

12-1-1936

Memoranda Book 108: Carey Hand Funeral Home records, December 1, 1936 to January 7, 1937

Carey Hand Funeral Home

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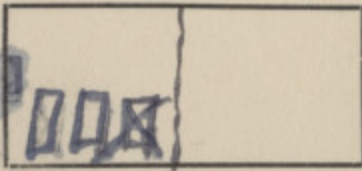
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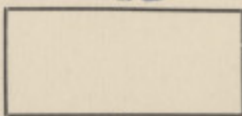
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Carey Band Funeral Home

Name of deceased Mary S. Simmons
Date of death Dec - 1 - 1936 6:30 AM
Cause of death Pulmonary Abscess following
Place of death Res Extraction of tooth
Residence 366 - N. Orange
Age 51 Yrs Mo's Days
Weight 80 Height 5 ft 3 in. Eyes
Funeral at Res 366 N.
Date Wed Dec - 2 - 1936 10 AM
Account charged Phill Simmons
Address
Account guaranteed Estate
Address
Embalming + Susann 35 - 25.00
Robe, Suit, Dress ✓
Underwear and Hose ✓
Casket 6-3-Gr B.C. 171 150.00
Casket with Copper Lin.
Style of Casket Oct - O.T.
No. of Casket 5-1411
Outside Box ✓
Shipping Case or Vault air Seal 111 85.00
Handles Short 0 Sil 1 in
Pillow Set yes
Name Plate ✓
Cemetery Greenwood
Section B Lot 213
213 E 214
I Other Graves
X Grave on this date

Cremation P. B Car 5.00
Single Grave
Opening and Closing Grave Tx etc 15.00
Body Shipped to Min Car No Chg
R. R. Ticket
Cash advanced
Telegram McNair
Minister McNair
Casket Wagon
Physician Dr T. A. Neal
County or City Burial
Automobiles 8x5 15.00
Baggage or Express Train No. 295.00

Carey Hand Funeral Home

Name of deceased Tillie Fletcher
 Date of death Nov 28th
 Cause of death Paralysis
 Place of death Lutz Fla.
 Residence Lutz Fla.
 Age 71 Yrs 11 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lutz Fla.
 Date Nov 1936 6 M
 Account charged J. Reed & Son
 Address Tampa
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body Guard
 Outside Box by auto 930 AM
 Shipping Case or Vault 12-1-36
 Handles Body cremated
 Pillow Set 10-AM 12-1-36
 Name Plate _____
 Cemetery Ashes Express Co
 Section J. Reed & Son Lot _____
Tampa 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. _____

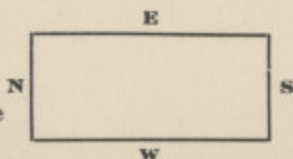
\$ 37.50

Carey Hand Funeral Home

Name of deceased Mr. Roy. H. McKay.
 Date of death Nov 28th
 Cause of death Fall.
 Place of death Miami, Fla
 Residence _____
 Age 53 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date Nov 1936 M
 Account charged Jeff. P. McGan F.H.
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Walnut 1/2 c -
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body arrived up
 Outside Box Express S. & L.
 Shipping Case or Vault 10-6 m
 Handles Dec-1-36
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 3 P.M. Tuesday
 Section Sec 1-1936 Lot _____

I Other Graves

X Grave on this date



Cremation Ashes expressed

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.

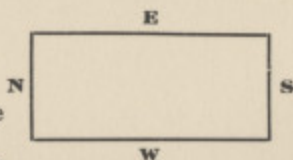
37.50

Carey Hand Funeral Home

Name of deceased David Phair
 Date of death Nov 30
 Cause of death Premature Birth
 Place of death Umatilla Hospital
 Residence Plattsburg, N.Y.
 Age ✓ Y's ✓ Mo's ✓ Days 4 hrs
 Weight 4 1/2 Height 1 ft. ✓ in. Eyes Brown
 Funeral at ✓
 Date ✓ 1936 ✓ M
 Account charged Spooner Funeral Home
 Address Custis Fla
 Account guaranteed lect Pd by Mrs J.M. Fosie
 Address Custis Fla
 Embalming Cremation 7.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body removed
 Style of Casket by auto 12:30 P.M.
 No. of Casket Dec-1-36
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 1891-12-1-36
 Pillow Set _____
 Name Plate ashes exposed to
 Cemetery Spooner Funeral
 Section Home - Lot Custis Fla

I Other Graves

X Grave on this date



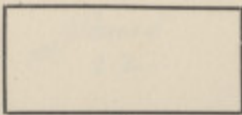
Cremation Paid Spooner Funeral
 Single Grave Home # 2.50 diff in
 Opening and Closing Grave Check
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

7.50

Carey Hand Funeral Home

Name of deceased Mary C. Jackson
 Date of death Dec-1-36 3 P.M.
 Cause of death Cholera Myocarditis
 Place of death Res
 Residence 1227 - Ridgewood
 Age 86 Y'rs 3 Mo's 17 Days
 Weight 100 Height 5 ft. 5 in. Eyes Blue
 Funeral at Chapel
 Date 1936 M
 Account charged Miss Adelaide B. Jackson
 Address 1227 Ridgewood
 Account guaranteed _____
 Address _____
 Embalming Y Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Sev - Chy 33.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Innie Organ Only
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation 50.00
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Body Cremated
 Single Grave 9 AM Fri
 Opening and Closing Grave Dec-4-36
 Body Shipped to will call for
 R. R. Ticket Ashes -
 Cash advanced _____
 Telegram _____
 Minister Dean Johnson 5.00
 Casket Wagon _____
 Physician Dr. L. M. E. Evans
 County or City Burial _____
 Automobiles 125.00
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Jane H. Windom
 Date of death Dec 1st 6 P.M.
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence 408 - E. Church St
 Age 78 Y'rs 3 Mo's 11 Days
 Weight 120 Height 5 ft. 3 in. Eyes Brown
 Funeral at Chapel
 Date Friday Dec 4th 1936 10 A. M
 Account charged Wm H. Windom
 Address 408 E. Church St. Orlando
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Severe Chg 35.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Organ only
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Park
 Section 31 Lot B
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation Yes 20.00
 Single Grave _____
 Opening and Closing Grave 4 Cnts 5.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Dr. Folsom
 County or City Burial 115.00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased <u>Geo Lane Moore</u>	
Date of death <u>Dec 1st</u> <u>P.M.</u>	
Cause of death <u>Angina Pectoris</u>	
Place of death <u>545 Chase Ave. Winter Park Fla</u>	
Residence <u>Winter Park</u>	
Age <u>83</u> Y'rs <u>11</u> Mo's <u>12</u> Days	
Weight <u>200</u> Height <u>6</u> ft. in. Eyes	
Funeral at <u>Knower Memorial Chapel</u>	
Date <u>Sat - Dec - 5</u> 193 <u>6</u> <u>12 Noon</u>	
Account charged <u>Mrs Geo L. Moore</u>	
Address <u>545 - Chase Ave W. P.</u>	
Account guaranteed <u>Estate</u>	
Address	
Embalming <u>Discreting</u>	35.00
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-6- Orleans Bronze</u>	1250.00
Casket with Copper Lin. <u>Inner</u>	
Style of Casket <u>Full Slate</u>	
No. of Casket <u>Pitts Orleans</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>Yes</u>	1.53
Name Plate <u>Name</u> 193 <u>6</u>	
Cemetery <u>in Vault</u>	
Section	Lot
	E
I Other Graves	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> Vault # 12 </div>
X Grave on this date	W
Cremation <u>Vault 5th P.M.</u>	
Single Grave <u>closed can No Ltg</u>	
Opening and Closing Grave	
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister <u>Dr Campbell</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr Buel</u>	
County or City Burial	
Automobiles <u>S Y S</u>	15.00
Baggage or Express Train No.	1305.00

Carey Hand Funeral Home

Name of deceased Frank B. Knapp
 Date of death Dec 1st 1:30 a.m.
 Cause of death Cellulitis of left foot & leg
 Place of death Fla. San't.
 Residence Fairville Fla.
 Age 53 Y'rs 4 Mo's 4 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Tues. Dec 1st 1936 4 P. M
 Account charged J. J. Newman
 Address 3018 Helen St. Orlando Fla
 Account guaranteed Insurance
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket y Service Chg 60.00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body Cremated
 Outside Box 8 a.m. Wed
 Shipping Case or Vault Dec 2-36
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation 50.00
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation Will call for ashes
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Shadley
 Casket Wagon (1) 5.00
 Physician T. A. Neal
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$150.00

Carey Hand Funeral Home

Name of deceased Helen W Ellis
 Date of death Dec-2-36 9:30 AM
 Cause of death Wife Goutyema of Gall Bladder
 Place of death W. H.
 Residence 830 Ellwood st
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri 2:30 PM 1936-12-4 M
 Account charged Mr Jas. G. Ellis
 Address 830 Ellwood st
 Account guaranteed Estate
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-6 in cloth 75.00
 Casket with Copper Lin. ☒
 Style of Casket Oct
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves ☐ N ☐ S
 X Grave on this date ☐ W
 Cremation Cremation 50.00
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated 8-AM
 R. R. Ticket 12-5-36
 Cash advanced misc 5.00
 Telegram will call for ashes
 Minister _____
 Casket Wagon H 5.00
 Physician Dr J. H. Chappell
 County or City Burial _____
 Automobiles Amb 5.00
 Baggage or Express Train No. _____
Am Sav -
Referring Ring \$170.00
2121

Carey Hand Funeral Home

Name of deceased Clement W. Guest
 Date of death Wed Dec 2-36 8-P.M
 Cause of death Angina Pectoris
 Place of death Res
 Residence 1485- Orange ave
 Age 74 Y'rs 8 Mo's 26 Days in F.H.A.M
 Weight _____ Height _____ ft. _____ in. Eyes Chang
 Funeral at Chapel Grave side
 Date Sunday Dec 6 1936 3 P.M
 Account charged Joseph H. Guest (Son)
 Address 6923 1 Home St Silverton
 Account guaranteed Estate Ohio
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6- Metal 250.00
 Casket with Copper Lin. ✓
 Style of Casket State 1/2-E
 No. of Casket Walker
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes 1862
 Name Plate Namy 1936
 Cemetery Windsor Park
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N in Vault built by me West Jan - 1935 S
in S.W. side
 Cremation ms Selma Guest N. Side
 Single Grave Mr Guest S. Side
 Opening and Closing Grave _____
 Body Shipped to Trout Chassis & etc 15.00
 R. R. Ticket Mason Fun & Closing
 Cash advanced Crypt
 Telegram _____
 Minister Masonic Order
 Casket Wagon (1) 5.00
 Physician Dr Burke
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____
320.00

Mrs Guest died

Jan - 13 - 1935

Carey Hand Funeral Home

Name of deceased Francis C Bruner
 Date of death Thurs Dec 3-36 AM
 Cause of death Heart & Intestinal Injuries
 Place of death Hospital at Seabring
 Residence Deland
 Age 48 Y's _____ Mo's _____ Days _____
 Weight 125 Height 5 ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat - 12-5- 1936 P. M.
 Account charged Hazel Hager
 Address 425 Saw Orange Ave
 Account guaranteed H. & C. M. Hager
 Address Ganettville Ohio
 Embalming & Dressing 35 00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Sil Plush 150 00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - 2
 No. of Casket 1927-5-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery West
 Section _____ Lot _____

E

I Other Graves

E

N

S

X Grave on this date

E

N

S

W

 Cremation Cash Mrs. Hager 25 00
 Single Grave Expense to Seabring 10 00
 Opening and Closing Grave _____
 Body Shipped to Ganettville Ohio
 R. R. Ticket _____
 Cash advanced Express 74 28
 Telegram 72
 Minister Rev Bookhart 5 00
 Casket Wagon to Seabring 50 00
 Physician Dr Martin at Seabring
 County or City Burial C & S Sta 5 00
 Automobiles _____
 Baggage or Express Train No. 76 355 00
Sat-Night 12-5-36

of acct. run by
 agent of
 Seabring
 at
 Seabring

Carey Hand Funeral Home

Leve

Name of deceased William Washington
 Date of death Nov-19-36-
 Cause of death apoplexy - Brain
 Place of death Res
 Residence 411- W. Jefferson
 Age 62 Y'rs 9 Mo's 13 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 Slate & Strong
 No. of Casket got the call
 Outside Box No Money
 Shipping Case or Vault City Burial
 Handles 12-3-34
 Pillow Set _____
 Name Plate Officer Buchanan
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on this date W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Wm. Wells
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 14. 00

Carey Hand Funeral Home

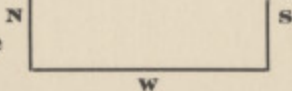
Colard

Name of deceased Carrie Eptkins
 Date of death Nov - 23 - 36
 Cause of death Heart attack
 Place of death Res
 Residence 119 Gardner
 Age 86 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date Dec - 3 - 1936 P 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 Slate & Shing
 Outside Box Delivered Body
 Shipping Case or Vault Thurs - 12-3-38
 Handles
 Pillow Set Officer Buchanan
 Name Plate
 Cemetery
 Section Lot

I Other Graves

X Grave on this date

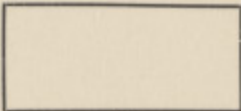


Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Judge Shaver
 County or City Burial
 Automobiles
 Baggage or Express Train No.

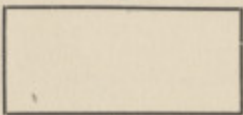
14.00

14.00

Carey Hand Funeral Home

Name of deceased Geos Jack F. Antkner
 Date of death Nov-30-36-
 Cause of death Myocarditis
 Place of death Daytona Beach Fla
 Residence Barbourville Ky
 Age 50 Y's 3 Mo's 16 Days
 Weight 165 Height 5 ft. 8 in. Eyes
 Funeral at Daytona Beach
 Date _____ 193____ M
 Account charged Haight & Brooks
 Address F. D. Daytona Beach
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body unwed
 Casket by auto 530 PM
 Casket with Copper Lin. Dec-3-36
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box P-a m 12-4-36
 Shipping Case or Vault _____
 Handles Ashes Exposed To
 Pillow Set Haight & Brooks
 Name Plate Daytona Beach
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased John Albert Thompson
 Date of death Dec-3-1936 P.M.
 Cause of death Myocarditis. Coronary Thrombosis
 Place of death Res.
 Residence Sow Dixie L. Jimmy Jewell
 Age 83 Y's 10 Mo's 23 Days
 Weight 125 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sat - Nov 5 1936 4 P M
 Account charged Mrs John A. Thompson
 Address Orlando - Rt #1
 Account guaranteed Estate W. W. Draft
 Address H. C. Thompson (Son) Dover N.H.
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 - Gr Doe 100.00
 Casket with Copper Lin. ☒
 Style of Casket Oct H. C
 No. of Casket 55 - Walker
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set Yes
 Name Plate ☒
 Cemetery Hampton N.H.
 Section Lot
 I Other Graves ☐ 
 X Grave on this date ☐
 Cremation Dr Beardsahl 5.00
 Single Grave ☐
 Opening and Closing Grave ☐
 Body Shipped to Dover N. H.
 R. R. Ticket ☐
 Cash advanced Express 88.58
 Telegram Dean adcock
 Minister (2) 10.00
 Casket Wagon (2)
 Physician Dr Beardsahl
 County or City Burial 238.58
 Automobiles ☐
 Baggage or Express Train No. 76
Sat Night 12-5-36

Carey Hand Funeral Home

Name of deceased Frank L. Day
 Date of death Sun Dec - 6 - 36 6 P.M.
 Cause of death Brain Abscess.
 Place of death O. G. H.
 Residence Deer
 Age 46 Y'rs Mo's Days
 Weight Height ft in. Eyes
 Funeral at Grave Side
 Date Tues. Dec - 8 - 1936 4 P. M
 Account charged County
 Address
 Account guaranteed Arthur Glady-
 Address
 Embalming No chg -
 Robe, Suit, Dress 4.25 No chg
 Underwear and Hose
 Casket 4-3-1 14.50
 Casket with Copper Lin.
 Style of Casket Exp. Flat Top
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Bale
 Pillow Set
 Name Plate
 Cemetery Deer
 Section Lot
 E
 I Other Graves
 N S
 X Grave on this date
 W
 Cremation
 Single Grave
 Opening and Closing Grave by Friends
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon To Cemetery
 Physician Dr. Ingraham 14.50
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Edward F. Wade
 Date of death Sun - Dec - 6 - 36 - 6-P.M.
 Cause of death Pericardial Abscess - Toxic Hepatitis
 Place of death jaundice
 Residence O.G.H.
 Age 71 Y'rs 7 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Dec - 10 1936 4-P.M.
 Account charged Mrs. F. Wade
 Address Colando Rt - 3 - Box 23
 Account guaranteed \$100 F
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒ Sw Chg 10.00
 Casket 6-3-X-2
 Casket with Copper Lin. ☒
 Style of Casket Oct
 No. of Casket 55 Walker
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Cremation 50.00
 Single Grave Organ Only
 Opening and Closing Grave Body
 Body Shipped to Crematory 9 AM
 R. R. Ticket Sat 12-12-36
 Cash advanced will call for Ashes
 Telegram _____
 Minister C. S. Pedice & \$100 F 5.00
 Casket Wagon _____
 Physician Dr. L. Orr
 County or City Burial _____ 100.00
 Automobiles _____
 Baggage or Express Train No. _____

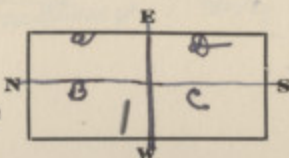
Carey Hand Funeral Home

Name of deceased Frank C. Vande Water
 Date of death Nov Dec-8-36
 Cause of death Res Ulcer Leadenum
 Place of death Res
 Residence 212 E. Comstock ave
 Age 73 Yrs 3 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs 12-10-PM 1936 2 P M
 Account charged Mrs Frank C Vande Water
 Address 212 E Comstock ave
 Account guaranteed Catote

Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-62 Sil Lin 110.00
 Casket with Copper Lin. ✓
 Style of Casket Ext 57
 No. of Casket 55-Walker
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Winton Park
 Section B - Lot 1

I Other Graves

X Grave on this date



Cremation Organ only
 Single Grave _____
 Opening and Closing Grave 74 etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Dr Bunker
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 18000

Carey Hand Funeral Home

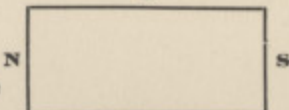
Name of deceased James Arthur Nelson
 Date of death Nov-24-36
 Cause of death Suicide Bullet Through Neck
 Place of death St Petersburg
 Residence _____
 Age 38 Y'rs 10 Mo's 27 Days _____
 Weight 165 Height 5 ft. 10 in. Eyes Brown
 Funeral at St Petersburg
 Date _____ 1936 M
 Account charged Cooksey Funeral Home
 Address St Petersburg, Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin Body
 Style of Casket Simple
 No. of Casket 1 PM
 Outside Box Nov Dec-2-36
 Shipping Case or Vault _____
 Handles Body Cremated 3-P.M.
 Pillow Set 12-7-36
 Name Plate _____
 Cemetery Cypress Express Co
 Section Ralph Cooksey Plot
St Petersburg, Fla
 I Other Graves
 X Grave on this date
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased *Josephine & John Russell Jr*
 Date of death *12-7-32*
 Cause of death *Prematurity 1 1/2 mos*
 Place of death *Ogish*
 Residence *Ogish*
 Age *1* Y'rs *—* Mo's *—* Days *—*
 Weight *—* Height *—* ft. *—* in. Eyes *—*
 Funeral at *—*
 Date *—* 193 *—* M
 Account charged *John D Russell Jr*
 Address *Ogish*
 Account guaranteed *—*
 Address *—*
 Embalming *Cremation*
 Robe, Suit, Dress *Both Babies at*
 Underwear and Hose *same time*
 Casket *2-0* *Two - 12-8-32*
 Casket with Copper Lin. *9-2, m.*
 Style of Casket *—*
 No. of Casket *Ashes to be*
 Outside Box *Not scattered*
 Shipping Case or Vault *Greenwood*
 Handles *Crematory*
 Pillow Set *—*
 Name Plate *—*
 Cemetery *—*
 Section *—* Lot *—*

I Other Graves

X Grave on this date



Cremation *Both Babies cremated in*

Single Grave *same Casket*

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician *Dr Collins*

County or City Burial

Automobiles

Baggage or Express Train No.

10 00

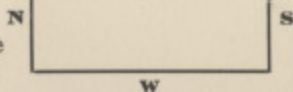
10 00

Carey Hand Funeral Home

Name of deceased Frank Waters
 Date of death Dec 8 a.m.
 Cause of death Chronic Asthma
 Place of death Res
 Residence Apopka Fla
 Age 59 Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date Wed Dec-9- 1936 10 A M
 Account charged in Tuition
 Address Bank-
 Account guaranteed small Estate
 Address
 Embalming Care of Body 10.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-3
 Casket with Copper Lin. ☒
 Style of Casket Ext-09 50.00
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Apopka
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave & Sewer

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician Lt. M. E. Bride

County or City Burial

Automobiles S & S 15.00

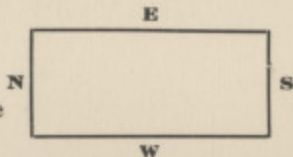
Baggage or Express Train No. 75.00

Carey Hand Funeral Home

Name of deceased Katherine O Tuttle
 Date of death Dec-5-36
 Cause of death Arterial Sclerosis
 Place of death Winter Haven Fla
 Residence Winter Haven, Fla
 Age 67 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Winter Haven
 Date Dec 1936 M
 Account charged Ware + Smith
 Address P.D. Winter Haven
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose Body covered
 Casket by auto 430 P.M.
 Casket with Copper Lin. 12-8-36
 Style of Casket
 No. of Casket Body Cremated
 Outside Box 5- P. M. 12-8-36
 Shipping Case or Vault ashes Express
 Handles Mr R.M. Thorne
 Pillow Set Home Wood Cemetery
 Name Plate free
 Cemetery Pittsburg Pa
 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. Levi C. Bouyer
 Date of death Dec - 4 - 36 -
 Cause of death Apoplexy -
 Place of death Bartow Fla
 Residence Bartow
 Age 75 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1936 M _____
 Account charged H. P. Whidden
 Address Bartow Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body gowned
 Casket by Auto 3-P.M.
 Casket with Copper Lin. 12-9-36
 Style of Casket Body cremated
 No. of Casket Whid. 12-9-36
 Outside Box 530 P.M.
 Shipping Case or Vault Express
 Handles Whid. & H. P. Whidden
 Pillow Set Fl. Home
 Name Plate Bartow Fla
 Cemetery _____
 Section _____ Lot _____
wooden Box 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 37.50
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Orville W. Morris
 Date of death Wed - Dec - 9 - 36 PM
 Cause of death Pulmonary Edema
 Place of death County Home
 Residence Maitland

Age 28 Y'rs 1 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Home
 Date _____ 1936 M

Account charged Mrs - Orville W. Morris
 Address Maitland

Account guaranteed _____
 Address _____

Embalming _____ 25 00
 Robe, Suit, Dress _____

Underwear and Hose _____
 Casket Simple 25 00

Casket with Copper Lin. _____
 Style of Casket _____

No. of Casket _____
 Outside Box _____

Shipping Case or Vault _____
 Handles Body cremated

Pillow Set Thin 10 a.m.
 Name Plate Dec 10 - 1936

Cemetery _____
 Section _____ Lot _____

Section _____ Lot _____
 E

I Other Graves _____
 N S

X Grave on this date _____
 W

Cremation Cremation 50 00
 Single Grave Ashes scattered

Opening and Closing Grave on I. O. O. F.
 Body Shipped to Lot. Greenwood

R. R. Ticket Cemetery - Orlando
 Cash advanced _____

Telegram _____
 Minister _____

Casket Wagon _____
 Physician Dr. Beardsahl 100 00

County or City Burial Family Has Nothing
 Automobiles County will Pay

Baggage or Express Train No. 1450
Do not Send Statement

some day she may pay -
charge to County

Carey Hand Funeral Home

Name of deceased John T. Volkert
 Date of death Dec - 8 - 36
 Cause of death Pneumonia
 Place of death Res
 Residence Orlando - Rt-1-Box-20 - Conway
 Age 82 Y'rs 6 Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date Tue 12-11-1936 8-P. M
 Account charged John & Volkert son
 Address —
 Account guaranteed \$100.00 30th Bal- 6-Mo No
 Address —
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Case 10.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt Felt Top
 No. of Casket 0
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Dark
 Pillow Set ✓
 Name Plate ✓
 Cemetery Cremation
 Section — Lot —
 I Other Graves —
 X Grave on this date —
 Cremation Cremation 50.00
 Single Grave —
 Opening and Closing Grave Body
 Body Shipped to Cremated 9 A.M.
 R. R. Ticket Sat-12-12-36
 Cash advanced ashes
 Telegram Will call for ashes
 Minister —
 Casket Wagon (1) 5.00
 Physician —
 County or City Burial — 100.00
 Automobiles —
 Baggage or Express Train No. —

Carey Hand Funeral Home

Name of deceased *Mrs. Alva Starling*
 Date of death *actual death - apoplexy*
 Cause of death *Dec - 9 - 36* *9:30 PM*
 Place of death *Res*
 Residence *Yamilla*
 Age *69* Y's *—* Mo's *18* Days *—*
 Weight *—* Height *—* ft. *—* in. *—* Eyes *—*
 Funeral at *Dist*
 Date *—* 193 *—* M
 Account charged *Juniper Starling*
 Address *—*
 Account guaranteed *Cash - Bal 6-Mo Note*
 Address *—*
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress *✓* *7.50*
 Underwear and Hose *—*
 Casket *6-3-Gr Dec* *75.00*
 Casket with Copper Lin. *—*
 Style of Casket *Oct. OT*
 No. of Casket *B-Jay*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext Ends*
 Pillow Set *Yes*
 Name Plate *✓*
 Cemetery *Dist*
 Section *—* Lot *—*
 E
 I Other Graves *—* N *—* S
 X Grave on this date *—* W
 Cremation *—*
 Single Grave *Valdosta Ga*
 Opening and Closing Grave *—*
 Body Shipped to *Valdosta Ga*
 R. R. Ticket *8.20* *4.15* *12.35*
 Cash advanced *—*
 Telegram *—*
 Minister *—*
 Casket Wagon *(2)* *10.00*
 Physician *Dr Mrs Williamson* *139.85*
 County or City Burial *—*
 Automobiles *✓*
 Baggage or Express Train No. *92*
Trn - 12-11-36

Cash - *50.00*

Bal *15.00* 12 Mo *—*

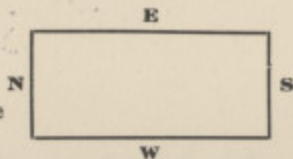
(Note)

Carey Hand Funeral Home

Name of deceased *Mrs. Elizabeth P. Hull*
 Date of death *Dec 5-1936*
 Cause of death *Coronary Thrombosis*
 Place of death *Res*
 Residence *De Land Fla*
 Age *76* Y'rs *10* Mo's *18* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *De Land*
 Date _____ 1936
 Account charged *Smith & Griffith F.D.*
 Address *De Land Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *4 cap*
 Casket with Copper Lin. *Body guard*
 Style of Casket *by auto - 5:30 PM*
 No. of Casket *Thurs 12-10-36*
 Outside Box _____
 Shipping Case or Vault *Body*
 Handles *Cremated 9-A.M. 12-11-36*
 Pillow Set _____
 Name Plate *Ashes Expressed to*
 Cemetery *Smith & Griffith*
 Section *De Land* Lot _____

I Other Graves _____

X Grave on this date _____



Cremation *Q*

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

37.50

Carey Hand Funeral Home

Name of deceased *Mr. Justin Butterfield*
 Date of death *Dec 8 - 1936*
 Cause of death *Hypostatic Pneumonia*
 Place of death *Tampa Fla*
 Residence *Conover*
 Age *79* Y'rs *0* Mo's *16* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1936 _____ M
 Account charged *B. Marion Reed*
 Address *Tampa Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Gold*
 Casket with Copper Lin. *Body arrived*
 Style of Casket *by auto 5:30 P.M.*
 No. of Casket *Trans. Dec-10-36*
 Outside Box *Body cremated*
 Shipping Case or Vault *9-a.m.*
 Handles *Sat 12-11-36*
 Pillow Set _____
 Name Plate *Order Expensed*
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 Cremation *Geo W. Weichelt*
 Single Grave *1111 The Rookery*
 Opening and Closing Grave _____
 Body Shipped to *Chicago Ills*
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

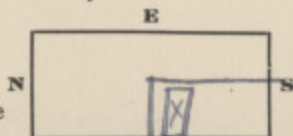
37.50

Carey Hand Funeral Home

Name of deceased *Mark Newman*
 Date of death *Thurs - Dec - 10 - 34* P.M.
 Cause of death *Carcinoma of pyloric*
 Place of death *Res*
 Residence *922 - 22nd St*
 Age *74* Y'rs *1* Mo's *6* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sun Dec 13 1934* *2 30 P.M.*
 Account charged *Mrs Sadie Newman*
 Address _____
 Account guaranteed *Adjunt. Walsh. Sal Army*
 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 O.T.*
 No. of Casket *55 - W*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Cut*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *G S. N. 4* Lot *27*

I Other Graves

X Grave on this date



Cremation *Burial Lot* 25.00
 Single Grave ☒
 Opening and Closing Grave *T & de* 15.00
 Body Shipped to *41 F. Car No Chg*
 R. R. Ticket *1-car* 5.00
 Cash advanced *Car P. B* 5.00
 Telegram ☒
 Minister *Adj. Walsh*
 Casket Wagon *No Chg*
 Physician *Dr Neely*
 County or City Burial
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *200000*

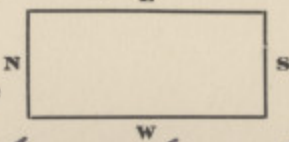
*Had been with the army
 50 yrs*

Carey Hand Funeral Home

Name of deceased Robert Ramsey
 Date of death Dec 10th
 Cause of death Bronchial Pneumonia
 Place of death Ellement, Fla.
 Residence Ellement, Fla.
 Age 71 Y's 1 Mo's 9 Days
 Weight 175 Height 6 ft. in. Eyes Blue
 Funeral at Ellement Fla.
 Date Dec 1936 M
 Account charged Edge Funeral Home
 Address Greveland, Fla.
 Account guaranteed Cash
 Address _____
 Embalming Cremation #3750
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Auto Friday
 Outside Box 4:30 P.m. Dec
 Shipping Case or Vault 11 - 1936
 Handles _____
 Pillow Set Body Cremated
 Name Plate 6:38 P.m. Friday
 Cemetery Dec 11 - 1936
 Section _____ Lot _____

I Other Graves

X Grave on this date



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

#3750

Carey Hand Funeral Home

Name of deceased *Mrs Mary A Brockman*
 Date of death *Dec 11 -* *P.M.*
 Cause of death *Apoplexy*
 Place of death *Residence*
 Residence *Winter Garden Fla.*
 Age *83* Y's *3* Mo's *24* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Baptist Church -*
 Date *Sun Dec - 13* 193*6* *2:30 P.M.*
 Account charged *L. H. Brockman*
 Address *Winter Garden*
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing*
 Robe, Suit, Dress *White*
 Underwear and Hose _____
 Casket *6-3- Sil Gr Plush*
 Casket with Copper Lin. ☒
 Style of Casket *Oct 1/2 - C -*
 No. of Casket *1927*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext -*
 Pillow Set *yes White*
 Name Plate _____
 Cemetery *Oakland*

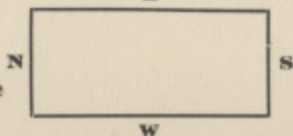
35.00
 7.50
 1.50
 175.00

Section _____ Lot _____

Frank & Thor

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave *It etc*

15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister *Rev Daniels*

Casket Wagon _____

Physician *Dr Hunter*

County or City Burial _____

Automobiles *S & S*

15.00

Baggage or Express Train No. _____

249.00

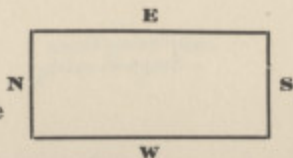
Carey Hand Funeral Home

Name of deceased Jeff Brown (Col)
 Date of death Dec 11
 Cause of death _____
 Place of death Res
 Residence Newahotee, Fla.
 Age 50 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date Sat Dec 1936 M
 Account charged Woody Turfentine Co
 Address Newahotee Fla
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 43 Coffin
 Casket with Copper Lin. _____
 Style of Casket H. W. Plain
 No. of Casket _____
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Shat
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Bought Casket
 R. R. Ticket and done
 Cash advanced their own work
 Telegram We had no
 Minister permit.
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

10 00

10 00

Carey Hand Funeral Home

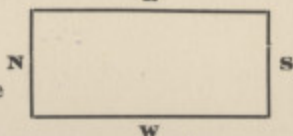
Name of deceased Carey J Hough
 Date of death Sat-Dec-12-34 3 PM
 Cause of death Chronic myocarditis
 Place of death Self Maudsl 125 W. Church st
 Residence 48 W. Rob ave
 Age 70 Y'rs 6 Mo's 22 Days
 Weight 150 Height 5 ft. 8 in. Eyes
 Funeral at Chapel
 Date Sun Dec-13 1936 4-P M
 Account charged Roy Hough
 Address Winter Park
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 1/2 x 2 1/2 100.00
 Casket with Copper Lin. ✓
 Style of Casket Ext-O.T.
 No. of Casket 1972 9
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Cumtation
 Section 4 Lot
 I Other Graves E
 X Grave on this date N in front of fun. home S
 Cremation Cumtation 50.00
 Single Grave Musie 10.00
 Opening and Closing Grave Body cumtation
 Body Shipped to Q. A. M. W. 12-16-34
 R. R. Ticket will call for ashes
 Cash advanced
 Telegram
 Minister Dean Johnson & Son 5.00
 Casket Wagon (1)
 Physician Dr. Duncan M. Egan
 County or City Burial 200.00
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Mrs Lusa B Campfield
 Date of death Dec - 8 - 1936
 Cause of death Asthenia Sclerosis
 Place of death Res
 Residence Cocoa
 Age 73 Y'rs Mo's Days
 Weight 110 Height 5 ft. 6 in. Eyes
 Funeral at Cocoa
 Date 1936 M
 Account charged J. E. Goone
 Address T. D. Titusville Fla
 Account guaranteed CLE
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrived
 Casket with Copper Lin. by Auto
 Style of Casket 415 P. M. 12-12-36
 No. of Casket
 Outside Box Body cremated
 Shipping Case or Vault Jan-12-13-36
 Handles a m
 Pillow Set
 Name Plate will call for ashes
 Cemetery
 Section Lot

I Other Graves

X Grave on this date



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

Carey Hand Funeral Home

Name of deceased *Infant of Mrs J. Dyal*
 Date of death *Dec 12-1936* *10 P.M.*
 Cause of death *Still Born*
 Place of death *Og. H.*
 Residence *Calavista*
 Age ☒ Yrs ☒ Mo's ☒ Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave side*
 Date *Sun-12-13-* 193*6* *4-P* M
 Account charged *Jacob Dyal*
 Address *Calavista*
 Account guaranteed *Cash*
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0 H-L S* *12 50*
 Casket with Copper Lin. _____
 Style of Casket *Sgt H M*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Small*
 Pillow Set _____
 Name Plate _____
 Cemetery *Patricks*
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on this date _____
 Cremation *Bought Casket*
 Single Grave *done their own*
 Opening and Closing Grave *work*
 Body Shipped to *Have Remitt*
 R. R. Ticket *for same*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Collins*
 County or City Burial *12 50*
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Bely Hutchings
 Date of death Dec - 13 - 36 6 30 AM
 Cause of death St. Bar
 Place of death Ogden
 Residence Winter Park
 Age Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 1936 M
 Account charged Mr L Hutchings
 Address Winter Park antonetti Ave
 Account guaranteed ok -
 Address
 Embalming Cremation 5.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body cremated
 No. of Casket Monday - 12-14-36
 Outside Box 9-a.m.
 Shipping Case or Vault
 Handles Ashes scattered in
 Pillow Set Greenwood Cemetery
 Name Plate
 Cemetery
 Section Lot

E
 N S
 W

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

5.00

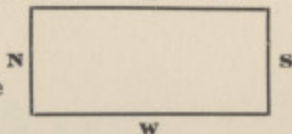
Carey Hand Funeral Home

Name of deceased Samuel Slocum Sadler
 Date of death Dec - 11 - 36 PM
 Cause of death Complication Peritonitis
Colostomal adhesions.
 Place of death O. G. H
 Residence Tangerine Fla
 Age 52 Yrs Mo's _____ Days _____
 Weight 130 Height 5 ft. 10 in. Eyes _____
 Funeral at _____
 Date Sun - 12 - 13 - 1936 3 - PM
 Account charged Rehbaum Co.
 Address T. H. Mt Dora Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket R. C. State Gr Bid - C -
 Casket with Copper Lin. _____
 Style of Casket Body moved
 No. of Casket by auto 5 - P. M.
 Outside Box Sun - 12 - 13 - 36
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 9 - a. m. 12 - 14 - 36
 Name Plate _____
 Cemetery Ashes Exposed to
 Section Rehbaum T. H.
Mt Dora E Fla

I Other Graves

X Grave on this date

wooden Box



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

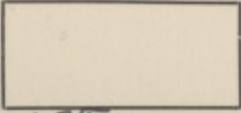
County or City Burial

Automobiles

Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Mary L. King*
 Date of death *Tues Dec 15-36* *5:30 AM*
 Cause of death *Chc Myocarditis*
 Place of death *Wyoming Hotel*
 Residence *New Castle Penn*
 Age *84* Y'rs *1* Mo's *15* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Dest*
 Date *1936* M
 Account charged *Mrs Margaret Towle*
 Address *New Castle Pa*
 Account guaranteed *Estate Rufus C McKinley*
 Address *Union Trust Co New Castle Pa*
 Embalming *+ Dressing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6 Metal Casket* *1450.00*
 Casket with Copper Lin *Inner*
 Style of Casket *P.C. State*
 No. of Casket *29033 Nat* *coffee Fin*
 Outside Box *Reg -*
 Shipping Case or Vault ☒
 Handles *Ext -*
 Pillow Set *tan Velvet*
 Name Plate *Name 1852-1936*
 Cemetery *Dest*
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date
 Cremation *Esent to Washington R.R. 2803* *R.R. W 300* *70.14*
 Single Grave *Esence Ser Ck. 1 1/2* *45.00*
 Opening and Closing Grave
 Body Shipped to *New Castle Pa*
 R. R. Ticket *3-See* *37.80*
 Cash advanced *Excess Baggage 9.92* *18.69*
 Telegram *Dia in Baggage* *2.50*
 Minister *Excess in Luggage* *15.50*
 Casket Wagon *(2)* *10.00*
 Physician *D. J. Mellons*
 County or City Burial
 Automobiles *1689.10*
 Baggage or Express Train No. *22*
Wed Dec - 16 - 36 *1685.36*

Frank Gardner Esent to
Washington

Carey Hand Funeral Home

Name of deceased *Mr Geo E. Malin*
 Date of death *Dec - 14 - 36*
 Cause of death *arteriosclerosis*
 Place of death *Res*
 Residence *Hollywood*
 Age *75* Yrs *4* Mo's *24* Days
 Weight *120* Height *5* ft. *6* in. Eyes
 Funeral at *Hollywood*
 Date *Jan 1937*
 Account charged *Hollywood Mortuary*
 Address *Hollywood Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body Am'd*
 Casket with Copper Lin. *by Express*
 Style of Casket *210 P.M.*
 No. of Casket *Thurs - Dec - 17 - 36*
 Outside Box
 Shipping Case or Vault *Body cremativ*
 Handles *3.00 P.M. Thurs*
 Pillow Set *Dec - 17 - 36*
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 Cremation *Ashes Exposed to*
 Single Grave *Hollywood*
 Opening and Closing Grave *Mortuary*
 Body Shipped to *Hollywood Fla*
 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 *Mr William M. Riggs*
 Date of death *Dec - 15 - 36*
 Cause of death *acute Dilatation of Heart*
 Place of death *Res*
 Residence *Hollywood Fla*
 Age *75* Yrs *6* Mo's *19* Days
 Weight *200* Height *5* ft. *10* in. Eyes
 Funeral at *Hollywood*
 Date _____ 19*36*
 Account charged *Hollywood Mortuary*
 Address *Hollywood Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body arrived by*
 Casket with Copper Lin. *Express*
 Style of Casket *210 - P. M. Thum*
 No. of Casket *Dec 17 - 36*
 Outside Box _____
 Shipping Case or Vault *Body*
 Handles *Cremated 3 - P M*
 Pillow Set *Thum Dec - 17 - 36*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

E

I Other Graves

E

N

S

X Grave on this date

E


N

S

W

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

Carey Hand Funeral Home

Name of deceased Harry Wigginton
 Date of death Dec - 16
 Cause of death Cardiac
 Place of death Per
 Residence Miami
 Age 46 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1933 M
 Account charged Gautier T. Home
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress Body arrived
 Underwear and Hose by Express
 Casket 210 P.M. Thurs 12-17
 Casket with Copper Lin. _____
 Style of Casket Body Cremated
 No. of Casket 9-A.W.
 Outside Box Tri. 12-18-34
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Ashes Expressed to
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

32.50

37.50

Carey Hand Funeral Home

Name of deceased Geo A McRintoets
 Date of death Dec - 16 - 36
 Cause of death Coronary Thrombosis
 Place of death West Palm Beach
 Residence Chicago Ill
 Age 28 Y'rs 11 Mo's 19 Days
 Weight 170 Height 5 ft. 6 in. Eyes
 Funeral at West Palm Fla
 Date 193 M
 Account charged E. S. Ferguson T. Home
 Address W. Palm Beach
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket R. C. Steel Gr Bid. C -
 Casket with Copper Lin. Body covered
 Style of Casket by auto 4 - P. M
 No. of Casket Tue - 12 - 18 - 36
 Outside Box Body cremated
 Shipping Case or Vault 530 - P. M
 Handles Tue - 12 - 18 - 36
 Pillow Set
 Name Plate Ashes Del To
 Cemetery Family Plot - 12 - 19 - 34
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 Cremation Brange Lim 30.00
 Single Grave Bought Direct
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial 67.50
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Baby - Rutland
 Date of death Dec - 18 - 36
 Cause of death Still Born
 Place of death Res
 Residence St. Petersburg Fla
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date ✓ 193 ✓ M
 Account charged Wilhelm and Co
 Address ✓
 Account guaranteed ✓
 Address ✓
 Embalming Eumation
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2 - 0 - 11, 2, 5
 Casket with Copper Lin. Arrived by
 Style of Casket Quete 7 - P. M. Friday
 No. of Casket Body eumated 12-18-36
 Outside Box 9 - a m Sat
 Shipping Case or Vault 12-18-36
 Handles ✓
 Pillow Set will call for Ashes
 Name Plate ✓
 Cemetery ✓
 Section ✓ Lot ✓
 E
 I Other Graves ✓
 X Grave on this date ✓
 N ✓ S ✓
 W ✓
 Cremation ✓
 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. ✓

7.50

7.50

Carey Hand Funeral Home

Name of deceased *Peter Harry Van Horn*
 Date of death *Dec-18-36*
 Cause of death *accidental transmigration*
 Place of death *Palm Beach*
 Residence *West Palm Beach*
 Age *43* Y'rs *2* Mo's *17* Days
 Weight *175* Height *6* ft. *1* in. Eyes *Blue*
 Funeral at *West Palm Beach*
 Date _____ 193____ M
 Account charged *C. S. Ferguson*
 Address *West Palm Beach*
 Account guaranteed *Ok by Mrs Van Horn*
 Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-1/2-C-Br Plush*
 Casket with Copper Lin. _____
 Style of Casket *Oct 1/2-C-*
 No. of Casket *Mrs Van Horn*
 Outside Box *gave Ok 50.00*
 Shipping Case or Vault *12.50 to*
 Handles *C. S. Ferguson*
 Pillow Set *Body arrived by*
 Name Plate *auto 1130 A M*
 Cemetery *Sun 12-20-36*
 Section _____ Lot _____

wooden Box

E

I Other Graves

N

S

X Grave on this date

W

Cremation *Body cremated*
 Single Grave *3 30 P M - Sun*
 Opening and Closing Grave *Dec-20-36*

Body Shipped to _____
 R. R. Ticket *Will call for*
 Cash advanced *ashes*

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37 50

Cary Hand Funeral Home

Name of deceased John A. Hood
 Date of death Dec - 16 - 36
 Cause of death Cardio renal Disease
 Place of death St Petersburg
 Residence _____

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

Funeral at _____

Date _____ 193_____ M

Account charged John S Rhodes

Address St Petersburg

Account guaranteed OK -

Address _____

Embalming Cremation 37.50

Robe, Suit, Dress _____

Underwear and Hose Body covered

Casket ly auto 11.45 A.M.

Casket with Copper Liner Sum 12-20-36

Style of Casket _____

No. of Casket Body cremated

Outside Box 330 P.M. Sum 12-20-36

Shipping Case, or Vault _____

Handles ashes Expressed to

Pillow Set J. S Rhodes T. N.

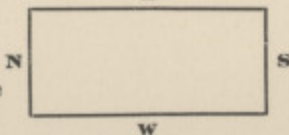
Name Plate St Petersburg

Cemetery _____

Section _____ Lot _____

☐ Other Graves

☒ Grave on this date



☒ Cremation

☐ Single Grave

☐ Opening and Closing Grave

☐ Body Shipped to

☐ R. R. Ticket

☐ Cash advanced

☐ Telegram

☐ Minister

☐ Casket Wagon

☐ Physician

☐ County or City Burial 37.50

☐ Automobiles

☐ Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased John Henney
 Date of death Dec 21 - 1:25 a.m.
 Cause of death Acute Pulmonary Edema
 Place of death Winter Park, Fla
 Residence Chicago, Ill.
 Age 66 Y'rs 6 Mo's 18 Days
 Weight 200 Height 5 ft. 9 in. Eyes
 Funeral at Destination
 Date Dec 1936 M
 Account charged Mrs John Henney
 Address Chicago, Ill.
 Account guaranteed Check
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-6 Metal 1/2-C 245.00
 Casket with Copper Lin.
 Style of Casket State 1/2-C
 No. of Casket Queen Tampa
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Destination
 Section Lot
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Chicago, Ill.
 R. R. Ticket 72.54
 Cash advanced Express 1/3
 Telegram (1)
 Minister
 Casket Wagon (2) 10.00
 Physician Lt. S. G. Folsom
 County or City Burial
 Automobiles amb. Serv 5.00
 Baggage or Express Train No. 92
Mon - Dec - 21 - 36 368.67

Carry Hand Funeral Home

Name of deceased Virginia H. Reeve
 Date of death Dec 21 - noon
 Cause of death Lobar Pneumonia
 Place of death D. G. H.
 Residence Mattituck L.I. N.Y.
 Age 80 Y'rs 4 Mo's 29 Days
 Weight 135 Height 5 ft. 6 in. Eyes
 Funeral at Restoration
 Date Dec 1936 M
 Account charged John Reeve
 Address Mattituck L.I. N.Y.
 Account guaranteed OK
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Bid-6 350.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-O.T. H.C
 No. of Casket 1818-S-
 Outside Box R-9-
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes Sil Gr 185.6
 Name Plate Name + Date 1936
 Cemetery Rest
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ W
 Cremation Burial
 Single Grave Mattituck L.I. N.Y.
 Opening and Closing Grave
 Body Shipped to New York
 R. R. Ticket Y P. 137.87
 Cash advanced _____
 Telegram -3- 6.68
 Minister Restoration
 Casket Wagon (2) 10.00
 Physician Dr. Day
 County or City Burial
 Automobiles Ant Low 5.00
 Baggage or Express Train No. 92
Tues Dec 22-36

544.45

Carey Land Funeral Home

Name of deceased	Urban G. Sles		
Date of death	Dec-27-36 10 ¹⁵ A.M.		
Cause of death	Egonary sclerosis		
Place of death	O. G. H.		
Residence	2022 Nebraska Ave		
Age	72 Y'rs	9 Mo's	3 Days
Weight	145	Height	5 ft. 8 in. Eyes
Funeral at	Chapel		
Date	Thurs. 12-24	1936	4:30 P. M.
Account charged	Mrs. U. G. Sles		
Address	2022 Nebraska Ave		
Account guaranteed	Estate		
Address			
Embalming	+ Dressing		35.00
Robe, Suit, Dress	✓		
Underwear and Hose	✓		
Casket	6-3-Gr Bnd. C-		200.00
Casket with Copper Lin.	✓		
Style of Casket	R. C. State		
No. of Casket	121-9		
Outside Box	Reg-		
Shipping Case or Vault	✓		
Handles	Ext		
Pillow Set	yes		
Name Plate			
Cemetery	Greenwood		
Section	G-NE 1/4 Lot 3		

I Other Graves

X Grave on this date

Cremation	Funeral Lot	25.00
Single Grave		
Opening and Closing Grave	T. + D.	15.00
Body Shipped to	✓	
R. R. Ticket	Auto Min + P. B.	5.00
Cash advanced	✓	
Telegram	✓	
Minister	Rev Sargent	5.00
Casket Wagon	(1)	
Physician	Dr. Johnson	
County or City Burial		
Automobiles	S + S	15.00
Baggage or Express Train No.		300.00

Cary Hand Funeral Home

Name of deceased *Mrs Mary Elizabeth Hunter*
 Date of death *Dec-22-36* *6 40 A.M.*
 Cause of death *3rd degree burns face head hands*
 Place of death *Wla Sant*
 Residence *Winter Park*
 Age *62* Y'rs *8* Mo's *20* Days
 Weight *125* Height *5 ft. 3* in. Eyes
 Funeral at *Chapel*
 Date *Wed- Dec 23* 193*6* *10 30 A.M.*
 Account charged *Mr Ralph Hunter*
 Address *972 Bungalow- Winter Park*
 Account guaranteed *Insurance*
 Address *RNA*
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-Gr-Cupr* 100.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct H. Top*
 No. of Casket *55-W-*
 Outside Box *Reg-*
 Shipping Case or Vault ☒
 Handles *Ext-*
 Pillow Set *yes-*
 Name Plate
 Cemetery *Greenwood*
 Section *G-* Lot *17*

E

I Other Graves

N
E
S

1

X Grave on this date

N
E
S

1

Horace Self Lot

N
E
S

1

Cremation

1-Auto Mini

5.00

Single Grave

(2) Auto - N.C.

15.00

Opening and Closing Grave

Trate

15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Rev Ferran

5.00

Casket Wagon

1

5.00

Physician

Dr Brann at Sant

County or City Burial

Automobiles

S + S

15.00

Baggage or Express Train No.

175.00

Carey Hand Funeral Home

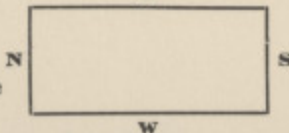
Name of deceased Mrs. Lula Purdue
 Date of death Dec-22-36- 3 a M
 Cause of death Cerebro Spinal Meningitis.
 Place of death O. G. H.
 Residence Coore
 Age 63 Y'rs 0 Mo's 7 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Dest

Date 193
 Account charged W. P. Ballard
 Address Coore
 Account guaranteed 4-Mo-Note
 Address Coore

Embalming + Dressing 35.00
 Robe, Suit, Dress H
 Underwear and Hose ✓ 7.00
 Casket 6-3-Gr Cup 35.00
 Casket with Copper Lin. ✓
 Style of Casket See Plot T
 No. of Casket Jet C-
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set ✓
 Name Plate ✓
 Cemetery Dest
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Undula Ga

R. R. Ticket _____

Cash advanced Express 20.10

Telegram _____

Minister _____

Casket Wagon (2) 10.00

Physician Dr. Beardsall Harris

County or City Burial _____

Automobiles _____

~~Baggage or~~ Express Train No. 80

Wed-12-23-36

M
and
Hathorn

107.10

Carry Hand Funeral Home

Name of deceased <i>Henry Clay Hamell</i>		
Date of death	<i>Tues Dec - 22 - 1934</i>	<i>PM</i>
Cause of death	<i>Hypertension</i>	
Place of death	<i>Int Vernon</i>	
Residence	<i>Calando Rt 4</i>	
Age	<i>74</i> Y'rs	<i>8</i> Mo's <i>6</i> Days
Weight	Height	ft. in. Eyes
Funeral at	<i>Chapel</i>	
Date	<i>Thurs Dec - 24</i>	<i>1934 3 - P. M</i>
Account charged	<i>Mrs Henry C. Hamell</i>	
Address	<i>1615 Int Vernon</i>	
Account guaranteed	<i>Estate</i>	
Address		
Embalming	<i>Y & S</i>	<i>35.00</i>
Robe, Suit, Dress	<input checked="" type="checkbox"/>	
Underwear and Hose	<input checked="" type="checkbox"/>	
Casket	<i>6-6 Metal</i>	<i>425.00</i>
Casket with Copper Lin.	<i>Inner</i>	
Style of Casket	<i>State N. C.</i>	
No. of Casket	<i>Sabine</i>	<i>Shur</i>
Outside Box	<i>Reg</i>	
Shipping Case or Vault	<input checked="" type="checkbox"/>	
Handles	<i>Ext</i>	
Pillow Set	<i>Yes</i>	<i>1862</i>
Name Plate	<i>Name & Date</i>	<i>1934</i>
Cemetery	<i>Greenwood</i>	
Section	<i>G. S E 1/4</i>	Lot <i>5</i>
E		
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S </div>	
X Grave on this date		
Cremation	<i>Burial Lot</i>	<i>25.00</i>
Single Grave	<i>Musie</i>	<i>5.00</i>
Opening and Closing Grave	<i>T. & etc</i>	<i>15.00</i>
Body Shipped to	<i>P. B. Car</i>	<i>5.00</i>
R. R. Ticket		
Cash advanced		
Telegram		
Minister	<i>Rev Chethy</i>	
Casket Wagon	<i>(1)</i>	<i>5.00</i>
Physician	<i>Dr Sutter</i>	
County or City Burial		
Automobiles	<i>SYS</i>	<i>15.00</i>
Baggage or Express Train No.	<i>530</i>	<i>00</i>

Carey Hand Funeral Home

Name of deceased *Daniel M. Smalley*
 Date of death *Tues. Dec. 22-36*
 Cause of death *Pul Tuberculosis*
 Place of death *Res-*
 Residence *130 Vandubilt St*
 Age *58* Yrs *5* Mo's *9* Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Catholic Church*
 Date *Thurs Dec-24*, 193*6* *9 A* M
 Account charged *Mrs Daniel M. Smalley*
 Address *130 Vandubilt*
 Account guaranteed *Insurance*
 Address _____
 Embalming *Dressing* 35.00
 Robe, Suit, Dress *Blue Serge* 21.00
 Underwear and Hose _____
 Casket *6-6 Metal* 375.00
 Casket with Copper Lin. *Inner*
 Style of Casket *State H.C.*
 No. of Casket *Lampeter Shier*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *Name & Date 1878* *also*
 Cemetery *Dr Phillips North*
 Section *of Phillips Sta* Lot _____
First grave in this E
Cemetery
 I Other Graves _____
 X Grave on this date _____
 Cremation *Can P.B.* 5.00
 Single Grave *Can Minister* 5.00
 Opening and Closing Grave *T & etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Father Bishop* 5.00
 Casket Wagon *(1)*
 Physician *D. Collins*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. _____ 476.00

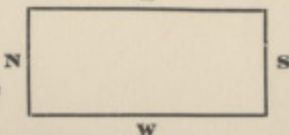
Rosary Wed-³⁰ *J-P. M.*

Carey Hand Funeral Home

Name of deceased James R. Hornble
 Date of death Wed - Dec - 23 - 36 AM
 Cause of death Angina Pectoris
 Place of death Res
 Residence Apofka
 Age 77 Yrs 4 Mo's 12 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Res
 Date Sunday Dec 27 1936 2:30 P. M
 Account charged Mrs James R. Hornble
 Address Apofka
 Account guaranteed Estote
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket 4-3-Gr Cup 100.00
 Casket with Copper Lin.
 Style of Casket Oct
 No. of Casket 1972 S-
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate Name
 Cemetery Apofka
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave late

Body Shipped to

R. R. Ticket Car - no chg

Cash advanced

Telegram

Minister

Casket Wagon (1)

Physician Dr. M. J. Brude

County or City Burial

Automobiles S + S

Baggage or Express Train No.

\$170.00

Carey Hand Funeral Home

Name of deceased *Miss Jewell White*
 Date of death *Wed- Dec-23-36*
 Cause of death *Status Lymphaticus*
 Place of death *O. G. H. Thymastitis*
 Residence *Pine Bluff*

Age *9* Y'rs *10* Mo's *20* Days

Weight Height ft. in. Eyes

Funeral at *Pine Bluff*

Date *Fri Dec 25* 193*6* M

Account charged *Oliver B White*

Address *Pine Bluff Gen Del*

Account guaranteed

Address

Embalming & Dressing *35.00*

Robe, Suit, Dress ☒

Underwear and Hose *W.P.*

Casket *5-0 W.P.* *65.00*

Casket with Copper Lin.

Style of Casket *Oct. H*

No. of Casket *S-1417-S-*

Outside Box *Reg*

Shipping Case or Vault ☒

Handles *Short*

Pillow Set *yes*

Name Plate ☒

Cemetery *West*

Section Lot

E

I Other Graves

X Grave on this date

N S

W

Cremation *Burial Mt Meade*

Single Grave

Opening and Closing Grave

Body Shipped to *Lakeland*

R. R. Ticket

Cash advanced *Express* *3.60*

Telegram

Minister

Casket Wagon *(2)* *10.00*

Physician *Dr Jewett*

County or City Burial

Automobiles *\$113.60*

Baggage or Express Train No. *75*

Thurs Mon - 12-24-36

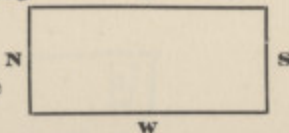
Dr Jewett Posted

Carry Hand Funeral Home

Name of deceased *Mrs. Nellie B. Nelson*
 Date of death *Dec 18-36*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Tampa*
 Residence *Tampa Fla*
 Age *60* Y'rs *5* Mo's *8* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Tampa*
 Date _____ 193 _____ M
 Account charged *Greenman*
 Address *Tampa Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cumulation* 37 50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6 3 State*
 Casket with Copper Lin. *Body moved*
 Style of Casket *by Express*
 No. of Casket *1130 - a m*
 Outside Box *Wed-12-23-36*
 Shipping Case or Vault _____
 Handles *Ext Body Cramated*
 Pillow Set *3-P. M. 12-23-36*
 Name Plate _____
 Cemetery *Ashes Expressed*
 Section *Greenman F. L. Home*
Tampa 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.

37.50

Carey Hand Funeral Home

Name of deceased		<i>John Henry Graham</i>	
Date of death		<i>Dec 24 12:30 A.M.</i>	
Cause of death		<i>Lobar Pneumonia</i>	
Place of death		<i>C. G. N.</i>	
Residence		<i>Winter Garden, Fla.</i>	
Age	<i>25</i> Yrs	<i>11</i> Mo's	<i>13</i> Days
Weight		Height	ft. in. Eyes
Funeral at		<i>Chapel</i>	
Date		<i>Sat 13-P M 1936 12-26-M</i>	
Account charged		<i>Mrs John H. Graham</i>	
Address		<i>Winter Garden Fla</i>	
Account guaranteed		<i>Insurance (Life & Casualty)</i>	
Address			
Embalming	<i>+ Dressing</i>	35.00	
Robe, Suit, Dress	}	20.00	
Underwear and Hose		95.00	
Casket	<i>6-3 Sil Gr Coupe</i>		
Casket with Copper Lin.	<i>4/ C</i>		
Style of Casket	<i>Det 5/ C</i>		
No. of Casket	<i>55 Walker</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	<i>at Rest</i>		
Cemetery	<i>Greenwood</i>		
Section	<i>G. N. W. 1/4</i>	Lot	<i>5</i>

I Other Graves	
X Grave on this date	
Cremation	<i>Burial Lot</i> 25.00
Single Grave	
Opening and Closing Grave	<i>etc</i> 15.00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister	
Casket Wagon	<i>(1)</i> 5.00
Physician	<i>Frank Harris</i>
County or City Burial	
Automobiles	<i>S & S</i> 15.00
Baggage or Express Train No.	<i>210.00</i>

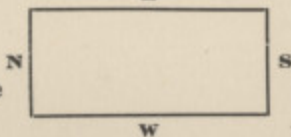
Carey Hand Funeral Home

Name of deceased Frank Howard Smith
 Date of death Dec 24
 Cause of death Pneumonia
 Place of death O. G. H.
 Residence Winter Garden
 Age 29 Y'rs 3 Mo's 24 Days
 Weight 135 Height 5 ft. 6 in. Eyes
 Funeral at Grave Side Coee
 Date Sat Dec - 26 1936 10-A M
 Account charged Mrs Frank Smith
 Address Winter Garden
 Account guaranteed
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress Blue S- #1000 11.00
 Underwear and Hose 50 tie 100 1.50
 Casket 6-3 In Crepe 100.00
 Casket with Copper Lin. ✓
 Style of Casket Oct N. C
 No. of Casket 1972-T
 Outside Box Light 85.00
 Shipping Case or Vault air Seal
 Handles Ext
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Coee
 Section ✓ Lot E

I Other Graves

X Grave on this date



Cremation
 Single Grave
 Opening and Closing Grave Tr etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister John Kingstone 5.00
 Casket Wagon (1)
 Physician Dr
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 26750
amb Sen 5.00

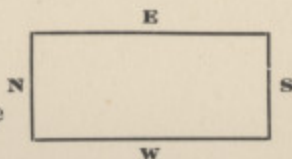
\$273.50

Carey Hand Funeral Home

Name of deceased J. F. Henderson
 Date of death Thurs - Dec 24 - 34
 Cause of death Uremic Poisoning
 Place of death County Home
 Residence Mar Conway
 Age 79 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date 12-24- 1936 2 P M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6 Coffin 1450
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery County Home
 Section Lot

I Other Graves

X Grave on this date



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

1450

Carey Hand Funeral Home

Name of deceased Theodore Wilkins
 Date of death Dec 18 - 1936
 Cause of death Myocarditis - Post operative work
 Place of death Tampa
 Residence Tampa
 Age 76 Y'rs 6 Mo's 22 Days
 Weight 165 Height 5 ft. 10 in. Eyes Blue
 Funeral at Tampa Fla.
 Date Dec 1936 M
 Account charged Greenman Und Co.
 Address Tampa 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 2 a.m. Thurs
 Shipping Case or Vault Dec 24-36
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 2 P.m. Thurs
 Section Dec 24-36 Lot _____

E

I Other Graves

N

S

X Grave on this date

W

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

\$37.50

Carey Hand Funeral Home

Name of deceased Mrs May Blevins
 Date of death Dec 24th PM
 Cause of death Carcinoma of pancrea.
 Place of death 435 S. Orange Ave.
 Residence 435 S. Orange
 Age 60 Y's — Mo's 17 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date Sat 12 1936 P M
 Account charged Myrtle S Blevins
 Address W. Lucern Cir
 Account guaranteed OK
 Address —
 Embalming Yes Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr D 100.00
 Casket with Copper Lin. ✓
 Style of Casket 1922-T
 No. of Casket Oct N. C
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Greenwood
 Section 9 Lot —
 E
 I Other Graves —
 X Grave on this date —
 Cremation (Organic) ✓ P.B. Ser 5.00
 Single Grave White 7.00
 Opening and Closing Grave T & etc 15.00
 Body Shipped to auto 5.00
 R. R. Ticket —
 Cash advanced To Mrs 5.00
 Telegram —
 Minister Bookhart 5.00
 Casket Wagon (1)
 Physician Dr Christ
 County or City Burial —
 Automobiles S & S 15.00
 Baggage or Express Train No. — \$ 187.00
\$ 192.00

Carey Hand Funeral Home

Name of deceased Clinton R. Spenser
 Date of death Dec 21
 Cause of death Coronary Sclerosis
 Place of death Miami Fla
 Residence Miami
 Age 60 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged Gautier and Co.
 Address Miami, Fla
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation \$ 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Assured
 No. of Casket by Express
 Outside Box 2:10 P. M.
 Shipping Case or Vault thurs
 Handles Dec 24-31
 Pillow Set _____
 Name Plate _____
 Cemetery Body Cremated
 Section 4:30 P. M. Lot Dec
24-1936 E
 I Other Graves
 X Grave on this date
 Cremation ashes expressed to
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased <i>Mrs Hilmar Turner</i>	
Date of death <i>Dec-25-</i>	<i>36- 6 30 AM</i>
Cause of death <i>Carbon monoxide gas</i>	
Place of death <i>Res</i>	<i>Suicide</i>
Residence <i>316 - N. Main st</i>	
Age <i>29</i>	Y'rs <i>10</i> Mo's <i>1</i> Days
Weight <i>135</i>	Height <i>5</i> ft <i>5</i> in. Eyes
Funeral at <i>Chapel</i>	
Date <i>Late Dec 29</i>	<i>1936 4 30 PM</i>
Account charged <i>Wachel Turner</i>	
Address <i>316 N Main</i>	
Account guaranteed	
Address	
Embalming <i>& Dressing</i>	<i>35.00</i>
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <i>6-3-Gr-D</i>	<i>100.00</i>
Casket with Copper Lin.	
Style of Casket <i>Oct St. C</i>	
No. of Casket <i>55 - Plain Doe</i>	<i>50</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 <i>at Rest</i>	
Cemetery <i>Greenwood</i>	
Section <i>9</i>	Lot
<div style="display: flex; justify-content: space-around; align-items: center;"> N <div style="border: 1px solid black; width: 150px; height: 50px; position: relative;"> <div style="position: absolute; top: -10px; left: 50%;">E</div> <div style="position: absolute; bottom: -10px; left: 50%;">W</div> </div> S </div>	
I Other Graves	
X Grave on this date	
Cremation	
Single Grave <i>White</i>	<i>7.00</i>
Opening and Closing Grave <i>White</i>	<i>15.00</i>
Body Shipped to <i>Cute</i>	<i>5.00</i>
R. R. Ticket <i>music</i>	<i>5.00</i>
Cash advanced	
Telegram	
Minister	
Casket Wagon <i>(1)</i>	<i>5.00</i>
Physician <i>Shuff</i>	
County or City Burial	
Automobiles <i>S & S</i>	<i>15.00</i>
Baggage or Express Train No.	<i>187.00</i>

Carey Hand Funeral Home

Name of deceased Wm B Rowe Jr
 Date of death Fri Dec 25-36 8:15 AM
 Cause of death Adeno-Carcinomatosis
 Place of death Res-530 S. Raleigh
 Residence 530 South Raleigh
 Age 44 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Deat
 Date Dec 1936 M
 Account charged Clyde A. Rowe
 Address 530 S. Raleigh St
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Set Cupr 100.00
 Casket with Copper Lin. ✓
 Style of Casket Oct J. C
 No. of Casket 55- H
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Deat
 Section _____ Lot _____
 I Other Graves E
 X Grave on this date N S
 Cremation Family Done there
 Single Grave Own Work
 Opening and Closing Grave _____
 Body Shipped to Nawthorn Fla
 R. R. Ticket by Auto
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon 41 5.00
 Physician Dr Nial
 County or City Burial 140.00
 Automobiles _____
 Baggage or Express Train No. _____


Carey Hand Funeral Home

Name of deceased William S. Leggett
Date of death Fri Dec 25 - 2:45 PM
Cause of death Gonorrhea Peritonitis
Place of death _____
Residence 2404 S. Shure
Age 14 Yrs 7 Mo's 25 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date Sun Dec 27 1936 3 P. M
Account charged Geo Leggett
Address 2404 S. Shure
Account guaranteed Payments
Address _____
Embalming & Dressing 35.00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6-3 Lil Doe 100.00
Casket with Copper Lin. _____
Style of Casket Oct N. C
No. of Casket 55 - Walker
Outside Box Reg
Shipping Case or Vault _____
Handles Ext
Pillow Set Yes
Name Plate at Rest
Cemetery Woodlawn
Section _____ Lot _____

E
N S
W

I Other Graves _____
X Grave on this date _____
Cremation Auto 5.00
Single Grave P. B. Car 5.00
Opening and Closing Grave Front & etc 15.00
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister Ok Magnan 5.00
Casket Wagon (1)
Physician S - Chapel
County or City Burial _____
Automobiles S & S 15.00
Baggage or Express Train No. _____ 180.00
Amb Ser 5.00
185.00

Carry Hand Funeral Home

Name of deceased John. H. Hutchins
 Date of death Dec 27 - 5 a.m.
 Cause of death Purpura Anemia
 Place of death Mable Clark Home
 Residence 737 - 11 - 14yer
 Age 73 Y'rs 11 Mo's 27 Days
 Weight 100 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Dec 29 - Tuesday 1936 a.m.
 Account charged Victor Hutchins
 Address 737 11. 14yer
 Account guaranteed OK
 Address ☒
 Embalming + Dressing 35 ⁰⁰
 Robe, Suit, Dress Guy 17 00
 Underwear and Hose ☒
 Casket 6-3-4 in Cloth 150 00
 Casket with Copper Lin. ☒
 Style of Casket Oct 57 H.C.
 No. of Casket S 1411
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short W. O. Sil
 Pillow Set yes
 Name Plate ☒
 Cemetery Pensacola Fla
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N  S
 W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Pensacola Fla
 R. R. Ticket + P. 34. 46
 Cash advanced _____
 Telegram (1) 1 60
 Minister Rev. Dean Johnson
 Casket Wagon (2) 10 00
 Physician Dr. Spier
 County or City Burial B
 Automobiles _____
 Baggage or Express Train No. 92
Tues - Dec - 29 - 36

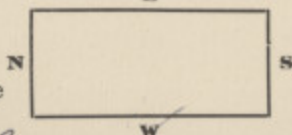
Shuf. & Lloyd

Carey Hand Funeral Home

Name of deceased Charles L. Griswold.
 Date of death Dec 24
 Cause of death Cerebral Hemorrhage.
 Place of death Res
 Residence Winter Haven, Fla.
 Age 69 Y'rs 8 Mo's 18 Days
 Weight 125 Height 5 ft. 5 in. Eyes Blue
 Funeral at. Winter Haven, Fla
 Date Dec 28 1936 M
 Account charged Att - Laughlin F. Home
 Address Winter Haven, 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 12:15 P. M.
 Outside Box Monday 12-28-36
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated.
 Name Plate Monday 1 P. M.
 Cemetery Dec 28-36
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Ashes expressed to
 Single Grave Mr G. L. Griswold
 Opening and Closing Grave 1610 East
 Body Shipped to 82nd St.
 R. R. Ticket Chicago, Ill.
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$37.50

Carey Hand Funeral Home

Name of deceased Joseph Dura AM
 Date of death Dec - 28 - 36 - 710
 Cause of death Fractured Skull
 Place of death O. G. H.
 Residence Cleveland Ohio
 Age 4 Y'rs Mo's Days
 Weight 150 Height 5 ft. 6 in. Eyes
 Funeral at Dest
 Date 1936 M
 Account charged Joseph T. Dura
 Address 1932 Ginta Terrace & H. Yale
 Account guaranteed
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Cloth 215.00
 Casket with Copper Lin. ✓
 Style of Casket State 12-C
 No. of Casket 121-1/2-T
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Dest
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Cleveland Ohio
 R. R. Ticket
 Cash advanced Express 72.02
 Telegram 1 .75
 Minister ✓
 Casket Wagon (2) 10.00
 Physician Dr. G. McEuan
 County or City Burial 332.78
 Automobiles amb sev 5.00
~~Package~~ Express Train No. 74
Monday Night 12-28-36 337.78

Carey Hand Funeral Home

Name of deceased Anita Lee Swope
 Date of death Tues Dec 29-36- 4-AM
 Cause of death Lung Embolism
 Place of death Res
 Residence 815 N. Hyer
 Age 8 Y'rs 7 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Dec 30 1936 4:30 P.M.
 Account charged Mrs Sarah Swope
 Address 815 N. Hyer
 Account guaranteed Mr Mosteller
 Address East Ave
 Embalming Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 5-0-White Plush 75.00
 Casket with Copper Lin. ☒
 Style of Casket Oct N. Top
 No. of Casket H. Plush Shins
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Shut
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N S
 W
 Cremation Cremation 50.00
 Single Grave Music ~~5.00~~
 Opening and Closing Grave ☒
 Body Shipped to auto No Chg
 R. R. Ticket ☒
 Cash advanced Music 5.00
 Telegram _____
 Minister Rev Fred Turner 5.00
 Casket Wagon (1) -
 Physician Dr Page
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

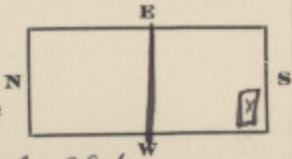
Body cremated 4:30 P.M.
 Thurs - Dec - 31 - 36

Carey Hand Funeral Home

Name of deceased Harry L. Cohen
 Date of death Dec - 24 - 36
 Cause of death Coronary Occlusion
 Place of death Miami
 Residence Miami
 Age 72 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 193 _____ M
 Account charged King Funeral Home
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body Anired
 Style of Casket by Express
 No. of Casket 235 A M
 Outside Box Tues - 12-29-36
 Shipping Case or Vault _____
 Handles Body Cremated
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 X Grave on this date _____
 N _____ S _____
 Cremation Ashes Exposed
 Single Grave To
 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

Carry Hand Funeral Home

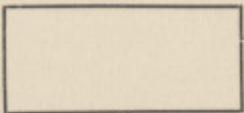
Name of deceased Wm. A. Lawrence
 Date of death Tues Dec - 29 - 34 330 PM
 Cause of death Gun Shot wound in Head
 Place of death Lake Under Hill Drive
 Residence Lake Under Hill Drive
 Age 16 Y'rs 3 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Jan 3 1936 P M
 Account charged Wm A Lawrence
 Address Oulands
 Account guaranteed Insurance
 Address _____
 Embalming Y Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 3-3-Emb Flush 150.00
 Casket with Copper Lin. ☒
 Style of Casket Oct O.T. H. Cap
 No. of Casket 2017 Orleans
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Grumond
 Section V - S 1/2 - Lot 26
 I Other Graves 
 X Grave on this date
 Cremation Burial Lot 100.00
 Single Grave Ca-P. B & Min 5.00
 Opening and Closing Grave Tr etc 15.00
 Body Shipped to Trinity Car No Chg
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister P. H. Means 5.00
 Casket Wagon (1)
 Physician J. P. Sam Shiver
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 325 00

Carey Hand Funeral Home

Name of deceased Jas. Marshall Lumley.
 Date of death Dec 29
 Cause of death Carcinoma of lymph glands
 Place of death Lakeland Fla
 Residence Lakeland Fla.
 Age 69 Y'rs 4 Mo's 24 Days
 Weight 170 Height 5 ft. 10 in. Eyes Blue
 Funeral at Lakeland Fla
 Date Dec 1936 M
 Account charged Snook Funeral Home.
 Address Lakeland Fla.
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by auto Wed
 Outside Box O.H.M. Dec 30-36
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set Wed 11:15 a. m.
 Name Plate Dec 30-1936
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N
S
W
 X Grave on this date _____
 Cremation Ashes expressed to
 Single Grave Snook F. Home
 Opening and Closing Grave Lakeland Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 37.50

Carey Hand Funeral Home

Name of deceased *Emma Woodward Quinn*
 Date of death *Dec 27th*
 Cause of death *Cerebral Necrosis*
 Place of death *Res.*
 Residence *St Petersburg Fla.*
 Age *86* Y'rs *6* Mo's *28* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg Fla.*
 Date *Dec* 193 *6* M
 Account charged *Endicott F. Home*
 Address *St Petersburg Fla.*
 Account guaranteed *Check*
 Address _____
 Embalming _____
 Robe, Suit, Dress *Cremation* 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *Body arrived by*
 Outside Box *auto Wed*
 Shipping Case or Vault *12:45 P.M.*
 Handles *Dec 30 - 36*
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation *Ashes expressed*
 Single Grave to *F. M. Patterson & Sons*
 Opening and Closing Grave *F. Helvectors*
 Body Shipped to *Spring Hill at Tench*
 R. R. Ticket *Atlanta Ga.*
 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 Walter C. Norris
 Date of death Dec 28
 Cause of death Polar Pneumonia
 Place of death Miami Fla
 Residence Cleveland Ohio
 Age 72 Y'rs 10 Mo's 22 Days
 Weight 130 Height 5 ft. 5 in. Eyes
 Funeral at Miami Fla
 Date Dec 1936 M
 Account charged Joseph P. M. Shanley
 Address Miami Fla
 Account guaranteed Ck
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose Cremation # 3750
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by express Wed
 Outside Box 2:10 P.M.
 Shipping Case or Vault Dec 30-36
 Handles
 Pillow Set Body Cremated
 Name Plate 3 P.M. Wed
 Cemetery Dec 30-1936
 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.

Mailed Ck 50⁰⁰

Return Ck to McLean

12-31-36 \$1250

3750

Carey Hand Funeral Home

Name of deceased *John A Smith*
 Date of death *Thurs Dec - 31 - 36* *2-PM*
 Cause of death _____
 Place of death *Clear Lake Lodge*
 Residence *Winter Garden*
 Age *78* Y'rs *10* Mo's *21* Days _____
 Weight *170* Height *5* ft. *9* in. Eyes _____
 Funeral at *Baptist Church Winter Garden*
 Date _____ 193 _____ M
 Account charged *Mrs*
 Address *Winter Garden*
 Account guaranteed *Estate & Sons*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6 Metal* 250.00
 Casket with Copper Lin. ✓
 Style of Casket *State 1/2 - c*
 No. of Casket *Hawthorne*
 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 _____
 Single Grave _____
 Opening and Closing Grave 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Rev Sebastian & Daniels* 5.00
 Casket Wagon *(1)*
 Physician *D. C. Christ*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. 320.00