 Age *about 29* Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Destinations*
 Date *July* 193*6* M
 Account charged *O'Brien & Home*
 Address *Springfield Ohio*
 Account guaranteed *H. E. Co.*
 Address
 Embalming *Dressing* *35.00*
 Robe, Suit, Dress *White* *10.00*
 Underwear and Hose
 Casket *6-3-Gr. Maple* *100.00*
 Casket with Copper Lin.
 Style of Casket *Oct 09*
 No. of Casket *1972 - 9*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *crucifix*
 Cemetery
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to *Springfield Ohio*

R. R. Ticket

Cash advanced *Express* *61.50*

Telegram

Minister

Casket Wagon *12'* *10.00*

Physician *Dr. Neal*

County or City Burial

Automobiles *and 500* *5.00*

Baggage or Express Train No. *# 221.50*

1130 Mon PM-7-20-36

H. M. Huffman (Father) His 6.50

2307 S. Pine Street # 215.00

Springfield, Ohio

Carey Hand Funeral Home

Coland

Name of deceased Sam Davis
 Date of death Sun July - 19 - 36 4-PM
 Cause of death Knife wound Stabed Right
 Place of death Wewahatchee
 Residence Wewahatchee

Age 30 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at _____
 Date _____ 193 _____ M

Account charged Meady Truett Co
 Address Wewahatchee

Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____

Underwear and Hose _____
 Casket 6-3 Gr Cup 40

Casket with Copper Lin. _____
 Style of Casket _____

No. of Casket 22 - 4
 Outside Box R-9

Shipping Case or Vault _____
 Handles short

Pillow Set ✓
 Name Plate at Rent

Cemetery Nascoosa
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

Cremation Bought Casket
 Single Grave done their own

Opening and Closing Grave work
 Body Shipped to _____

R. R. Ticket They have
 Cash advanced money for same

Telegram _____
 Minister _____

Casket Wagon _____
 Physician _____

County or City Burial _____
 Automobiles _____

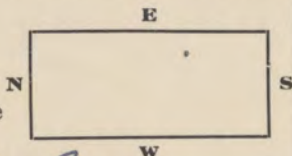
Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Tud M. Chaffee
 Date of death July - 20 - 36
 Cause of death Cerebral Occlusion
 Place of death Res
 Residence De Land Fla
 Age 65 Y'rs 8 Mo's 2 Days 6
 Weight 169 Height 5 ft. 9 in. Eyes Gr
 Funeral at De Land
 Date _____ 193____ M____
 Account charged J. T. Allen
 Address T. D. De Land
 Account guaranteed Ck
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose Body wearing
 Casket by auto 1130 A.M.
 Casket with Copper Lin. Tue July 21 -
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 2 - P.M. 7-21-36
 Shipping Case or Vault _____
 Handles Ashes Expressed to
 Pillow Set J. T. Allen
 Name Plate Funeral Director
 Cemetery De Land
 Section _____ Lot Fla

I Other Graves

X Grave on this date



Cremation Tiber Inn

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

12.50

50.00

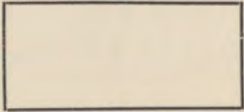
Carey Hand Funeral Home

| | |
|--|---------------------------------------|
| Name of deceased <u>Richard Morgan</u> | |
| Date of death <u>July - 21 - 36</u> | <u>2 PM.</u> |
| Cause of death <u>Blood poisoning</u> | |
| Place of death <u>Eustis Fla</u> | |
| Residence <u>Orlando</u> | |
| Age <u>79</u> Y'rs | <u>1</u> Mo's <u>3</u> Days |
| Weight _____ | Height _____ ft. _____ in. Eyes _____ |
| Funeral at <u>Chapel F. Home</u> | |
| Date <u>Sunday July 26 1936</u> | <u>M</u> |
| Account charged <u>Ruth E. Morgan</u> | |
| Address <u>210 Osceola St Orlando</u> | |
| Account guaranteed <u>Insurance</u> | |
| Address _____ | |
| Embalming <u>+ Dressing</u> | <u>25.00</u> |
| Robe, Suit, Dress _____ | <u>9.00</u> |
| Underwear and Hose _____ | <u>1.00</u> |
| Casket <u>6-3 Gr Cupt</u> | <u>85.00</u> |
| Casket with Copper Lin. _____ | |
| Style of Casket <u>Spr</u> | |
| No. of Casket <u>22-</u> | |
| Outside Box <u>Reg</u> | <u>Reg</u> |
| Shipping Case or Vault <u>-</u> | |
| Handles <u>Shat</u> | |
| Pillow Set <u>-</u> | |
| Name Plate <u>at Rest</u> | |
| Cemetery <u>Woodlawn</u> | |
| Section _____ | Lot _____ |
| <div style="display: flex; justify-content: space-around; align-items: center;"> E <div style="border: 1px solid black; width: 150px; height: 50px; position: relative;"> E N S W </div> S </div> | |
| I Other Graves _____ | |
| X Grave on this date _____ | |
| Cremation <u>Muric</u> | <u>5.00</u> |
| Single Grave <u>Car Min</u> | |
| Opening and Closing Grave <u>etc</u> | <u>15.00</u> |
| Body Shipped to _____ | |
| R. R. Ticket _____ | |
| Cash advanced _____ | |
| Telegram _____ | |
| Minister <u>Lean Adcock</u> | <u>15.00</u> |
| Casket Wagon <u>To Eustis</u> | |
| Physician <u>Dr. C. M. Tyre</u> | |
| County or City Burial _____ | |
| Automobiles <u>SAS</u> | <u>15.00</u> |
| Baggage or Express Train No. _____ | <u>170.00</u> |

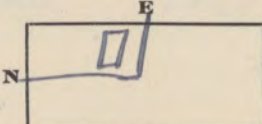
Carey Hand Funeral Home

Name of deceased Arthur S. Fiske
 Date of death July - 19 - 36
 Cause of death apoplexy
 Place of death Leesburg
 Residence Leesburg
 Age 57 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Page T. Home Leesburg
 Date Tues July 21 - 1936 P. M.
 Account charged Page T. Home
 Address Leesburg Va
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket State N.C. G. Bd. C.
 Casket with Copper Lin. Body covered
 Style of Casket 430 P.M.
 No. of Casket Tues July 21 - 36
 Outside Box
 Shipping Case or Vault Body cremated
 Handles 5-P.M. 7-021-36
 Pillow Set
 Name Plate Ashes Expressed to
 Cemetery Page T. Home
 Section Leesburg Lot Via
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles 37.50
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Mrs Mary T. Amman
 Date of death July 19-36
 Cause of death Arterio Sclerosis
 Place of death Res -
 Residence Indian River
 Age 84 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Koon T. Home
 Date _____ 193 _____ M
 Account charged J. E. Koon
 Address Vitaville
 Account guaranteed Cash
 Address _____
 Embalming Cumulation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket 530 P.M. 7-21-36
 No. of Casket _____
 Outside Box Body Cumulated
 Shipping Case or Vault 9-P.M.
 Handles 7-22-36
 Pillow Set _____
 Name Plate will call for
 Cemetery Ashes
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
37.50

Carey Hand Funeral Home

Name of deceased John T. Brannon
 Date of death Mar 28 - 1925
 Cause of death Accidentally killed by train
 Place of death Cor - Columbia, & 7th & 8th St
 Residence Pine Castle Fla
 Age 64 Y's 19 Mo's 20 Days 20
 Weight 150 Height 5 ft. 10 in. Eyes Blue
 Funeral at 10:00 AM
 Date Mar 29 1925 M
 Account charged Mrs John T. Brannon
 Address Cash
 Account guaranteed Cash
 Address Disinterment
 Embalming Yes \$50.00
 Robe, Suit, Dress New Box for
 Underwear and Hose Grave & etc 25.00
 Casket Body
 Casket with Copper Lin. Disinterment
 Style of Casket July 18 - 1936
 No. of Casket Saturday
 Outside Box Shipping Case or Vault
 Shipping Case or Vault Handles
 Handles Pillow Set
 Pillow Set Name Plate
 Name Plate Cemetery
 Cemetery Section
 Section G. N.E. 1/4 Lot 1
 I Other Graves 
 X Grave on this date W
 Cremation Burial Lot 15.00
 Single Grave Opening and Closing Grave
 Opening and Closing Grave Body Shipped to
 Body Shipped to R. R. Ticket
 R. R. Ticket Cash advanced
 Cash advanced Telegram
 Telegram Minister
 Minister Casket Wagon
 Casket Wagon Physician
 Physician County or City Burial
 County or City Burial Automobiles
 Automobiles Baggage or Express Train No.
 Baggage or Express Train No. \$50.00

Carey Hand Funeral Home

Name of deceased R. W. Seymour
 Date of death July 19 - 1936
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence Miami
 Age 65 Y'rs 5 Mo's 24 Days
 Weight 160 Height 5 ft. 8 in. Eyes
 Funeral at Miami
 Date 1936
 Account charged W. H. Combs Funeral Home
 Address Miami
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose Body arrived
 Casket by express
 Casket with Copper Lin. 130 P M
 Style of Casket Wed 7-22-36
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 7-23-36
 Handles
 Pillow Set G. A. M.
 Name Plate Asher Expressed
 Cemetery W. H. Combs
 Section Funeral Home Lot E Fla
 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 37.50

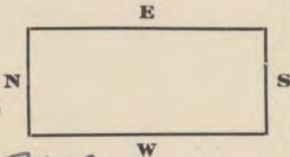
Carey Hand Funeral Home

Name of deceased Charles Lamont
 Date of death July 23rd 11:30 A.M.
 Cause of death Chlo myocarditis
 Place of death Res
 Residence 625 E. Livingston
 Age 78 Y's 11 Mo's 29 Days
 Weight 160 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun July 26 1936 5 P. M
 Account charged Mrs Chas Lamont
 Address 625 E. Livingston ave
 Account guaranteed Estate
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr. Cope 100.00
 Casket with Copper Lin.
 Style of Casket Oct - Q.T.
 No. of Casket 1972 T
 Outside Box R-19
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes 1857
 Name Plate Name 1936
 Cemetery Restmountain
 Section Lot

I Other Graves

X Grave on this date



Cremation Eng Plate 5.00
 Single Grave and Organ
 Opening and Closing Grave Rural Cemetery
 Body Shipped to White Plains N.Y.
 R. R. Ticket Direct

Cash advanced
 Telegram
 Minister Deem Johnson
 Casket Wagon (2) 10.00
 Physician Dr. L. M. Cavan.
 County or City Burial 150.00
 Automobiles
 Baggage or Express Train No.

RR 35.55
 9.80
 N.Y. Trans 5.00
 Express 2.50
 47.85

Carey Hand Funeral Home

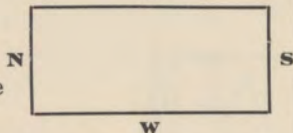
cedard

Name of deceased Edward Baker
 Date of death July - 21 - 36 4 - PM
 Cause of death Shot by Spunkbutt
 Place of death Bar Room Cas H. Church + Gardens d
 Residence 522 - W - South -
 Age 35 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave side
 Date 193 M
 Account charged City
 Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Case 14. 00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot

I Other Graves

X Grave on this date



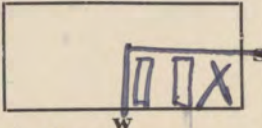
Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Judge Shwin
 County or City Burial
 Automobiles 14 00
 Baggage or Express Train No.

Smith + Smart got the Call

Caren Hand Funeral Home

Name of deceased Daniel W. Clark
 Date of death Sat July - 25 - 36 12 Noon
 Cause of death Auto Accident - Crushed chest
 Place of death O.G.H. reside
 Residence 1212 Illinois Ave
 Age 70 Y's 6 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri July 31 - 1936 11-A M
 Account charged Mrs Daniel W. Clark
 Address 1212 Ills St
 Account guaranteed _____
 Address _____

Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6-Gr cloth 250.00
 Casket with Copper Lin. _____
 Style of Casket R Ca Stat
 No. of Casket 121-7
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section P SW 1/4 Lot 14
 E

I Other Graves _____
 X Grave on this date _____


Cremation Cloud car 5.00
 Single Grave P. B car 5.00
 Opening and Closing Grave Tate 15.00
 Body Shipped to Car mini 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Goss
 Casket Wagon + Card No Chg
 Physician Dr Gray
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____ 330.00

accident car E. Amelia and
Highland 9-a.m - 7-25-36

Carey Hand Funeral Home

Name of deceased Mrs Inaquin J. Cook
 Date of death July 24 1934
 Cause of death Hemorrhage from Cancer Stomach
 Place of death Res
 Residence Sarasota
 Age 45 Y'rs 8 Mo's 1 Days
 Weight 110 Height 5 ft. 3 in. Eyes
 Funeral at Sarasota
 Date 1934
 Account charged Thacker & Van Gelder
 Address T. D. Sarasota
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose Body arrived
 Casket by Express w c X-74
 Casket with Copper Lin. Sunday Morning
 Style of Casket July-26-34
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 9-a 9m
 Handles Men 7-27-36-
 Pillow Set
 Name Plate Asher Expressed to
 Cemetery Thacker & Van Gelder
 Section T. Home Lot Sarasota Fla

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 *Otto. C. Wurst*
 Date of death *July 24- 1936*
 Cause of death *Cardiac*
 Place of death *Res.*
 Residence *Miami. Fla*
 Age *72* Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Miami Fla*
 Date *1936* M
 Account charged *W. H. Combs and Co*
 Address *Miami Fla*
 Account guaranteed *Chy.*
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose *Cremation* # *37.50*
 Casket
 Casket with Copper Lin.
 Style of Casket *Body arrived*
 No. of Casket *by express*
 Outside Box *Monday 1:30 P.M.*
 Shipping Case or Vault *July 27-36*
 Handles
 Pillow Set
 Name Plate *Body Cremated*
 Cemetery *Tuesday 9 A.M.*
 Section *July 28* Lot *1936*

E

I Other Graves

N

S

X Grave on this date

W

Cremation *Ashes expressed*
 Single Grave *to - W. H. Combs*
 Opening and Closing Grave *and Co*
 Body Shipped to *Miami. Fla*
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Miss Annie Stevens*
 Date of death *July 27 - 2 P.M. 1936*
 Cause of death *Pulmonary Tuberculosis*
 Place of death *D. G. A.*

Residence *Taft Fla*

Age *58* Y'rs Mo's Days

Weight Height ft. in. Eyes

Funeral at *C. Chapel - F. Home*

Date *Wed July 29 1936* 11 A.M

Account charged *Mrs Mole*

Address *Deland Route #1*

Account guaranteed

Address

Embalming *Can of Body* *75.00*

Robe, Suit, Dress

Underwear and Hose

Casket *6-3 br. cp.* *40.00*

Casket with Copper Lin.

Style of Casket *Sgr*

No. of Casket *22*

Outside Box *Reg*

Shipping Case or Vault

Handles *Short*

Pillow Set

Name Plate

Cemetery *Greenwood*

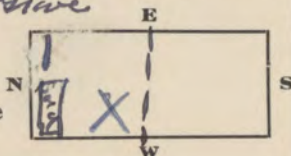
Section *N 1/2* Lot *53*

Jesus (1) grave

Lincoln Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave *etc.* *10.00*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Murphy of Taft*

Casket Wagon

Physician *Dr. Neal*

County or City Burial

Automobiles *10.00*

Baggage or Express Train No. *75.00*

Carey Hand Funeral Home

Name of deceased James F. Davis
 Date of death July 26 - 1936
 Cause of death Uremia
 Place of death Res -
 Residence New Smyrna. Fla
 Age 67 Y's 2 Mo's Days 24
 Weight 140 Height 5 ft. 6 in. Eyes Blue
 Funeral at New Smyrna Fla
 Date July 1936 M
 Account charged Settle Und Co.
 Address New Smyrna Fla
 Account guaranteed Check
 Address
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived by
 No. of Casket auto Monday 4:30 P.M.
 Outside Box July 27 - 1936
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 5 P.M. Monday
 Cemetery July 27 - 1936
 Section Lot

E

I Other Graves

N

S

X Grave on this date

W

Cremation Ashes expressed to

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

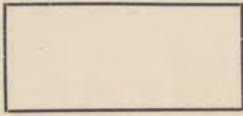
County or City Burial

Automobiles

Baggage or Express Train No.

\$ 37.50

Carey Hand Funeral Home

Name of deceased Mrs Francis Rice Smith
 Date of death Tues - July - 28 - 34 - AM
 Cause of death Asthma - Chro Myocarditis
 Place of death Res -
 Residence 3450 Golf View Ave
 Age 90 Y's 5 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Dest
 Date _____ 193 _____ M
 Account charged W. R. Odell
 Address 725 N. Shadon Rd Lake Forest Ills
 Account guaranteed _____
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Blk Brd. C- 275.00
 Casket with Copper Lin. ✓
 Style of Casket R. Car State
 No. of Casket 6000 S-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes W
 Name Plate ✓
 Cemetery Dest
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation ✓ G. H. Jordan T. D.
 Single Grave 200 E Erie st
 Opening and Closing Grave Chi Ills
 Body Shipped to Chicago Ills
 R. R. Ticket _____
 Cash advanced Express to Chi 72.54
 Telegram _____
 Minister _____
 Casket Wagon (2) 10.00
 Physician Dr J. S. McEuan
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 - 392.54
Wed 7-29-36

Carey Hand Funeral Home

Name of deceased *Georgia Hart Bristol*

Date of death *July 27-34*

Cause of death *Chio Brights*

Place of death *Res*

Residence *St Petersburg*

Age *78* Y'rs *4* Mo's *7* Days

Weight Height ft in. Eyes

Funeral at *St Petersburg*

Date 193 *M*

Account charged *Baymond Funeral Home*

Address *St Petersburg Fla*

Account guaranteed

Address

Embalming *Cremation* 37.50

Robe, Suit, Dress

Underwear and Hose

Casket

Casket with Copper Lin. *Body unlined*

Style of Casket *by Express*

No. of Casket *S. A. L.*

Outside Box *Tues July - 28-34*

Shipping Case or Vault *1130 A M*

Handles

Pillow Set *Body unlined*

Name Plate *Baymond*

Cemetery *Wick July - 28-34*

Section Lot

Return O.S. Box E

I Other Graves

Baymond Co S

X Grave on this date

W

Cremation *Express to*

Single Grave *Baymond F. H.*

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

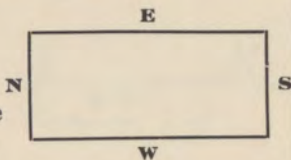
Carey Hand Funeral Home

Name of deceased *Rosette Sultors* *colored*
 Date of death *July 27-34* *9 PM*
 Cause of death *Pulmonary Hemorrhage*
 Place of death *Per*
 Residence *129 N. Hughey*
 Age *27* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Thurs July 30* 193*6* *9 A.* M
 Account charged *City*
 Address _____
 Account guaranteed _____
 Address _____

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

I Other Graves

X Grave on this date



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

14.00

14 00

Carey Hand Funeral Home

Name of deceased *Mrs Lama Schmolder*
 Date of death *Wed July 29-36* *9 PM*
 Cause of death *Suicide* *Cinit's Poisoning*
 Place of death *O. G. H.*

Residence *277 Angelbilt*

Age *43* Y's Mo's Days

Weight *135* Height *5* ft. *3* in. Eyes

Funeral at *Chapel*

Date *Mon Aug-2* 193*6* *4 P. M*

Account charged *Andrew Schmolder*

Address *Angelbilt*

Account guaranteed *8-Mo Note*

Address *526 Pa. wks-*

Embalming ☒ *Dressing* *35.00*

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket *6-3- Casket* *75.00*

Casket with Copper Lin.

Style of Casket *Sgt. H. Co.*

No. of Casket *1924- S*

Outside Box *Rig*

Shipping Case or Vault

Handles *Short*

Pillow Set *yes*

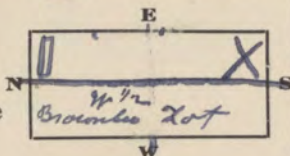
Name Plate

Cemetery *Greenwood*

Section *S E 1/2* Lot *45*

I Other Graves

X Grave on this date



Cremation

Single Grave *Car* *5*

Opening and Closing Grave *7.00* *15.00*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Gavin*

Casket Wagon *(1)* *5*

Physician *Dr. Beardsall*

County or City Burial

Automobiles *S & S* *15.00*

Baggage or Express Train No. *150.00*

work for Chas. Stucki

will pay 5.00 Pa. wks

Carey Hand Funeral Home

Name of deceased Francis H. Price
 Date of death July 29^e
 Cause of death Cyst Adenoma of Thyroid
 Place of death Res
 Residence St Petersburg Fla.
 Age 48 Y'rs 11 Mo's 15 Days 15
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St Petersburg Fla
 Date July 1936 M
 Account charged The Baynard Co.
 Address St Petersburg Fla.
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket Express - S.A.P. R.R.
 Outside Box Thursday 11:30 a.m.
 Shipping Case or Vault July 30-36
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Thursday 11:45 a.m.
 Section July 30-36 Lot _____

E

I Other Graves

N

S

X Grave on this date

W

Cremation Ashes expressed to

Single Grave The 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. Carrie M. Douglass
 Date of death July 30- 36
 Cause of death Cancer of Stomach
 Place of death Res
 Residence Tampa Fla
 Age 80 Yrs 2 Mo's 22 Days
 Weight 80 Height 5 ft. 4 in. Eyes
 Funeral at Tampa
 Date _____ 193____ M
 Account charged Gueman Co
 Address T.D. Tampa
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by Express
 Style of Casket 2 AM
 No. of Casket Sat Aug-1-36
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 8-1-36
 Pillow Set 9-a m
 Name Plate _____
 Cemetery Ashes Exposed to
 Section Gueman Lot _____
T. Home
 I Other Graves Tampa
 X Grave on this date Tla
 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

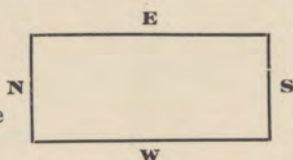
Name of deceased Bert S. Younger
 Date of death Aug-1-36
 Cause of death _____
 Place of death O. G. H.
 Residence Union Park
 Age 45 Y's 4 Mo's _____ Days _____
 Weight 135 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Sun - Aug 2 1936 1-P M
 Account charged County

Address _____
 Account guaranteed _____
 Address _____

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

I Other Graves _____

X Grave on this date _____

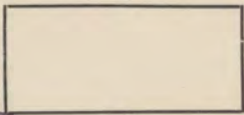


Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 50

was struck by auto
Carey Hand Rd - 7-M. S.E. of Orlando

Carey Hand Funeral Home

Name of deceased Geo W Hammond
 Date of death Aug-2-34 A.M.
 Cause of death acute indigestion
 Place of death W. G. Gathin Hotel
 Residence Jacksonville
 Age 72 Y's 2 Mo's 2 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at best
 Date 1934
 Account charged Mrs Geo W Hammond
 Address Jacksonville Fla W. G. Gathin Hotel
 Account guaranteed OK
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Metal br Clth 285.00
 Casket with Copper Lin. Inner
 Style of Casket Reptile H.C.
 No. of Casket Balment
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes 1864
 Name Plate Name + 1934
 Cemetery Greenmont Baltimore Md
 Section _____ Lot _____
 E
 I Other Graves
 N  S
 W
 X Grave on this date
W. G. Gathin + Son
J. D.
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Baltimore Md
 R. R. Ticket 2928-1543 44.71
 Cash advanced ☒
 Telegram (1) .95
 Minister ☒
 Casket Wagon (2) 10.00
 Physician Dr McMain
 County or City Burial Baltimore 375.66
 Automobiles 1.00
 Baggage or Express Train No. 92 \$376.66
Thursday Aug-6-34

Carey Hand Funeral Home

Name of deceased Joseph M Dalton
 Date of death July - 31 - 36
 Cause of death Chio Cholecystitis
 Place of death Res
 Residence St Petersburg Fla
 Age 70 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St Petersburg
 Date _____ 1936 M
 Account charged Wilhelm and Co
 Address St Petersburg
 Account guaranteed ck
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived by
 Casket with Copper Lin. Auto
 Style of Casket 1130 - a m 8-2-36
 No. of Casket _____
 Outside Box Body cremated
 Shipping Case or Vault Mar 8-3-36
 Handles 9 - a.m.
 Pillow Set Ashes Expressed to
 Name Plate Wilhelm and Co
 Cemetery St Petersburg
 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 _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

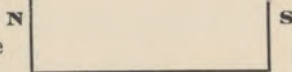
Carey Hand Funeral Home

Name of deceased Elizabeth Sedman
 Date of death Sun Aug-2-36 A.M.
 Cause of death Myocarditis (Chc)
 Place of death Res
 Residence 337 Princeton ave
 Age 48 Y'rs 1 Mo's 14 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Tues Aug-4-1936 5 P. M
 Account charged John Sedman
 Address 337- Princeton
 Account guaranteed
 Address

Embalming Y Dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 5-9 White Pine 135 00
 Casket with Copper Lin.
 Style of Casket Get H. C
 No. of Casket 1972 Tampa
 Outside Box
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves

X Grave on this date



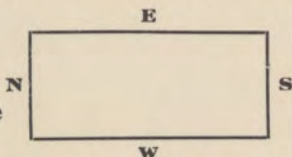
Cremation Cremation 50 00
 Single Grave
 Opening and Closing Grave Music 7.50
 Body Shipped to Body Cremated
 R. R. Ticket 7 A.M. Wed Aug 5-36
 Cash advanced wife call for ashes
 Telegram
 Minister Rev C. H. Turner Bookhart
 Casket Wagon
 Physician Dr. Gray
 County or City Burial \$
 Automobiles 227 50
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased William B Tusher
 Date of death Aug-2-36
 Cause of death Colitis
 Place of death Ocala
 Residence Deland
 Age 2 Y'rs 6 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Aug-3 1936 4 P. M
 Account charged Geo Tusher
 Address Ocala Fla
 Account guaranteed _____
 Address _____
 Embalming ☒
 Robe, Suit, Dress ☒
 Underwear and Hose _____
 Casket 3-6-H L. S.
 Casket with Copper Lin. _____
 Style of Casket Syn N. Top
 No. of Casket _____
 Outside Box R-19
 Shipping Case or Vault _____
 Handles Ball
 Pillow Set ☒
 Name Plate O.S.
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Can Minister H.B.

Single Grave

Opening and Closing Grave Del Box

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev G.H. Turner

Casket Wagon ☒

Physician ☒

County or City Burial ☒

Automobiles Auto

Baggage or Express Train No.

5.00

10.00

5.00

20.00

Carey Hand Funeral Home

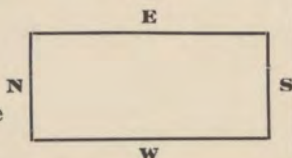
Name of deceased Henry A Kendall
 Date of death Mon aug-3-34- AM
 Cause of death Hyphostatic Pneumonia (myocarditis)
 Place of death Res-
 Residence _____
 Age 55 Y'rs 5 Mo's 2 Days _____
 Weight 145 Height 5 ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday Aug-4 1934 8 P. M
 Account charged Mrs Julia Kendall
 Address Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming Case of Body 15⁰⁰
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- x Gr. Oak 25⁰⁰
 Casket with Copper Lin. ☒
 Style of Casket Oct-A-C
 No. of Casket S 1411-
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext-
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves ☐ N ☐ S
 X Grave on this date ☐ W
 Cremation Cremation 50⁰⁰
 Single Grave ☒
 Opening and Closing Grave Body
 Body Shipped to Cremated 9 AM
 R. R. Ticket Wed aug-5-34
 Cash advanced will call for
 Telegram Ashes
 Minister Mr Lewner
 Casket Wagon ☒
 Physician Dr Bullch
 County or City Burial _____ 90⁰⁰
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Eva Rebecca Boutelle
 Date of death Mon Aug-3-36 5:45 PM
 Cause of death Endocarditis Myositis Pericarditis
 Place of death Dr. Heuty, Saint
 Residence St Cloud
 Age 49 Y'rs 10 Mo's 16 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel F. Home
 Date Wed. Aug 5-1936 M
 Account charged Mrs. Isabel Smith
 Address 153 North St Walpole Mass
 Account guaranteed Western Union Draft 235.00
 Address
 Embalming Y Dressing 35.00
 Robe, Suit, Dress White 8.50
 Underwear and Hose 95.00
 Casket 6-3-Gr Cope
 Casket with Copper Lin. Get - 09
 Style of Casket Get - 09
 No. of Casket 1972 - 1
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Walpole, Mass.
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Walpole Mass

R. R. Ticket _____

Cash advanced Express

Telegram _____

Minister Dr. Heuty

Casket Wagon (2)

Physician Dr. Heuty

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 76

Wed Night 8-5-36

| |
|------------------|
| 30 16 |
| 43 25 |
| 86.56 |
| 5 00 |
| 10.00 |
| <hr/> 235.06 |
| <hr/> 235.00 |
| 241.91 |
| 8.91 |
| <hr/> 235.00 |

Carey Hand Funeral Home

| | | | |
|------------------------------|--------------------|----------|------------------|
| Name of deceased | John W. Burke | | |
| Date of death | Aug-4-34 | 12:55 AM | |
| Cause of death | Uremia | | |
| Place of death | Res | | |
| Residence | 213 E. Concord | | |
| Age | 61 Y'rs | 10 Mo's | 13 Days |
| Weight | 145 | Height | 5 ft. 9 in. Eyes |
| Funeral at | Chapel | | |
| Date | Wed Aug-5 | 1934 | 4-P. M |
| Account charged | Mrs John W Burke | | |
| Address | 213 E. Concord - | | |
| Account guaranteed | Estate + Insurance | | |
| Address | | | |
| Embalming | Dissection | | 35.00 |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 6-3-Gr Clth | | 250.00 |
| Casket with Copper Lin | | | |
| Style of Casket | R. C. Slats | | |
| No. of Casket | 121 - Tampa | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | | | |
| Handles | Ext | | |
| Pillow Set | yes | | |
| Name Plate | | | |
| Cemetery | Woodlawn | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | | | |
| | N | | S |
| X Grave on this date | | | |
| | | W | |
| Cremation | P. B. Car | | 5.00 |
| Single Grave | closed Car | | 5.00 |
| Opening and Closing Grave | T & etc | | 15.00 |
| Body Shipped to | Musie Organ Only | | |
| R. R. Ticket | | | |
| Cash advanced | | | |
| Telegram | | | |
| Minister | Masonic Lodge | | |
| Casket Wagon | (1) | | 5.00 |
| Physician | Dr Childs | | |
| County or City Burial | | | |
| Automobiles | S & S | | 15.00 |
| Baggage or Express Train No. | | | 330.00 |

Carey Hand Funeral Home

| | |
|--|---|
| Name of deceased <u>Mrs Ella L Poole</u> | |
| Date of death <u>Aug-4-36</u> | <u>7 18 A.M.</u> |
| Cause of death <u>O. G. H. Pneumonia</u> | |
| Place of death <u>O. G. H.</u> | |
| Residence <u>Keystone Dr</u> | |
| Age <u>67</u> | Y'rs <u>10</u> Mo's <u>1</u> Days <u> </u> |
| Weight <u> </u> | Height <u> </u> ft. <u> </u> in. Eyes <u> </u> |
| Funeral at <u>Chapel</u> | |
| Date <u>Thurs Aug-6-1936</u> | <u>10-A-M</u> |
| Account charged <u>Walter L. Poole</u> | |
| Address <u>Keystone Drive</u> | |
| Account guaranteed <u> </u> | |
| Address <u> </u> | |
| Embalming <u>+ Dressing</u> | <u>25 00</u> |
| Robe, Suit, Dress <u>✓</u> | |
| Underwear and Hose <u>✓</u> | |
| Casket <u>6-3-Gr Crap</u> | <u>100 00</u> |
| Casket with Copper Lin. <u>✓</u> | |
| Style of Casket <u>Get O.T.</u> | |
| No. of Casket <u>1972 T</u> | |
| Outside Box <u>Reg</u> | |
| Shipping Case or Vault <u>✓</u> | |
| Handles <u>Ext</u> | |
| Pillow Set <u>yes</u> | |
| Name Plate <u>at Rest</u> | |
| Cemetery <u>Greenwood</u> | |
| Section <u>G</u> | <u>S.W. 1/4 Lot 33</u> |

N
E
S

| | |
|--|---------------|
| I Other Graves | |
| X Grave on this date | |
| Cremation <u>Burial Lot</u> | <u>25 00</u> |
| Single Grave <u> </u> | |
| Opening and Closing Grave <u>7+ etc</u> | <u>15 00</u> |
| Body Shipped to <u>Auto Mini</u> | <u>5 00</u> |
| R. R. Ticket <u>Auto</u> | |
| Cash advanced <u> </u> | |
| Telegram <u> </u> | |
| Minister <u> </u> | |
| Casket Wagon <u>(1)</u> | <u>5 00</u> |
| Physician <u>Dr Spruiell</u> | |
| County or City Burial <u> </u> | |
| Automobiles <u>S + S</u> | <u>15 00</u> |
| Baggage or Express Train No. <u> </u> | <u>190 00</u> |

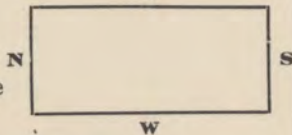
Carey Hand Funeral Home

Name of deceased John S. Williams
 Date of death Aug 5 - 12:05am
 Cause of death Peritonitis - Typhemia
 Place of death Fla Sant
 Residence 1918 Woodward ave
 Age 26 Y's 5 Mo's 4 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs Aug 6 1936 11 a. M
 Account charged Mrs Muriel Williams
 Address 1918 Woodward ave
 Account guaranteed
 Address

Embalming & Dressing 25 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Bld-C 325 00
 Casket with Copper Lin. ✓
 Style of Casket State N.C.
 No. of Casket 5318-S
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes Taped
 Name Plate ✓
 Cemetery Apopka
 Section in Paris Lot Lot E

I Other Graves

X Grave on this date



Cremation Musie 7.50
 Single Grave ✓
 Opening and Closing Grave T & etc 15.00
 Body Shipped to ✓
 R. R. Ticket ✓ Car Min 5.00
 Cash advanced ✓ R. B. Co 5.00
 Telegram ✓
 Minister Rev Mears 5.00
 Casket Wagon (1)
 Physician Dr. Sutton
 County or City Burial ✓
 Automobiles S & S 15.00
 Baggage or Express Train No. 397.50

Carey Hand Funeral Home

Name of deceased Frank E. Anderson
 Date of death Aug 5 - 1:15 a.m.
 Cause of death Arterio Sclerosis
 Place of death Residence
 Residence Merritt Park
 Age 70 Y'rs 9 Mo's 20 Days
 Weight 165 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date Thurs Aug 6 1936 4 P.M.
 Account charged Charlotte Anderson
 Address Merritt Park Wife
 Account guaranteed Estate
 Address
 Embalming Pressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr Cup 100.00
 Casket with Copper Lin.
 Style of Casket Oct O.T.H.C
 No. of Casket 55-Walker
 Outside Box R-9
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Woodlawn
 Section Lot
 E
 I Other Graves
 X Grave on this date
 W
 Cremation Organ Only
 Single Grave
 Opening and Closing Grave TVS 15.00
 Body Shipped to Car Min 5.00
 R. R. Ticket closed Car 40 5.00
 Cash advanced
 Telegram
 Minister Rev Turner 5.00
 Casket Wagon (1)
 Physician Dr Duncan McLean
 County or City Burial
 Automobiles S x S 15.00
 Baggage or Express Train No. 180.00
175.00

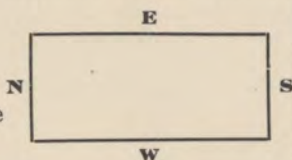
Carey Hand Funeral Home

Name of deceased Harriet Gardner
 Date of death Aug 6 9:40 a.m.
 Cause of death Bridelia Pneumonia
 Place of death O. G. N.
 Residence 35 Hill St
 Age 79 Y'rs 10 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Aug 7 1936 11 a.m.
 Account charged Mr. R. W. Holliday
 Address 35 Hill St
 Account guaranteed _____

Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress ☒ .75
 Underwear and Hose Pr. Stone
 Casket 6-3-Gr cup 90.00
 Casket with Copper Lin. ☒
 Style of Casket Oct O.T.
 No. of Casket 1972-7
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate at Reg
 Cemetery Paw Paw Mich
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Paw Paw Mich
 R. R. Ticket 36.27 3932
 Cash advanced _____
 Telegram 62-76-61-126-81-139
 Minister Rebecca Dodge
 Casket Wagon (2)
 Physician Dr. Andrews
 County or City Burial _____

Automobiles 206.79
 Baggage or Express Train No. 92
Sat - Aug - 7 - 36 (3) P. Leaves 1.50

208.29

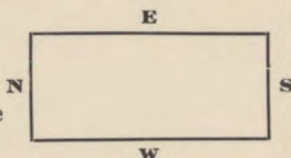
Carey Hand Funeral Home

Name of deceased Joe Brooks Col
 Date of death Aug-5-36
 Cause of death acute gastrocitis
 Place of death Res
 Residence 37- W. Jefferson
 Age 50 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Fri 8-7- 1936 9 A M
 Account charged City
 Address _____
 Account guaranteed _____
 Address _____

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

I Other Graves

X Grave on this date



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

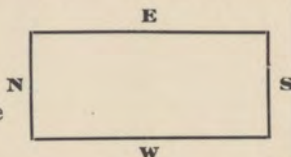
Carey Hand Funeral Home

Name of deceased *Mrs Caroline Atwood*
 Date of death *Aug-3-36*
 Cause of death *Chic Myocarditis*
 Place of death *Res*
 Residence *Daytona Beach*
 Age *82* Y's *1* Mo's *17* Days
 Weight *142* Height *5* ft. *3* in. Eyes *Blue*
 Funeral at *Daytona Beach*
 Date *1936* M
 Account charged *Boggett & Heath*
 Address *Daytona Beach*
 Account guaranteed
 Address
 Embalming *Cremations* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body Covered*
 Casket with Copper Lin. *Hy Auto*
 Style of Casket *11-AM-8-6-36*
 No. of Casket
 Outside Box *Body Cremated*
 Shipping Case or Vault *2-P-M-*
 Handles *Thurs 8-6-36*
 Pillow Set
 Name Plate
 Cemetery
 Section *wooden Box* Lot
 I Other Graves
 X Grave on this date
 Cremation *Ashes expressed to*
 Single Grave *Miss Lillian B Atwood*
 Opening and Closing Grave *Westford Mass*
 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 Monds
 Date of death Aug 6 - 9:30 a.m.
 Cause of death still born
 Place of death Res
 Residence Arta Vista
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Grave
 Date Aug 7 1936 M
 Account charged Mrs. M. Monds
 Address Arta Vista
 Account guaranteed note
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 2/0 W. L. S. H. M. 12 00
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box Reg
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Lake Hill
 Section — Lot —
 I Other Graves —
 X Grave on this date —
 Cremation —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Bought Casket
 R. R. Ticket and done their
 Cash advanced own work.
 Telegram —
 Minister —
 Casket Wagon —
 Physician Dr. Childs
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —



\$12 00

Carey Hand Funeral Home

Name of deceased City Olivia Gooden Col
 Date of death Aug 6
 Cause of death Pulmonary Tuberculosis
 Place of death Res

Residence 1023 West Bentley

Age 17 Y'rs _____ Mo's _____ Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Grave side

Date _____ 193 _____ M

Account charged City

Address _____

Account guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6-3 Case 14 00

Casket with Copper Lin. _____

Style of Casket Spr

No. of Casket _____

Outside Box Reg

Shipping Case or Vault _____

Handles _____

Pillow Set _____

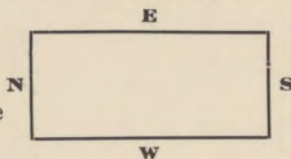
Name Plate _____

Cemetery Greenwood

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician Dr Calahan

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 14 00

Carey Hand Funeral Home

Name of deceased Frank Bernard
 Date of death Tue Aug 7 - 36 PM
 Cause of death Angina Pectoris
 Place of death in Amk Near O.G.H.
 Residence Pine Castle
 Age 72 Y's 5 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel F. Home
 Date Wed Aug 12 1936 4 P. M
 Account charged A. P. Kaufman
 Address Pine Castle Fla
 Account guaranteed Kaufman
 Address _____

Embalming Yes 35.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket 6-3-Dr Plunk 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 gr

Pillow Set yes

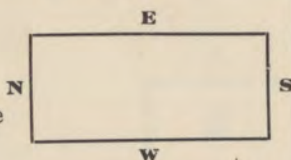
Name Plate ☒

Cemetery Woodlawn

Section 2 Lot _____

I Other Graves

X Grave on this date



Cremation Co

Single Grave

Opening and Closing Grave T + etc 15.00

Body Shipped to P. B Car 5.00

R. R. Ticket

Cash advanced Mrs Flowers 10.00

Telegram

Minister Rev Bouters + Jordan 5.00

Casket Wagon (1)

Physician Dr Redding

County or City Burial

Automobiles S + S 15.00

Baggage or Express Train No. \$260.00

Mrs Flowers

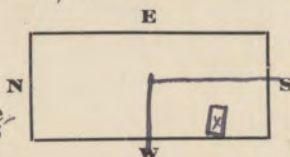
Carey Hand Funeral Home

Name of deceased Wm C Wallace
 Date of death Aug 4 - 1936
 Cause of death Cholera Nephritis
 Place of death St Mary Hospital Rochester Minn
 Residence Pine Castle Fla
 Age 4 Y's 2 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Aug - 9 1936 4 P M
 Account charged Wm C Wallace Sr
 Address Pine Castle
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress Body arrived by
 Underwear and Hose Express
 Casket 230 AM Sat Morning 8-8-36
 Casket with Copper Lin. _____
 Style of Casket H.P. A T
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Small
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section P S W 1/4 Lot 45

I Other Graves _____

X Grave on this date
Burial Lot 1875
Pd - cash -



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket Car Min & P. B.

Cash advanced _____

Telegram _____

Minister Rev Jordan

Casket Wagon Y etc

Physician _____

County or City Burial _____

Automobiles closed car

Baggage or Express Train No. _____

10. 00

5. 00

5. 00

5. 00

25. 00

Carey Hand Funeral Home

Name of deceased *John Abram*
 Date of death *Aug - 6 36*
 Cause of death *Suicide by Hanging*
 Place of death *Res*
 Residence *St Petersburg*
 Age *58* Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg*
 Date _____ 1936 _____ M
 Account charged *Wilhelm Ind Co*
 Address *St Petersburg*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body arrived*
 Casket with Copper Lin. *1-P.M.*
 Style of Casket *by auto 8-8-36*
 No. of Casket _____
 Outside Box *Body cremated*
 Shipping Case or Vault *2-P.M.*
 Handles *Set 8-8-36*
 Pillow Set _____
 Name Plate *Casket Expressed to*
 Cemetery *Wilhelm Ind Co*
 Section *St Petersburg* Lot _____
Tila

used B-7
☐ Other Graves

☐ 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 Wm A. Holling
 Date of death Aug-5-36
 Cause of death Cardiac
 Place of death Miami
 Residence Miami
 Age 70 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged H. N. Combs
 Address Funeral Serv Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by Express
 Style of Casket 120 P M
 No. of Casket Sat Aug-8-36
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated
 Pillow Set 3-P. M. Sat-8-8-36
 Name Plate _____
 Cemetery Graves Expressed to
 Section H. N. Combs and Co
Miami, E. Fla.

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 *Mrs Antonio Miller*
 Date of death *Aug-9-36* *145 A.M.*
 Cause of death *Carcinoma of Stomach*
 Place of death *O. G. St.*
 Residence *Five Castle*
 Age *65* Y'rs *7* Mo's *15* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Wed- Aug 12* 193*6* *4, P. M.*

Account charged

Address

Account guaranteed *Estate & Sons*

Address

Embalming *& Dressing* *35.00*

Robe, Suit, Dress

Underwear and Hose

Casket *6-3- Salt Plush* *175.00*

Casket with Copper Lin.

Style of Casket *Oct 1/2 - Couch*

No. of Casket *1927 S*

Outside Box *Reg*

Shipping Case or Vault

Handles *Ext*

Pillow Set *yes*

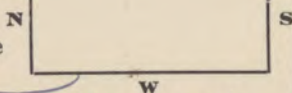
Name Plate

Cemetery *Woodlawn*

Section *D* Lot

I Other Graves

X Grave on this date



Cremation *Can Family No Chg*

Single Grave

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

Body Shipped to *P. B. car* *5.00*

R. R. Ticket

Cash advanced *Spr of Flowers* *10.00*

Telegram

Minister *Rev Boucher & Jordan*

Casket Wagon *(1)* *5.00*

Physician *Dr. S. McEwan*

County or City Burial

Automobiles *S Y S* *15.00*

Baggage or Express Train No.

Spr of Flowers in Hall *260.00*

5.00

265.00

Carey Hand Funeral Home

Name of deceased *Infant of Mr & Mrs Van Horn*
 Date of death *Aug 9 - 1934*
 Cause of death *Brain injury at birth*
 Place of death *Res*
 Residence *Longwood*
 Age *1* Y's *1* Mo's *1* Days
 Weight *12* Height *12* ft. *12* in. Eyes
 Funeral at *Grave Side*
 Date *1934* M
 Account charged *T. M. Van Horn*
 Address *Longwood*
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2-0-W L*
 Casket with Copper Lin.
 Style of Casket *sgu*
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Longwood*
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation *Bought Casket*
 Single Grave *Done there own*
 Opening and Closing Grave *work*
 Body Shipped to *have permit*
 R. R. Ticket *for same*
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

7.00

7.00

will pay Sept-1-

Carey Hand Funeral Home

Name of deceased Wilbur K. Sligh
 Date of death Mon Aug-10-36 9 AM
 Cause of death Chro nephritis
 Place of death O. G. St
 Residence Orlando Cherokee Dr
 Age _____ Y's _____ Mo's _____ Days _____
 Weight 165 Height 5 ft. 8 in. Eyes _____
 Funeral at Deat
 Date Wed Aug 12 1936 9 AM
 Account charged Wilbur Sligh son
 Address Orlando
 Account guaranteed Vivian Butts
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Cup 100.00
 Casket with Copper Lin. ✓
 Style of Casket Oct H. C
 No. of Casket 55-94
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Deat
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Newberry S. C.
 R. R. Ticket 1521 761 761 30.43
 Cash advanced _____ 63
 Telegram (1) 10.00
 Minister ✓
 Casket Wagon 2 176.04
 Physician Dr Tolson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92
Wed Aug 11-36 amb 5.00
\$181.04

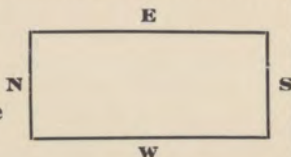
Carey Hand Funeral Home

Name of deceased Toney Inele
 Date of death Mon Aug-10-36 AM
 Cause of death Myxoid - Polys Pneumonia
 Place of death Heety Sant
 Residence Oiland Rt 3
 Age 44 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Wed Aug 12 1936 9 A M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Carey 14.50
 Casket with Copper Lin. _____
 Style of Casket See Flat Top
 No. of Casket 00 W
 Outside Box R-19
 Shipping Case or Vault _____
 Handles Bale
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

X Grave on this date



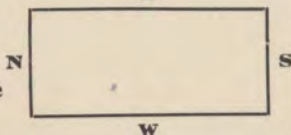
Cremation _____
 Single Grave Woodlawn
 Opening and Closing Grave no ch
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Father Bishop
 Casket Wagon _____
 Physician Dr Heety
 County or City Burial _____
 Automobiles S x S -
 Baggage or Express Train No. 1450

Carey Hand Funeral Home

Name of deceased *Calvin A West*
 Date of death *Wed Aug-10-36*
 Cause of death *Coronary Occlusion*
 Place of death *O. G. H.*
 Residence *904 Cordova Ct*
 Age *66* Y'rs *2* Mo's *8* Days
 Weight *175* Height *6* ft. *—* in. Eyes
 Funeral at *Res*
 Date *Wed Aug-12-1936* *5 P. M*
 Account charged *Mrs Calvin A West*
 Address *904 Cordova Ct*
 Account guaranteed *Estate*
 Address
 Embalming *Yes* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6 Copper Deposit* *3000.00*
 Casket with Copper Lin. *Inner*
 Style of Casket *R. Ca Stat*
 No. of Casket *National Copper Deposit*
 Outside Box *Only* *Shine*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *Name* *1871*
 Cemetery *West* *1936*
 Section Lot

I Other Graves

X Grave on this date



Cremation *Burial*
 Single Grave *Shinnston W. Va*
 Opening and Closing Grave
 Body Shipped to *Clarksburg W. Va*
 R. R. Ticket *Res* *570.00*
 Cash advanced *Excess Baggage*
 Telegram *Ex-Lala*
 Minister *Rev Fred Turner*
 Casket Wagon *(2)*
 Physician *Dr Spencer Tolson*
 County or City Burial *Music 10:00 5:00*
 Automobiles *S & S*
 Baggage or Express Train No. *76*

230.02

34.60

25.00

10.00

15.00

15.00

Wed Night 8-12-36 *3364.62*

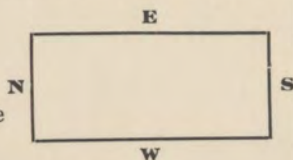
Carey Hand Funeral Home

Name of deceased May Mounds
 Date of death aug-11-36 505
 Cause of death Cancer
 Place of death Ogden
 Residence Ola Vista
 Age 36 Y'rs 4 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Tues aug-11- 1936 5 P M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Care 14.50
 Casket with Copper Lin. _____
 Style of Casket Spr 4.99
 No. of Casket 60 Walker
 Outside Box Reg
 Shipping Case or Vault _____
 Handles ☒
 Pillow Set ☒
 Name Plate ☒
 Cemetery Patrick
 Section _____ Lot _____

I Other Graves

X Grave on this date



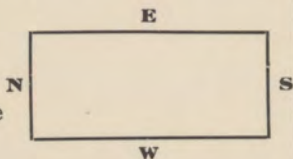
Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Lawrence
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

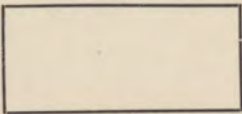
Col

Name of deceased Baby Minnie
 Date of death Aug 9
 Cause of death Still Born
 Place of death Res
 Residence 718 Thomas alley
 Age Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at ✓
 Date Aug 11 - (Tues) 1936 M
 Account charged City
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2/8 W. Sep \$ 7.00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Daniels
 County or City Burial
 Automobiles
 Baggage or Express Train No.



\$7.00

Carey Hand Funeral Home

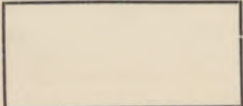
Name of deceased Happy Ella Branch
 Date of death Aug 11 - 4:30 P. m.
 Cause of death Cirrhosis of liver
 Place of death Res
 Residence 26 E. South St
 Age 81 Y's 1 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Least
 Date Aug 1936 M
 Account charged Judge Oliver Branch
 Address _____
 Account guaranteed Will & Berta Branch
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-82 Cup. 100.00
 Casket with Copper Lin. ☒
 Style of Casket Oct-OT
 No. of Casket 55-H
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Madison, Ohio
 Section _____ Lot _____
 E
 I Other Graves ☐ N  S
 X Grave on this date ☐ W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Madison, Ohio
 R. R. Ticket _____
 Cash advanced Express 72.96
 Telegram 124-124 2.48
 Minister Least
 Casket Wagon (2) 10.00
 Physician Dr. Folsom
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 \$220.44
Wed Night Aug-12-36

Carey Hand Funeral Home

Name of deceased Emma H Gray
 Date of death Aug 11th 3 P.M.
 Cause of death Coronary Occlusion
 Place of death 220 S. Cola Drive
 Residence 220 S. Cola Drive
 Age 81 Y'rs 6 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Aug 13 1936 4:30 P.M.
 Account charged H. F. Gray
 Address 220 S. Cola Drive
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-Gr C- 65.00
 Casket with Copper Lin. ☒
 Style of Casket Oct. OT
 No. of Casket S-1411-X
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____
 I Other Graves ☐
 X Grave on this date ☐
 Cremation Cremation 50.00
 Single Grave Brng Urn 35.00
 Opening and Closing Grave Body Cremated
 Body Shipped to 8-a m Fri 8-14-36
 R. R. Ticket will call for Ashes
 Cash advanced _____
 Telegram _____
 Minister Dean Adcock
 Casket Wagon (1) 5.00
 Physician Hal Beardsall
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

190.00

Carey Hand Funeral Home *Poland*

Name of deceased *Jim Holloway*
 Date of death *Tues Aug-11-36-* *PM*
 Cause of death _____
 Place of death *County Home*
 Residence *County Home*
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Wed aug 12* 193*4* *9 A.* M
 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 A M*
 No. of Casket _____
 Outside Box *Reg*
 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 Beardsall* *14 50*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Frank A. Ingraham
 Date of death Aug 10
 Cause of death Peritonitis
 Place of death Res
 Residence Tampa Fla
 Age 70 Y's 10 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Tampa Fla
 Date Aug 1936 M
 Account charged Greenman and Co
 Address Tampa Fla
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket Express 2:30 a.m.
 Outside Box Wed Aug 12-36
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 a.m. Thurs
 Cemetery Aug 13-1936
 Section _____ Lot _____

E

I Other Graves

N

S

X Grave on this date

W

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

\$37.50

Carey Hand Funeral Home

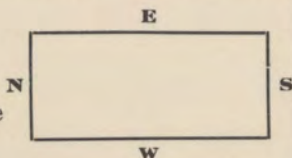
| | | | |
|------------------------------|---|--------|------------------|
| Name of deceased | James W. Lowry | | |
| Date of death | Aug 12 - 1936 | | |
| Cause of death | fractured Skull and vertebrae | | |
| Place of death | O. G. N. Hospital | | |
| Residence | Montverde Fla S-8- | | |
| Age | 22 Y'rs | 9 Mo's | 16 Days |
| Weight | 145 | Height | 5 ft. 6 in. Eyes |
| Funeral at | Methodist Church - Montverde | | |
| Date | Friday Aug 14 - 1936 10 A. M | | |
| Account charged | Cyrus T. Lowry. | | |
| Address | Montverde Fla | | |
| Account guaranteed | | | |
| Address | | | |
| Embalming | Dissection | | 35.00 |
| Robe, Suit, Dress | ✓ | | |
| Underwear and Hose | ✓ | | |
| Casket | 6-3-5 ft Gr Plush | | 175.00 |
| Casket with Copper Lin. | ✓ | | |
| Style of Casket | Oct 5 ft 1/2 - C | | |
| No. of Casket | 1927 - S - | | |
| Outside Box | Reg - | | |
| Shipping Case or Vault | ✓ | | |
| Handles | Ext | | |
| Pillow Set | yes | | |
| Name Plate | ✓ | | |
| Cemetery | Montverde Fla | | |
| Section | | Lot | |
| | | E | |
| I Other Graves | <div style="border: 1px solid black; width: 150px; height: 50px; position: relative; margin: 0 auto;"> E W N S </div> | | |
| 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 | 50-50-26-26-26 | | 1.78 |
| Minister | At Montverde Fla | | |
| Casket Wagon | (1) | | 5.00 |
| Physician | Dr. Gray. | | |
| County or City Burial | | | |
| Automobiles | S + S | | 25.00 |
| Baggage or Express Train No. | | | 256.78 |

Carey Hand Funeral Home

Name of deceased Mr. J. H. Leadford
 Date of death Aug 12 1:45 P.M.
 Cause of death Cerebral Hemorrhage
 Place of death O. G. N.
 Residence Acoll Fla.
 Age 67 Y'rs 4 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home
 Date Thurs Aug 13 193 6 M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Coffin \$ 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves

X Grave on this date



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

\$14.50

Carey Hand Funeral Home

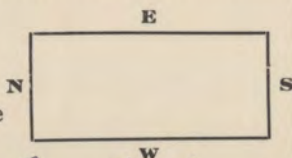
| | | | |
|------------------------------|------------------------------|------|----------|
| Name of deceased | Baby Meyers | | |
| Date of death | Aug 13 - 8 A.M. | | |
| Cause of death | Congenital Heart (blue baby) | | |
| Place of death | D. G. H. | | |
| Residence | Chula Vista | | |
| Age | Y'rs | Mo's | 2 Days |
| Weight | Height | ft. | in. Eyes |
| Funeral at | Grave | | |
| Date | Thurs Aug 13 | 1936 | 4 P. M |
| Account charged | Frank Meyers | | |
| Address | Chula Vista | | |
| Account guaranteed | | | |
| Address | | | |
| Embalming | | | |
| Robe, Suit, Dress | | | |
| Underwear and Hose | | | |
| Casket | 1-0 | H L | 12 00 |
| Casket with Copper Lin. | | | |
| Style of Casket | Sgr | | |
| No. of Casket | H M | | |
| Outside Box | Reg | | |
| Shipping Case or Vault | | | |
| Handles | | | |
| Pillow Set | | | |
| Name Plate | | | |
| Cemetery | Greenwood | | |
| Section | Lot | | |
| | E | | |
| I Other Graves | N S | | |
| X Grave on this date | W | | |
| Cremation | | | |
| Single Grave | Baby Grave | | |
| Opening and Closing Grave | | | |
| Body Shipped to | auto | | |
| R. R. Ticket | | | |
| Cash advanced | | | |
| Telegram | | | |
| Minister | Rev Channing | | |
| Casket Wagon | | | |
| Physician | Dr. Redding | | |
| County or City Burial | | | |
| Automobiles | | | |
| Baggage or Express Train No. | 19 50 | | |

Carey Hand Funeral Home

Name of deceased Marguerite P. Young
 Date of death Aug 12 1936
 Cause of death metastatic Carcinoma of brain
 Place of death Ft Pierce Fla.
 Residence Ft Pierce Fla
 Age 38 Y'rs 10 Mo's 14 Days
 Weight 80 Height 4 ft. 6 in. Eyes
 Funeral at Ft Pierce Fla
 Date Aug 1936 M
 Account charged Fee 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 by auto Thurs
 Outside Box 1:30 P. m
 Shipping Case or Vault Aug 13-36
 Handles
 Pillow Set Body Cremated
 Name Plate Thurs 3:30 P. m.
 Cemetery Aug 13-1936
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

\$ 37.50

Carey Hand Funeral Home

Name of deceased Mrs. Mable Clara O'Neal
 Date of death Thurs Aug -13-34 7-PM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence 115 N. Summerlin ave
 Age 46 Y's 11 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Aug 15 1934 2:30 P M
 Account charged Mr. W. T. O'Neal
 Address 115 N. Summerlin
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-yr Box 75.00
 Casket with Copper Lin. _____
 Style of Casket Oct N. C
 No. of Casket 51411
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

E
 N S
 W

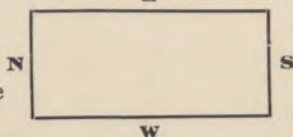
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremation 50.00
 Single Grave None 5.00
 Opening and Closing Grave Body
 Body Shipped to Cremated
 R. R. Ticket 9-a In Mon 8-17-34
 Cash advanced will call for when
 Telegram _____
 Minister Carolyn Parsons 5.00
 Casket Wagon 1
 Physician Dr. G. Tolson
 County or City Burial _____
 Automobiles 170.00
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Elizabeth R. Willeford
 Date of death Aug 14 - 2:30 a. m.
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Pine Castle Fla
 Age 58 Y'rs 6 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church Pine Castle
 Date Sunday Aug 16 1936 4 P. M
 Account charged Mrs Emma Greenwood
 Address Lakeland Ga.
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-~~Embossed~~ Plunk 185.00
 Casket with Copper Lin ✓
 Style of Casket Oct 0.5. 4 1/2 c
 No. of Casket 55 Water Shins
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery 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 Jordan
 Casket Wagon (1) 5.00
 Physician Dr. Beardsall
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 177 00

2 sprig flowers

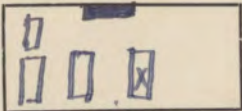
8252.00
6.00
\$258.00

Carey Hand Funeral Home

Name of deceased Walter L. Moore
 Date of death Aug 11
 Cause of death Internal Hemorrhage
 Place of death Res
 Residence Hollywood Fla
 Age 34 Y's 5 Mo's 3 Days
 Weight 170 Height 6 ft. in. Eyes Brown
 Funeral at Hollywood Fla
 Date Aug 1936 M
 Account charged Hollywood Mortuary
 Address Hollywood 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 express
 Outside Box Friday 1:30 P.M.
 Shipping Case or Vault Aug 14-36
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Friday 3 P.M.
 Section Aug 14-36 Lot E
 I Other Graves N
S
 X Grave on this date _____
 Cremation Ashes expressed to
 Single Grave Leetmar Moore
 Opening and Closing Grave 2619-N
 Body Shipped to Starr Road
 R. R. Ticket Columbus, Ohio
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 37.50

Carey Hand Funeral Home

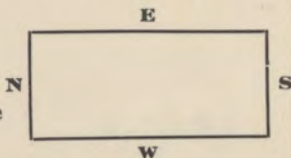
Name of deceased *William J. Hammond*
 Date of death *Sat Aug-15-35* *1230 AM*
 Cause of death *Cerebral apoplexy*
 Place of death *Res*
 Residence *1320 E. Glen ave*
 Age *63* Y's _____ Mo's _____ Days _____
 Weight *110* Height *5 ft. 2* in. Eyes _____
 Funeral at *Chapel*
 Date *Tue Aug 18* 193*5* *4 P. M*
 Account charged *Mrs Lena Hammond*
 Address *1320 E. Glen ave*
 Account guaranteed *Yes*
 Address _____
 Embalming *+ Dressing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-6 6th* *150.00*
 Casket with Copper Lin. *Oct. N.C.*
 Style of Casket _____
 No. of Casket *S 1411- S*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *2-* Lot *84*
 I Other Graves 
 X Grave on this date _____
 Cremation *(2) closed car* *10.00*
 Single Grave *P.B car* *5.00*
 Opening and Closing Grave *15.00*
 Body Shipped to *Car Min* *5.00*
 R. R. Ticket ☒
 Cash advanced *None* *10.00*
 Telegram *Rev Stodley*
 Minister *Rev Stodley*
 Casket Wagon *No chg*
 Physician *Dr. Green*
 County or City Burial _____
 Automobiles *SYS* *15.00*
 Baggage or Express Train No. *245* *00*

Carey Hand Funeral Home

Name of deceased Eugene H. Fossett
 Date of death Aug 13-32
 Cause of death Pulmonary T. B.
 Place of death Miami
 Residence Miami
 Age 45 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193____ M
 Account charged W. L. Philbrick
 Address F. H. Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body buried
 Casket by Express 130 PM
 Casket with Copper Lin. Sat Aug-15-32
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box Sun Aug-16-32
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Order Express
 Name Plate to W. L. Philbrick
 Cemetery F. H. Miami Fla
 Section _____ Lot _____

I Other Graves

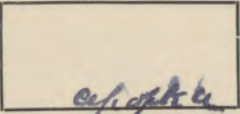
X Grave on this date



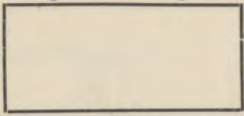
Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Mrs Ada Stipes
 Date of death Aug-15-38
 Cause of death Drowned Suicide
 Place of death Daytona Beach
 Residence Apopka
 Age 42 Y'rs 11 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date _____ 1938 M
 Account charged Mrs Lottie Shosnider
 Address _____
 Account guaranteed _____
 Address _____
 Embalming by Hag & Brooks
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Metal D. Gr 1514 425 00
 Casket with Copper Lin. Inner
 Style of Casket State H.C.
 No. of Casket 8-9558-Orleans
 Outside Box Reg Lament
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set for Sit Gr
 Name Plate ✓
 Cemetery Apopka
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation Closed Can 2 tups 10 00
 Single Grave _____
 Opening and Closing Grave To etc 15 00
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced Hag & Brooks 58 10
 Telegram _____
 Minister _____
 Casket Wagon To Daytona 35 00
 Physician at Daytona
 County or City Burial _____
 Automobiles S & S - 15 00
 Baggage or Express Train No. 55810
air seal Vault 125 00
 683 10

Carey Hand Funeral Home

Name of deceased Wm L. Brown
 Date of death Aug - 14 - 36
 Cause of death Chio Nephritis
 Place of death Res
 Residence Lakeland
 Age 58 Y'rs 7 Mo's 11 Days
 Weight 145 Height 5 ft. 4 in. Eyes
 Funeral at Lakeland
 Date _____ 193____ M
 Account charged Smith & Duke
 Address T. D. Lakeland
 Account guaranteed ok
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body unlined
 Style of Casket by auto
 No. of Casket 6 - PM Sat
 Outside Box 8 - 15 - 36 -
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 9 - a M Sun 8 - 16 - 36
 Name Plate _____
 Cemetery Wish Express to
 Section Smith & Duke
Lakeland Fla
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

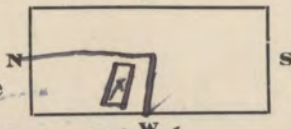
Name of deceased Jeff H. Mosley
 Date of death Sun Aug 16 - 34
 Cause of death Hodgkins Idium 7:15 AM
 Place of death Res
 Residence Box Grand & W. Yale
 Age 58 Y's 6 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues Aug - 18 - 1934 4-P M
 Account charged Mrs J. H. Mosley
 Address _____
 Account guaranteed Small Gulf Insurance
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress B. Serge 12.50
 Underwear and Hose 1.50
 Casket 6-3-5 Elm Do 85.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt. H. Cap
 No. of Casket 2613 - 5
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Greenwood
 Section G. NW 1/4 Lot 5

E

I Other Graves

X Grave on this date



Cremation Burial Lot 25.00
 Single Grave White 7.00
 Opening and Closing Grave T. etc 15.00
 Body Shipped to Murrie 5.00
 R. R. Ticket Car P. B 5.00
 Cash advanced ✓
 Telegram ✓
 Minister Rev Holmes
 Casket Wagon (11) 5.00
 Physician S. Chappel
 County or City Burial
 Automobiles S & S & etc 15.00
 Baggage or Express Train No. \$ 176.00

204.00
 200.00

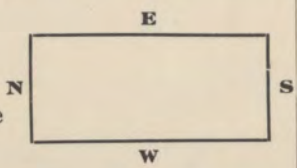
assigned by South **Carroll Hand Funeral Home**

Name of deceased Baby Dawkins
Date of death Aug - 16 - Willie G. Galloway
Cause of death Still Born
Place of death Res
Residence 412 - West Pine
Age ✓ Y'rs ✓ Mo's ✓ Days ✓
Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
Funeral at Mar. side
Date ✓ 193 ✓ M
Account charged City
Address ✓
Account guaranteed Officer Buchanan
Address ✓

Embalming ✓
Robe, Suit, Dress ✓
Underwear and Hose ✓
Casket 2-0 St. M
Casket with Copper Lin. ✓
Style of Casket 292
No. of Casket ✓
Outside Box ✓
Shipping Case or Vault ✓
Handles ✓
Pillow Set ✓
Name Plate ✓
Cemetery Greenwood
Section ✓ Lot ✓

7.00

I Other Graves ✓
X Grave on this date ✓



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

7.00

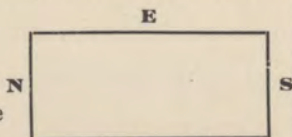
Carey Hand Funeral Home

Name of deceased Moze Haddock
 Date of death Aug 14 - 36 -
 Cause of death apoplexy
 Place of death Res
 Residence Newshotee
 Age 45 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Narcoosa
 Date Mon Aug 17 - 1936 P M
 Account charged Moody Turfentine Co
 Address Newshotee
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Case 14.50
 Casket with Copper Lin.
 Style of Casket Sp
 No. of Casket 100 11
 Outside Box Reg
 Shipping Case or Vault
 Handles Shat
 Pillow Set
 Name Plate
 Cemetery Narcoosa
 Section Lot

I Other Graves

X Grave on this date



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

Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. J. B. Callahan
 County or City Burial
 Automobiles
 Baggage or Express Train No.

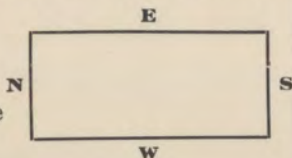
14.50

Carey Hand Funeral Home

Name of deceased John A. Baird
 Date of death Aug - 12 - 36
 Cause of death Accidental Fall Pneumonia
 Place of death Res
 Residence Tampa
 Age 85 Y'rs 2 Mo's 7 Days
 Weight 125 Height 6 ft. in. Eyes
 Funeral at Tampa
 Date _____ 1936 M
 Account charged Greenman F. Home
 Address Tampa
 Account guaranteed Ch
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body unwashed
 Casket CCX 74-2-AM
 Casket with Copper Lin. Wed - 8-19-
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box 10 a M
 Shipping Case or Vault 8-19-36
 Handles _____
 Pillow Set Ashes Expressed
 Name Plate to Greenman
 Cemetery F. Home
 Section Tampa Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

37.50

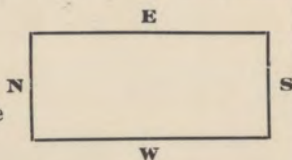
Carey Hand Funeral Home (Col)

Name of deceased Henry Singleton
 Date of death Aug 18 P. M.
 Cause of death Acute Myocarditis
 Place of death Res.
 Residence 442 Capin Ave Winter Park
 Age 25 Y'rs 1 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date Wed. Aug 19 1936 P. M.
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

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

I Other Graves _____

X Grave on this date _____

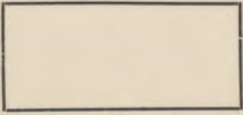


Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Callahan
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 14.50

Carey Hand Funeral Home

Colonel

Name of deceased Samil Williams
 Date of death Aug-19-38
 Cause of death Organic heart disease
 Place of death Tex
 Residence 707 - W. South
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193_____ M _____
 Account charged City
 Address _____
 Account guaranteed Officer J. B. Smith
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-base 14.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Wells
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 14 00

Carey Hand Funeral Home *Colad*

Name of deceased *Geo Ellis*
 Date of death *Aug-20-36*
 Cause of death *C. Int Nephritis*
 Place of death *Res*
 Residence *344 Patule*

Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*

Date _____ 193 _____ M

Account charged *City*

Address _____

Account guaranteed *Officer Buchanan*

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket *60 - Oak* 14.00

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box *Reg*

Shipping Case or Vault _____

Handles _____

Pillow Set _____

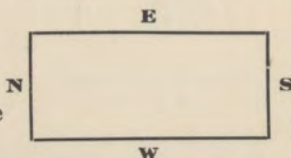
Name Plate _____

Cemetery *Greenwood*

Section _____ Lot _____

☐ Other Graves

☐ Grave on this date



Cremation _____

Single Grave *Colad -*

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician *Dr. H. W. Wooden*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 14.00

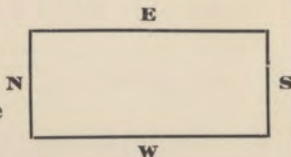
Carey Hand Funeral Home

Name of deceased Albert Schuman
 Date of death aug-18-36
 Cause of death Cancer
 Place of death Res
 Residence Sebastian
 Age 64 Y's — Mo's 14 Days —
 Weight 125 Height 5 ft. 11 in. Eyes —
 Funeral at Vero Beach
 Date — 193— M —
 Account charged C.E. Cox
 Address T. D. Vero Beach
 Account guaranteed Ch
 Address —
 Embalming Cremation
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. Body covered
 Style of Casket ly autr 12 45 PM
 No. of Casket Thurs 8-20-36
 Outside Box Body cremated
 Shipping Case or Vault 3-P.M.
 Handles Thurs-8-20-36
 Pillow Set —
 Name Plate Coxes Express Co
 Cemetery C.E. Cox T. Home
 Section Vero Beach Lot Fla

37.50

I Other Graves

X Grave on this date



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

37 50

Carey Hand Funeral Home

Name of deceased *Mrs. Naomi Jacobsen*
 Date of death *Aug-21-36*
 Cause of death *Cardio Renal Disease*
 Place of death *Daytona Beach*
 Residence *Daytona Beach*
 Age *74* Y's _____ Mo's _____ Days _____
 Weight *155* Height *5* ft. *7* in. Eyes _____
 Funeral at *Daytona Beach*
 Date *Sat 8-22-* 193*6* *2 P* M
 Account charged *Haig & Brooks*
 Address *Daytona Beach*
 Account guaranteed _____
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress *A.J. Jacobs Pd Acct*
 Underwear and Hose *500-*
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Sp 3-X-*
 No. of Casket *Body cremated*
 Outside Box *A.M. Sun 8-23-36*
 Shipping Case or Vault _____
 Handles *Cash Buried F. Lot*
 Pillow Set *Greenwood Cemetery*
 Name Plate *Sun 8-23-36 6 P.M.*
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 Cremation *acft and up*
 Single Grave *A.J. Jacobsen (Ch)*
 Opening and Closing Grave *300*
 Body Shipped to _____
 R. R. Ticket *Body arrived*
 Cash advanced *Sat-8-22-36-*
 Telegram *530 - P.M.*
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

12.50

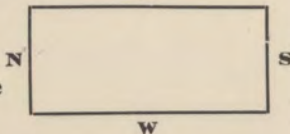
50.00

Carey Hand Funeral Home

Name of deceased Joseph G. Woods
Date of death Aug-20-36-
Cause of death Yunia
Place of death Mt Dora Fla
Residence Mt Dora Fla
Age 86 Y'rs Mo's Days
Weight 105 Height ft. in. Eyes
Funeral at Mt Dora
Date _____ 193 _____ M
Account charged Rehbaum F. Home
Address Mt Dora Fla
Account guaranteed chk
Address _____
Embalming Cremation 37.50
Robe, Suit, Dress _____
Underwear and Hose _____
Casket _____
Casket with Copper Lin. Body Anvil
Style of Casket ly auto 530 PM
No. of Casket Sat- aug-22-36
Outside Box Body cremated
Shipping Case or Vault 9-A M
Handles Sun aug-23-36
Pillow Set _____
Name Plate Ashes expressed
Cemetery to Rehbaum
Section F.H. Mt Dora Lot _____
Fla E

I Other Graves

X Grave on this date



Cremation

Single Grave -----

Opening and Closing Grave -----

Body Shipped to

R. R. Ticket _____

Cash advanced

Telegram

Minister

Casket Wagon -----

Physician _____

County or City Burial _____

Automobiles

Baggage or Express Train No. _____

32.50

37, 50

Carey Hand Funeral Home

Name of deceased John W. Blair
 Date of death Aug - 21 - 36
 Cause of death Paralysis
 Place of death Blair
 Residence St Petersburg
 Age 64 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St Petersburg
 Date _____ 193 _____ M
 Account charged Emdicott F. Home
 Address St Petersburg Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket by auto 9:45 PM
 Casket with Copper Lin. Sat Aug-22-36
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box 9 a. m. Sun 8-23-36
 Shipping Case or Vault _____
 Handles Express casket to
 Pillow Set Emdicott F. Home
 Name Plate St Petersburg
 Cemetery _____
 Section _____ Lot _____
wooden box

☐ I Other Graves
☐ X Grave on this date

N
E

W
S

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

37.50

Carey Hand Funeral Home

Name of deceased John A Popel
 Date of death Sun aug - 23 - 36 AM
 Cause of death Carcinoma of Stomach
 Place of death C. G. St.
 Residence Cherry Highway Popel Str
 Age 67 Yrs 11 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed - Aug - 24 1936 3 - P M
 Account charged Estate

Address _____

Account guaranteed _____

Address _____

Embalming & Dressing 35.00

Robe, Suit, Dress Blue Suit 11.00

Underwear and Hose Underwear 75

Casket 6-3- Doe - 150.00

Casket with Copper Lin. ☒

Style of Casket Spr

No. of Casket 157 1/2 Jet C -

Outside Box Reg -

Shipping Case or Vault ☒

Handles Short

Pillow Set yes

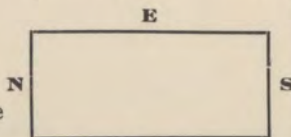
Name Plate at Rest

Cemetery Greenwood

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Car Mm 5.00

Single Grave Whty 7.00

Opening and Closing Grave ☒ e grave 15.00

Body Shipped to Hamilton Ohio

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Turner

Casket Wagon (1) 5.00

Physician Dr Beardahl

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. _____

243.85
243.75

Carey Hand Funeral Home

Name of deceased Frank W. Ross
Date of death Sun Aug-23- 1:30 PM
Cause of death Pneumonia - Int Hemorrhage
Place of death B. H.
Residence 921 High Blvd Orlando
Age 52 Yrs 6 Mo's 16 Days
Weight 160 Height 5 ft. 9 in. Eyes
Funeral at Chapel
Date Tuesday Aug 25 1936 11 AM
Account charged Mrs. Lillie Ross (Wife)
Address 921 High Blvd
Account guaranteed
Address
Embalming J. Dussing 35.00
Robe, Suit, Dress Blue Serge 12.50
Underwear and Hose 1.50
Casket 6-6 Metal 325.00
Casket with Copper Lin. Inner
Style of Casket State N.C. & T.
No. of Casket S-90 - Penn
Outside Box
Shipping Case or Vault P. B. Case 5.00
Handles
Pillow Set (2) Family Case 10.00
Name Plate
Cemetery Greenwood
Section _____ Lot _____
E
I Other Graves _____
X Grave on this date _____
W
Cremation Musie 10.00
Single Grave
Opening and Closing Grave T & etc 15.00
Body Shipped to ✓
R. R. Ticket ✓
Cash advanced ✓
Telegram
Minister Mamie Bock 5.00
Casket Wagon (1) S. M. Egan
Physician Duncan
County or City Burial
Automobiles S & S 15.00
Baggage or Express Train No. 43400

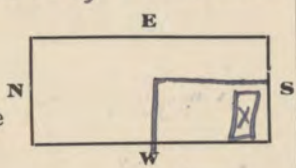
Carey Hand Funeral Home

Name of deceased John. G. M. Monell
 Date of death Aug 24 4:30 a.m.
 Cause of death Kassakosis Pyclois
 Place of death Clear Lake Lodge
 Residence 418 N. Thine St
 Age 46 Y's 2 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Aug 27 1936 4 P. M
 Account charged Mrs. Olga M. Monell
 Address 418 N. Thine St Wife
 Account guaranteed _____

Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Emb Plush - 75.00
 Casket with Copper Lin. ☒
 Style of Casket Sp. H. Cap
 No. of Casket 128-Jet E
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes
 Name Plate at Rest
 Cemetery Greenwood
 Section G - SW 1/4 Lot 6 -

I Other Graves

X Grave on this date



Cremation _____
 Single Grave Single Grave 7.00
 Opening and Closing Grave 15.00
 Body Shipped to P. Car 5.00
 R. R. Ticket P. B Car 5.00
 Cash advanced Car Min 5.00
 Telegram _____
 Minister E. Lee Smith 5.00
 Casket Wagon (1)
 Physician Dr. Frank Jones
 County or City Burial Dr. Jones
 Automobiles S v S 15.00
 Baggage or Express Train No. 167.00
Burial Lot 25.00

192.00
7.00
185.00

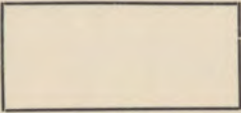
Per

Carey Hand Funeral Home

| | | | |
|-------------------------|-------------------------------------|--------------------------------|----------------|
| Name of deceased | | <i>Theresta E. Haas</i> | |
| Date of death | | <i>Aug 24 - 2:30 a.m.</i> | |
| Cause of death | | <i>Cancer of Colon</i> | |
| Place of death | | <i>Heitz Sanit</i> | |
| Residence | | <i>Sorento Fla</i> | |
| Age | <i>37</i> Y'rs | <i>5</i> Mo's | <i>14</i> Days |
| Weight | Height | ft. | in Eyes |
| Funeral at | | <i>Residence - Sorento Fla</i> | |
| Date | | <i>Wed Aug 26 1936 10 A. M</i> | |
| Account charged | | <i>Frank Haas</i> | |
| Address | | <i>Sorento Fla</i> | |
| Account guaranteed | | <i>OK -</i> | |
| Address | | | |
| Embalming | <i>& Dressing</i> | 35.00 | |
| Robe, Suit, Dress | | 7.00 | |
| Underwear and Hose | <input checked="" type="checkbox"/> | | |
| Casket | <i>6-3- Dr Gr Plush</i> | 190.00 | |
| Casket with Copper Lin. | <input checked="" type="checkbox"/> | | |
| Style of Casket | <i>Oct 1/2 - C -</i> | | |
| No. of Casket | <i>1927 -</i> | | |
| Outside Box | <i>Reg</i> | | |
| Shipping Case or Vault | <input checked="" type="checkbox"/> | | |
| Handles | <i>Ext -</i> | | |
| Pillow Set | <i>yes</i> | | |
| Name Plate | <input checked="" type="checkbox"/> | | |
| Cemetery | <i>Bay Ridge</i> | | |
| Section | Lot | | |

| | |
|------------------------------|--------------------------|
| I Other Graves | |
| X Grave on this date | |
| Cremation | |
| Single Grave | |
| Opening and Closing Grave | <i>TD etc</i> 15.00 |
| Body Shipped to | |
| R. R. Ticket | |
| Cash advanced | |
| Telegram | |
| Minister | <i>Rev Bouters</i> 5.00 |
| Casket Wagon | <i>(C)</i> |
| Physician | <i>Dr. Bullock</i> |
| County or City Burial | |
| Automobiles | <i>S & S -</i> 25.00 |
| Baggage or Express Train No. | |
| <i>Spaw Thomas</i> | <i>5.00</i> |
| <i>8.00</i> | |
| <i>\$ 285.00</i> | |

Carey Hand Funeral Home

Name of deceased Fred Sutherland
 Date of death Aug 23
 Cause of death Embolus
 Place of death Res
 Residence St Petersburg Fla
 Age 40 Y's 10 Mo's 13 Days
 Weight 150 Height 6 ft. in. Eyes Blue
 Funeral at St Petersburg
 Date Aug 193 M
 Account charged Baynard Und Co
 Address St Petersburg Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body
 Style of Casket gruved at
 No. of Casket 11:30 a.m.
 Outside Box Monday 8-24-36
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate Monday 2 Pm.
 Cemetery Aug 24-36
 Section _____ Lot _____
 E
 I Other Graves
 X Grave on this date
 N  S
 W
 Cremation Ashes expressed
 Single Grave to Baynard
 Opening and Closing Grave Und Co
 Body Shipped to St Petersburg
 R. R. Ticket Fla
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37 50

Carey Hand Funeral Home

Name of deceased Edward R. Story
 Date of death Aug 24 - 2:15 P.M.
 Cause of death Spinal Meningitis
 Place of death C. G. H.
 Residence Winter Garden, Fla
 Age 19 Y'rs 3 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church - W. Garden
 Date Tues Aug 25 - 1936 5 P. M
 Account charged Mrs Mattie Story
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-8108-
 Casket with Copper Lin. ☒
 Style of Casket R. Co State
 No. of Casket 8108-
 Outside Box ☒
 Shipping Case or Vault air Seal
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Oakland
 Section _____ Lot _____
 I Other Graves ☐
 X Grave on this date ☐
 Cremation Car G. B. B.
 Single Grave extra Car
 Opening and Closing Grave ☒ C. Grave
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister at Winter Garden
 Casket Wagon (1)
 Physician Dr. C. D. Christ
 County or City Burial _____
 Automobiles S & S -
 Baggage or Express Train No. # 4

35 00

350.00

5 00

5 00

15.00

5 00

15 00

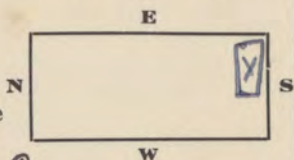
430 00

Carey Hand Funeral Home

Name of deceased Wm. O. Anderson
 Date of death Aug 23rd
 Cause of death Fracture of Skull-Fall
 Place of death Seminole Hotel Jax Fla
 Residence Tallahassee Fla
 Age 33 Y's 11 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel-Fun Home
 Date Wed Aug 26 1936 10 a.m
 Account charged Eilande Anderson
 Address Eilande Fla
 Account guaranteed Small Insurance
 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 Greenwood
 Section Cin Cin Lot 11

I Other Graves _____
 X Grave on this date _____



| | | |
|------------------------------|-----------------------|---------------|
| Cremation | <u>2-B-C</u> | <u>10.00</u> |
| Single Grave | <u>1-Cin</u> | <u>5.00</u> |
| Opening and Closing Grave | <u>etc</u> | <u>15.00</u> |
| Body Shipped to | | |
| R. R. Ticket | | |
| Cash advanced | <u>To House Eiler</u> | <u>118.80</u> |
| Telegram | <u>(1)</u> | <u>.70</u> |
| Minister | <u>Rev Turner</u> | |
| Casket Wagon | <u>(1)</u> | <u>5.00</u> |
| Physician | <u>at Jax Fla</u> | |
| County or City Burial | | |
| Automobiles | <u>505</u> | <u>15.00</u> |
| Baggage or Express Train No. | <u>1</u> | <u>69.50</u> |
| <u>1-2 D Phone</u> | | <u>1.00</u> |

170.50

Carey Hand Funeral Home

Name of deceased Vance M. Lead.
 Date of death Aug 22nd
 Cause of death Carcinoma of lung
 Place of death Bay Pines Fla
 Residence Winter Garden Fla
 Age 42 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Graveside
 Date Tues Aug 25 1936 3 P. M
 Account charged

Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Body arrived from
 Shipping Case or Vault Bay Pines Fla.
 Handles Tues 1:30 P.M. by express
 Pillow Set on Pt G. R.R. Aug 25-30
 Name Plate
 Cemetery Oakland
 Section Lot

I Other Graves
 X Grave on this date

Cremation
 Single Grave
 Opening and Closing Grave etc 15 00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister At Winter Garden
 Casket Wagon
 Physician At Bay Pines Gen Hospital
 County or City Burial
 Automobiles SJS 15 00
 Baggage or Express Train No.

\$30 00