

4-29-1937

Memoranda Book 112: Carey Hand Funeral Home records, April 29, 1937 to June 15, 1937

Carey Hand Funeral Home

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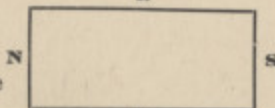
Carey Hand Funeral Home, "Memoranda Book 112: Carey Hand Funeral Home records, April 29, 1937 to June 15, 1937" (1937). *Carey Hand Funeral Home Records*. 112.
<https://stars.library.ucf.edu/cfm-ch-records/112>

Carey Hand Funeral Home

Name of deceased Edwin Stanton Townes
 Date of death Fri Apr - 30 - 37 3:15 PM
 Cause of death _____
 Place of death Res
 Residence Maitland + Pittsburg Pa
 Age 72 Y's 3 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res
 Date Sat May - 1st 1937 11-A M
 Account charged Mrs. Cardine Townes
 Address Maitland
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6-Br 1280.00
 Casket with Copper Lin. _____
 Style of Casket Am Cor State
 No. of Casket Pitts Orleans
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate Name 1865 1937
 Cemetery Homewood Pittsburg Pa
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Senior Chg Extra Labor

Single Grave

Opening and Closing Grave

Body Shipped to East Liberty Penn

R. R. Ticket 3 3716

Cash advanced 114 230 2 chms 30

Telegram 114 230

Minister Dr Chas Campbell

Casket Wagon (2)

Physician Dr Malloy

County or City Burial

Automobiles S & S

Baggage or Express Train No. 92

Sat May 1st 37

111.48

17.00

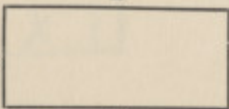
3.45

10.00

15.00

1441.94

Carey Hand Funeral Home

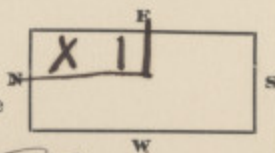
Name of deceased Mrs. Linnell E. Ponder
 Date of death Sat-May-1-37 PM
 Cause of death _____
 Place of death Res
 Residence 800 West Col Dr
 Age 82 Yrs 3 Mo's 25 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed May 5 1937 3P M
 Account charged Mrs. L. E. Ponder
 Address 800 W. Colonial Drive
 Account guaranteed Estate
 Address _____
 Embalming & Dressing yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- In Dr 100.00
 Casket with Copper Lin. ☒
 Style of Casket Oct H C
 No. of Casket 23- Jet
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles yes
 Pillow Set yes
 Name Plate ☒
 Cemetery Woodlawn
 Section _____ Lot _____
 I Other Graves ☐ 
 X Grave on this date _____
 Cremation P. B. Can 5.00
 Single Grave Can Min 5.00
 Opening and Closing Grave Td etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Samuel McKain
 Casket Wagon No chg
 Physician Dr Knoxville
 County or City Burial _____
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. 8 175.00

Carey Hand Funeral Home

Name of deceased Mrs. Francis J. Cord
 Date of death Sun May - 2nd 1937 AM
 Cause of death Acute Myocarditis
 Place of death C. G. H.
 Residence 212 E. Concord
 Age 78 Y'rs 11 Mo's 22 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Tues - 23rd May 4 1937 2:30 P. M
 Account charged Mrs. Cord

Address _____
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35⁰⁰
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 - Metal 225⁰⁰
 Casket with Copper Lin. ✓
 Style of Casket State 1/2 C
 No. of Casket Hawthorn Orleans
 Outside Box ✓
 Shipping Case or Vault Am Seal Perfecter 100⁰⁰
 Handles Ext
 Pillow Set Yes White
 Name Plate ✓
 Cemetery Greenwood
 Section V NE 1/4 - Lot 58

I Other Graves



X Grave on this date

Cremation Car R. B.
 Single Grave Car Min 5⁰⁰
 Opening and Closing Grave Tile 15⁰⁰
 Body Shipped to 2 Car Family 10⁰⁰
 R. R. Ticket Missie 5⁰⁰
 Cash advanced _____
 Telegram _____
 Minister Dean Adcock
 Casket Wagon 1 5⁰⁰
 Physician Dr. Mallory
 County or City Burial _____
 Automobiles SVS 15⁰⁰
 Baggage or Express Train No. _____

\$415.00

Carey Hand Funeral Home

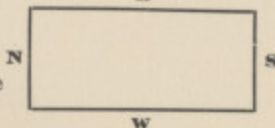
Name of deceased *Mrs Minnie J. Freeman*
 Date of death *Sun May-2nd 1937* *PM*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Res*
 Residence *242 - Chase Ave Winter Park*
 Age *68* Y's *8* Mo's *4* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Tues May-4- 1937* *11-A-M*
 Account charged *Ray Green*
 Address *Winter Park Fla.*
 Account guaranteed *Estate*
 Address
 Embalming *+ Dressing*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3- In Cloth*
 Casket with Copper Lin ✓
 Style of Casket *Det H. C*
 No. of Casket *S-1411*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Shat. O.S. Fin*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Spring Grove Cin Ohio*
 Section Lot

35.00

150.00

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to *Cincinnati Ohio*

R. R. Ticket *Direct*

Cash advanced

Telegram

Minister *H K Christerson*

Casket Wagon *(2)*

Physician *Dr Ruth Hart*

County or City Burial

Automobiles

Baggage or Express Train No.

10.00

\$ 195.00

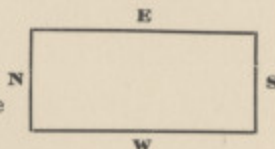
ship. about 10-days

Carey Hand Funeral Home

Name of deceased Carol Baker Johnson
 Date of death May-2-37
 Cause of death Sub-acute Glomerulonephritis
 Place of death Tampa
 Residence Tampa Fla
 Age 1 Y'rs Mo's 193 Days M
 Weight Height ft. in. Eyes
 Funeral at Tampa
 Date 193 M
 Account charged Greenman F. Home
 Address Tampa Fla
 Account guaranteed
 Address
 Embalming Cremation \$8.75
 Robe, Suit, Dress ✓
 Underwear and Hose Body Covered
 Casket by Express a.c.L.
 Casket with Copper Lin. #76-155 AM
 Style of Casket Men - May-3-37-
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 10-a-m.
 Handles May-4-37-
 Pillow Set
 Name Plate Ashes Not Called for
 Cemetery 90 - then to be scattered
 Section Greenwood Cemetery

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.

18.75

Carey Hand Funeral Home Colard

Name of deceased Henry Sweetnell
 Date of death May 3 - 37 - 9 M
 Cause of death Myocarditis
 Place of death County Home
 Residence County Home
 Age 86 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Home Side
 Date May - 3 - 37 193 P. M
 Account charged County

Address
 Account guaranteed
 Address

Embalming

Robe, Suit, Dress

Underwear and Hose

Casket 6-3-Cor 14.50

Casket with Copper Lin.

Style of Casket

No. of Casket

Outside Box Reg

Shipping Case or Vault

Handles

Pillow Set

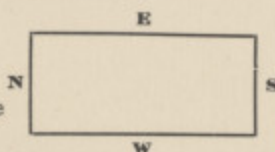
Name Plate

Cemetery County Home

Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician Dr. Quilling

County or City Burial

Automobiles 14.50

Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Isaac M. Olson
 Date of death Sun - May - 2 - 37
 Cause of death Chis. Nephritis
 Place of death Dr. Herty's
 Residence Oshtemo Fla
 Age 69 Y'rs 11 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Wed May 5 1937 3 P. M

Account charged _____
 Address _____
 Account guaranteed Estate

Address _____
 Embalming & Dressing 35.00

Robe, Suit, Dress ✓

Underwear and Hose ✓

Casket 6-3-Gr Oak 100.00

Casket with Copper Lin. ✓

Style of Casket Pat H. C

No. of Casket 1972 1

Outside Box Reg

Shipping Case or Vault _____

Handles Ext

Pillow Set yes

Name Plate at Rest

Cemetery Oshtemo Fla

Section _____ Lot _____

E

I Other Graves

X Grave on this date

N S

W

Cremation _____

Single Grave Del Box Tomb & etc 15.00

Opening and Closing Grave by Friends

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister from Oshtemo 5.00

Casket Wagon (1)

Physician Dr. Herty

County or City Burial _____

Automobiles 3 Y S 20.00

Baggage or Express Train No. 17500

Carey Hand Funeral Home

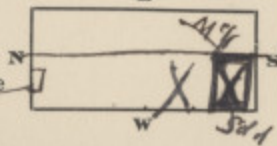
Name of deceased Joseph G. Bird
 Date of death May 3 1937 about noon
 Cause of death Head crushed had been murdered
 Place of death at Place of Business Kaffey & S. Dixie
 Residence Holden Ave HOLDEN AVE
 Age 65 Y'rs 5 Mo's 28 Days
 Weight 145 Height 5 ft. 8 in. Eyes
 Funeral at 1st Methodist Church
 Date Thurs May 6 1937 10 a.m
 Account charged Mrs J. G. Bird wife
 Address Holden Ave
 Account guaranteed small insurance
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr See 135.00
 Casket with Copper Lin.
 Style of Casket Oct-A. C
 No. of Casket 1341 Orleans
 Outside Box Reg
 Shipping Case or Vault
 Handles Exp
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section B - 4 1/2 Lot 31
See one grave E

I Other Graves

X Grave on this date

Allen Bald



Cremation
 Single Grave 2 Family Cars 10.00
 Opening and Closing Grave etc 15.00
 Body Shipped to Car Min 5.00
 R. R. Ticket 2 - P. B. Cars 10.00
 Cash advanced
 Telegram
 Minister Rev Turner
 Casket Wagon (1) 5.00
 Physician Duckworth, J. P.
 County or City Burial
 Automobiles S Y S 15.00
 Baggage or Express Train No. 230.00

was found dead in his store about 2-P.M
had been murdered his Head Badly
Crater apparently had been done about
2-hours

Carey Hand Funeral Home

Name of deceased Harriet P. Potter
 Date of death May 3rd 8:25 am
 Cause of death Caecum & ascending myocarditis
 Place of death Res
 Residence Winter Park
 Age 88 Yrs 11 Mo's 25 Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Rest

Date 193 M
 Account charged Wm C Potter
 Address 145- Bnd- N. Y.
 Account guaranteed Estate
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress

Underwear and Hose
 Casket 6-6- Copper R.C. State 975.00

Casket with Copper Lin. Inner Q. Glass
 Style of Casket R.C. State

No. of Casket King Shiner Metal
 Outside Box Reg

Shipping Case or Vault
 Handles Ext

Pillow Set yes
 Name Plate

Cemetery Locus Valley L.I. N. Y.
 Section Lot

E

I Other Graves
 X Grave on this date
N S
W

Cremation
 Single Grave

Opening and Closing Grave
 Body Shipped to Penn Sta N. Y.

R. R. Ticket R R 34.86

Cash advanced
 Telegram

Minister
 Casket Wagon (2) 10.00

Physician Dr. Hotard

County or City Burial
 Automobiles

Baggage or Express Train No. 92
Thurs May-6-37-

Mr E. A. Potter Dues-1-14-36

1054.86

Carey Hand Funeral Home

Name of deceased		<i>Berwick F. Cleveland</i>	
Date of death		<i>May 4 - 9:30 a.m.</i>	
Cause of death		<i>Multiple Shoddena Ulcers</i>	
Place of death		<i>D. G. H.</i>	
Residence		<i>Taft Fla.</i>	
Age	<i>64</i> Yrs	<i>6</i> Mo's	<i>10</i> Days
Weight		Height	ft. in. Eyes
Funeral at		<i>Local</i>	
Date		<i>May 1937</i>	
Account charged		<i>Mrs. Ella Cleveland</i>	
Address		<i>Taft Fla.</i>	
Account guaranteed		<i>Check</i>	
Address			
Embalming	<i>Yussing</i>		<i>35.00</i>
Robe, Suit, Dress	<i>Blk B. C</i>		<i>33.00</i>
Underwear and Hose			
Casket	<i>6-6 Metal</i>		<i>295.00</i>
Casket with Copper Lin.	<i>Inner</i>		
Style of Casket	<i>Spots H. C</i>		
No. of Casket	<i>Hanison</i>	<i>Columns</i>	
Outside Box	<i>Reg</i>		
Shipping Case or Vault			
Handles	<i>Ext</i>		
Pillow Set	<i>yes</i>		
Name Plate			
Cemetery	<i>Weston. Ga.</i>		
Section		Lot	
		<i>E</i>	
I Other Graves	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto; position: relative;"> N S </div>		
X Grave on this date			
Cremation	<i>L. G. Phone + Clothing</i>		<i>5.00</i>
Single Grave			
Opening and Closing Grave			
Body Shipped to	<i>Columbus Ga.</i>		
R. R. Ticket	<i>1242</i>	<i>622</i>	<i>18.64</i>
Cash advanced			
Telegram			
Minister	<i>Leist</i>		
Casket Wagon	<i>(2)</i>		<i>10.00</i>
Physician	<i>L. M. Mallory</i>		
County or City Burial			
Automobiles			<i>396.64</i>
Baggage or Express Train No.	<i>92</i>		
<i>Wed May - 5-37</i>			

Carey Hand Funeral Home

Name of deceased *Henry Degehn*
 Date of death *May 4-37*
 Cause of death *Hypostatic Pneumonia*
 Place of death *Miami Beach*
 Residence *Miami Beach*
 Age *83* Y'rs *—* Mo's *3* Days
 Weight *125* Height *5* ft. *10* in. Eyes
 Funeral at *Miami*

Date *193* M
 Account charged *H. H. Conley F. Service*
 Address *Miami*
 Account guaranteed *Cash*
 Address

Embalming *Cremations* 32.50
 Robe, Suit, Dress *Brange Lin* 45.00
 Underwear and Hose
 Casket *6-3-66*

Casket with Copper Lin. *Body arrived*
 Style of Casket *430 P.M. May 5-37*
 No. of Casket

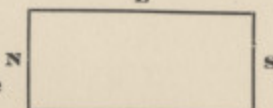
Outside Box *Body Cremated 445*
 Shipping Case or Vault *PM-5-5-37*
 Handles

Pillow Set *Relative Rd Direct*
 Name Plate *for cremation and*
 Cemetery *run 50--51--B/100--*

Section Lot
 E

I Other Graves

X Grave on this date



Cremation *5-5-37 Refund to*
 Single Grave *H. H. Conley 18.50*

Opening and Closing Grave
 Body Shipped to *Lin Containing*
 R. R. Ticket *Ashes Delivered to*

Cash advanced *Mr. Trueland*
 Telegram *who is in charge*
 Minister

Casket Wagon
 Physician

County or City Burial 82.50
 Automobiles

Baggage or Express Train No.

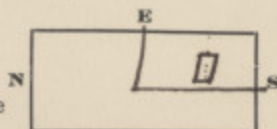
Carey Hand Funeral Home

Name of deceased *Mrs Charlotte M Talmage*
 Date of death *May-6-37*
 Cause of death *Uterine Carcinoma*
 Place of death *May-6-37*
 Residence *Detroit Mich*
 Age *61* Y's *7* Mo's *29* Days
 Weight *100* Height *5 ft. 5* in. Eyes
 Funeral at *Tampa*
 Date *193* M
 Account charged *Guenman F. Home*
 Address *Tampa Fla*
 Account guaranteed *Chk -*
 Address
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress
 Underwear and Hose *Body moved*
 Casket *by Express A.C.R.*
 Casket with Copper Lin. *#76*
 Style of Casket *Tri - May-7-37*
 No. of Casket
 Outside Box *Body Cremated*
 Shipping Case or Vault *9-a. m.*
 Handles *Tri May-7-37*
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 X Grave on this date
 Cremation *Express Ashes to*
 Single Grave *White Chapel*
 Opening and Closing Grave
 Body Shipped to *Memorial Chapel*
 R. R. Ticket *142 Book Building*
 Cash advanced *Detroit Mich*
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

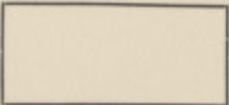
Name of deceased *Infant of Dr & Mrs Hoffman*
 Date of death *May 6-37* *2 PM*
 Cause of death _____
 Place of death *O G H*
 Residence *503 - Fla ave*
 Age *1* Yrs *1* Mo's *1* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date _____ 193 *1937* M
 Account charged *Dr Carl Hoffman*
 Address *Delano*
 Account guaranteed _____
 Address _____
 Embalming *Care of Body*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0 white* *25.00*
 Casket with Copper Lin. _____
 Style of Casket *Set A. Top*
 No. of Casket *103 - Tampa*
 Outside Box _____
 Shipping Case or Vault *3-0 - An Seal* *65.00*
 Handles *Small*
 Pillow Set *yes*
 Name Plate *Set*
 Cemetery *Greenwood*
 Section *G. S. E. 1/4* Lot *28*
 I Other Graves _____
 X Grave on this date _____
 Cremation *Burial Lot* *25.00*
 Single Grave _____
 Opening and Closing Grave *Tr etc* *10.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *M. T. Harris*
 Casket Wagon _____
 Physician *Dr Prince*
 County or City Burial _____
 Automobiles *Sedan* *125.00*
 Baggage or Express Train No. _____



Carey Hand Funeral Home

Name of deceased Mr W. Scott
 Date of death May - 7 - 37 A.M.
 Cause of death White Branch Pneumonia
 Place of death Res -
 Residence 107 Hill St
 Age 90 Y's 10 Mo's 29 Days
 Weight 225 Height 5 ft 10 in. Eyes
 Funeral at Chapel
 Date 193 M
 Account charged Leroy H. Scott
 Address Baxter Springs Kan.
 Account guaranteed Check
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6-Metal 625.00
 Casket with Copper Lin. Inner
 Style of Casket R.C. State Springfield
 No. of Casket Dallas - Shiner
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes Taylor 18.46
 Name Plate Name 19.37
 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 Baxter Springs Kan
 R. R. Ticket R.R. T & Pullman 86.70
 Cash advanced
 Telegram
 Minister Rev Turner
 Casket Wagon (2) 10.00
 Physician Dr. Folsom
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92
 #75670

Carey Hand Funeral Home

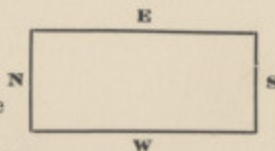
Name of deceased Edwin B. Wilhelm
 Date of death Apr - 28 - 37
 Cause of death Cardiac Dilatation
 Place of death Res
 Residence Miami Fla
 Age 80 Y'rs 1 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1937 _____ M
 Account charged W. L. Philbrick
 Address Miami Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by Express
 Style of Casket 1250 P. M.
 No. of Casket Tri May - 7 - 37
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 3 - P. M. May 7 - 37
 Pillow Set _____
 Name Plate Ashes Exposed to
 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 *Arthur N. Huggins*
 Date of death *Sat May-8-37* PM
 Cause of death *O. G. H.*
 Place of death *O. G. H.*
 Residence *Winter Garden Rd 5 Mi. West*
 Age *54* Y'rs *5* Mo's *1* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Mon May-10 1937* *4 P. M.*
 Account charged *Mrs Maggie Huggins*
 Address *Orlando Rt 3*
 Account guaranteed *Ins - Gulf*
 Address
 Embalming & Dressing *25.00*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6 Walnut* *235.00*
 Casket with Copper Lin. ✓
 Style of Casket *State 1/2 - e*
 No. of Casket *376 - e*
 Outside Box *Reg -*
 Shipping Case or Vault
 Handles *Ext -*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Woodlawn*
 Section *A* Lot *212*

I Other Graves

X Grave on this date



Cremation *Missie* *25.00*

Single Grave *Car Min* *5.00*

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

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Dean Adcock*

Casket Wagon ✓

Physician *Dr Tolson & Hoffman*

County or City Burial

Automobiles *S & S -* *15.00*

Baggage or Express Train No. *302.50*

2.50

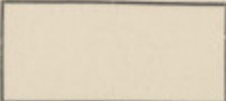
Complete *\$300.00*

was Contractor & Builder

Carey Hand Funeral Home

Name of deceased <u>Lars M Larson</u>		
Date of death <u>Sun May-9-37</u>		<u>AM.</u>
Cause of death _____		
Place of death <u>Res</u>		
Residence <u>Piedmont</u>		
Age <u>78</u>	Y'rs <u>—</u>	Mo's <u>25</u> Days _____
Weight <u>165</u>	Height <u>6</u> ft. <u>—</u> in.	Eyes _____
Funeral at <u>Res</u>		
Date <u>Tues May-11</u> 19 <u>37</u>		<u>M</u>
Account charged <u>Miss Elin Larson</u>		
Address <u>Piedmont</u> <u>Apofka</u>		
Account guaranteed <u>Estate</u>		
Address _____		
Embalming <u>Pressing</u>		<u>35.00</u>
Robe, Suit, Dress <input checked="" type="checkbox"/>		
Underwear and Hose <input checked="" type="checkbox"/>		
Casket <u>6-3</u> <u>Dark Gr Plush</u>		<u>175.00</u>
Casket with Copper Lin. <input checked="" type="checkbox"/>		
Style of Casket <u>Oct 1/2 C-</u>		
No. of Casket <u>1972-</u> <u>S-</u>		
Outside Box <input checked="" type="checkbox"/>		
Shipping Case or Vault <u>air Seal</u>		<u>125.00</u>
Handles <u>Ext</u>		
Pillow Set <u>yes</u> <u>Gr-</u>		
Name Plate <input checked="" type="checkbox"/>		
Cemetery <u>Apofka</u> <u>New</u>		
Section _____	Lot _____	
E		
I Other Graves	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto; position: relative;"> N S </div>	
X Grave on this date		
Cremation <u>(2)</u> <u>Cloud Cars</u>		<u>10.00</u>
Single Grave		
Opening and Closing Grave <u>T & etc</u>		<u>15.00</u>
Body Shipped to		
R. R. Ticket <u>Steam & Res</u>		<u>5.00</u>
Cash advanced		
Telegram		
Minister		
Casket Wagon <u>(1)</u>		<u>5.00</u>
Physician <u>Dr M Bude</u>		
County or City Burial		
Automobiles <u>S.V.S.</u>		<u>15.00</u>
Baggage or Express Train No. _____		<u>385.00</u>

Carey Hand Funeral Home

Name of deceased *Mr Jesse M. Tompsett*
 Date of death *May 1937*
 Cause of death *Neoplasm of Mediastinum*
 Place of death *Tampa, Fla.*
 Residence *Tampa, Fla.*
 Age *63* Yrs *2* Mo's *18* Days
 Weight *130* Height *5* ft. *11* in. Eyes *Blue*
 Funeral at *Tampa, Fla.*
 Date *May* 1937 *7* M
 Account charged *F. T. Blount Und Co.*
 Address *Tampa, Fla.*
 Account guaranteed *Check.*
 Address _____
 Embalming *Cremation* # *3750*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Body arrived*
 No. of Casket *11:30 a.m. Monday*
 Outside Box *April 10 - 1937*
 Shipping Case or Vault _____
 Handles *Body cremated*
 Pillow Set *12 o'clock - noon*
 Name Plate *Monday 4-10-37*
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____
 Cremation *As per expressed.*
 Single Grave *Non Livery +*
 Opening and Closing Grave *Und Co.*
 Body Shipped to *2707 - N. Grand*
 R. R. Ticket *Blvd - St Louis, Mo.*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
 # *3750*

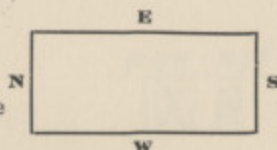
Carey Hand Funeral Home

Name of deceased Sum J. Jay
 Date of death Tues May 11-37 AM
 Cause of death myocarditis
 Place of death County Home
 Residence Bjthlo
 Age 40 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date 193 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. Quelling
 County or City Burial
 Automobiles
 Baggage or Express Train No.

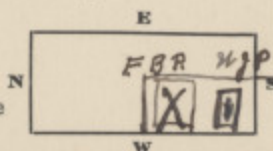
14.50

Carey Hand Funeral Home

Name of deceased *Mrs Francis B. Pflough*
 Date of death *May-11-37* *5-P.M.*
 Cause of death *Malignancy of breast*
 Place of death *927 Solvicens ave*
 Residence *927 Solvicens ave*
 Age *68* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Thurs May-13 1937* *4-P.M.*
 Account charged *Chas Adams* *Son*
 Address
 Account guaranteed *Estate*
 Address
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress *Pink Gown* 10.00
 Underwear and Hose 1.00
 Casket *6-3- Solv G. Plunk* 175.00
 Casket with Copper Lin. ✓
 Style of Casket *Get 1/2 - C -*
 No. of Casket *1927 - S -*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Greenwood*
 Section *G- SW-1/4 Lot 18*

I Other Graves

X Grave on this date



Cremation

Single Grave *Car P. B -* 5.00

Opening and Closing Grave *Tile* 15.00

Body Shipped to *Car Min* 5.00

R. R. Ticket *Family Car No Chg*

Cash advanced *

Telegram *M. Nair*

Minister *M. Nair*

Casket Wagon *(1)* 5.00

Physician *Dr*

County or City Burial 15.00

Automobiles *S.V.S.*

Baggage or Express Train No. *9/0*

Mrs Pflough died May 20-1934

266.00

16.00

250.00

Carey Hand Funeral Home

Name of deceased Edmond Parker Beck
 Date of death May-10-37-
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence Dade City Fla
 Age 68 Y'rs Mo's _____ Days _____
 Weight 100 Height _____ ft. _____ in. Eyes _____
 Funeral at Dade City
 Date _____ 193____ M
 Account charged Coleman & Ferguson
 Address To Home Dade City Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket by auto 11:30 - A.M.
 Casket with Copper Lin. Wed- May-12-37
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 130 A.M. 5-12-37
 Shipping Case or Vault _____
 Handles Express Ashes to
 Pillow Set Coleman & Ferguson
 Name Plate Dade City Fla
 Cemetery _____
 Section Copper Can 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

32.50

Carey Hand Funeral Home

Name of deceased *Mrs Martha C. Johns*
 Date of death *May-10-37*
 Cause of death *Pulmonary T. B.*
 Place of death *Res.*
 Residence *Miami*
 Age *33* Y'rs Mo's Days
 Weight *138* Height *5* ft. *2* in. Eyes
 Funeral at *Miami*
 Date *May-12-37* 193 *5* M
 Account charged *W. H. Combs T. N.*
 Address *Miami*
 Account guaranteed
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose *Body covered*
 Casket *by Express 1250 PM*
 Casket with Copper Lin. *5-12-37*
 Style of Casket
 No. of Casket *Body Cremated*
 Outside Box *130- P.M. 5-12-37*
 Shipping Case or Vault
 Handles
 Pillow Set *Ashes Exposed to*
 Name Plate *W. H. Combs Co.*
 Cemetery *Miami*
 Section *Wooden Box* Lot

☐ I Other Graves
☒ X Grave on this date

N
S

E
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

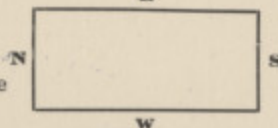
Name of deceased	Clara M. Ralton		
Date of death	May 12 - 11:40 P.M.		
Cause of death	Cerebral Hemorrhage		
Place of death	Residence		
Residence	413 E. Mills St		
Age	74 Yrs	4 Mo's	6 Days
Weight	145	Height	5 ft. 6 in. Eyes
Funeral at	Chapel		
Date	Friday May 14 1937 4 P.M.		
Account charged	Henry Ralton Son		
Address	1200 S. McElaney St		
Account guaranteed	Wife		
Address			
Embalming	Y & Jussing		35.00
Robe, Suit, Dress	✓		
Underwear and Hose	✓		
Casket	6-3-Gr. Exp.		100.00
Casket with Copper Lin.	✓		
Style of Casket	Det. N. E.		
No. of Casket	1342 - Orleans		
Outside Box	Reg		
Shipping Case or Vault	✓		
Handles	Ext		
Pillow Set	yes		
Name Plate	✓		
Cemetery	Greenwood		
Section	B -	Lot	29
E			
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; position: relative; margin: 0 auto;"> E N S W <div style="position: absolute; top: 10px; right: 10px; font-size: 2em;">1</div> <div style="position: absolute; bottom: 10px; left: 10px; font-size: 3em;">X</div> </div>		
X Grave on this date			
Cremation	Can - P. B		5.00
Single Grave	Can Min No. Chg -		
Opening and Closing Grave	Take		15.00
Body Shipped to	✓		
R. R. Ticket	✓		
Cash advanced	✓		
Telegram	✓		
Minister	Rev. Trappe		5.00
Casket Wagon	(1)		
Physician	L. A. Beardsall		
County or City Burial			
Automobiles	S Y S		15.00
Baggage or Express Train No.			175.00

Carey Hand Funeral Home

Name of deceased Matilda Crow
 Date of death May 13 2:30 P.M.
 Cause of death Congestive Thrombosis
 Place of death Res
 Residence Orlando Route #3
 Age 70 Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Destin
 Date May 1937 M
 Account charged Henry Crow
 Address Orlando Route #3
 Account guaranteed
 Address
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 - Silk Plush 175.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2 C
 No. of Casket # 1597 Orleans
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Destin
 Section Lot

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to Muskegon, Mich

R. R. Ticket 70.06

Cash advanced

Telegram

Minister Destin

Casket Wagon (2) 10.00

Physician Joe Ford

County or City Burial

Automobiles

Baggage or Express Train No. 76 290.06

Thru Night May-13-37 1.89

Pd. Cash for RR Tickets (2) Tels

Pd. Cash 50.00 in Acct 291.95

Mr Crow waken up and found he died
had been dead probable 30 min

Carey Hand Funeral Home

Name of deceased *Mrs. Florence Jackson Reed*
Date of death *May 14 - 2:30 a.m.*
Cause of death *Serious*
Place of death *Res. of Mrs. Hungerford Sister*
Residence *436 N. Broadway*
Age *about 75* Y's _____ Mo's _____ Days _____
Weight *90* Height *5 ft. 8* in. Eyes *Brown*
Funeral at *Chapel*
Date *Sun May - 14 1937* *3 P. M.*
Account charged *Mrs. Charlotte Hungerford*
Address *436 N. Broadway*
Account guaranteed _____
Address _____
Embalming *& Dressing* *35.00*
Robe, Suit, Dress ☒
Underwear and Hosiery ☒
Casket *6-3-42 Pine* *135.00*
Casket with Copper Lin. _____
Style of Casket *Oct. N. Cap.*
No. of Casket *1341*
Outside Box *Yes*
Shipping Case or Vault ☒
Handles *Yes*
Pillow Set *Yes*
Name Plate _____
Cemetery *Cremation*
Section _____ Lot _____
I Other Graves _____
X Grave on this date _____
Cremation *Cremation* *50.00*
Single Grave *Sp. Bronze Urn* *25.00*
Opening and Closing Grave _____
Body Shipped to *Name Engraved*
R. R. Ticket _____
Cash advanced _____
Telegram _____
Minister *E. Lee Smith John S. Shadley* *5.00*
Casket Wagon *1*
Physician *Dr. Ford*
County or City Burial _____
Automobiles _____
Baggage or Express Train No. *250.00*

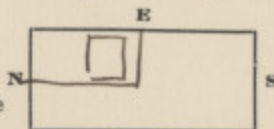
Body cremated 9-AM Mon May-17-37
 Imm Placed in Grave at Side of Husband
 Dr. L. Reed - Powell Cemetery
 Sun - May - 30 - 1937 Rev E. Lee Smith

Carey Hand Funeral Home

Name of deceased Jane Howard Reynolds
 Date of death May 14 - 4:30 a.m.
 Cause of death Chc Rye Nephritis
 Place of death Residence
 Residence 27 - E. Concord Heitz Sant.
 Age 55 Y's — Mo's 17 Days —
 Weight 145 Height 5 ft. 7 in. Eyes —
 Funeral at Chapel
 Date Sun May 16 1937 4 P. M.
 Account charged Mrs Pearl Reynolds Wife
 Address 27 E. Pine St Concord
 Account guaranteed Insurance
 Address —
 Embalming Dressing 35.00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6-3-9 Cup 100.00
 Casket with Copper Lin. —
 Style of Casket Ext N. E
 No. of Casket 1972 Temp.
 Outside Box Reg
 Shipping Case or Vault —
 Handles Ext
 Pillow Set yes
 Name Plate —
 Cemetery Greenwood
 Section G-7. E. 1/4 Lot 28

I Other Graves

X Grave on this date



Cremation Burial Lot 1/4 G. 25.00
 Single Grave —
 Opening and Closing Grave Table 15.00
 Body Shipped to Musie 5.00
 R. R. Ticket P. B. Car 5.00
 Cash advanced Car Mir 5.00
 Telegram McNair
 Minister —
 Casket Wagon (1) 5.00
 Physician L. H. Vail
 County or City Burial —
 Automobiles S & S 15.00
 Baggage or Express Train No. 210.00

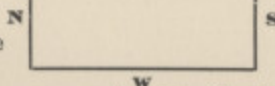
220.00

Carry Hand Funeral Home

Name of deceased *Fannie C. Levol*
 Date of death *May 11*
 Cause of death *Broncho Pneumonia*
 Place of death *Res.*
 Residence *St Petersburg Fla.*
 Age *89* Y's _____ Mo's _____ Days _____
 Weight *140* Height *5* ft. *6* in. Eyes *Blue*
 Funeral at *St Petersburg Fla*
 Date *May* 1937 _____ M
 Account charged *Paynard and 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 *by Express 11:00 a.m.*
 Outside Box *Friday May 14-37*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *Body Cremated*
 Name Plate *3 PM Friday*
 Cemetery *May 14-1937*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation *Expressed Ashes to*

Single Grave *Hillsdale Cemetery*

Opening and Closing Grave *Pekskill N.Y.*

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*

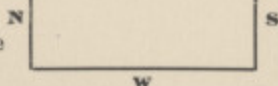
Carey Hand Funeral Home

Name of deceased *Mrs Lucy P Whitman*
 Date of death *May-13-1937*
 Cause of death *Cancer*
 Place of death *Miami Fla*
 Residence *Miami Fla*
 Age *59* Y'rs *1* Mo's *14* Days
 Weight *90* Height *5 ft. 6* in. Eyes
 Funeral at *Miami*
 Date _____ 1937 M
 Account charged *W. H. Combs T. Home*
 Address *Miami Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremated*
 Robe, Suit, Dress _____
 Underwear and Hose *Body removed*
 Casket *by express 1250 PM*
 Casket with Copper Lin *Set May-15-37*
 Style of Casket _____
 No. of Casket *Body Cremated*
 Outside Box *4 30 PM Sat*
 Shipping Case or Vault *May-15-37*
 Handles _____
 Pillow Set *Ashes Expressed to*
 Name Plate *W. H. Combs Co*
 Cemetery *Miami Fla*
 Section _____ Lot _____

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

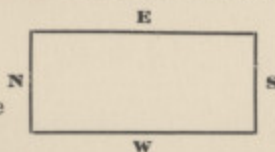
Carey Hand Funeral Home

Name of deceased Otto Lubert
 Date of death May
 Cause of death Suicide
 Place of death Miami Sia Coffin
 Residence Miami & in Steam Ship
 Age 44 Y'rs 9 Mo's 3 Days
 Weight 190 Height 5 ft. 10 in. Eyes
 Funeral at Miami
 Date 193 M
 Account charged Gautier T. Name
 Address Miami Fla
 Account guaranteed Yes
 Address
 Embalming Cremation 32.50
 Robe, Suit, Dress
 Underwear and Hose Body unwashed
 Casket 3- by Express
 Casket with Copper Lin. 1250 PM
 Style of Casket Set May-15-37
 No. of Casket
 Outside Box Body Cremated 430 PM
 Shipping Case or Vault Set May-15-37
 Handles Ashes expressed to
 Pillow Set New York
 Name Plate see Permit for
 Cemetery instructions
 Section also the German
flag -

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.

32.50

Carey Hand Funeral Home

Name of deceased Casper Frank Jugler
 Date of death Sat May-15-37 1-PM
 Cause of death Pernicious Anemia
 Place of death Res
 Residence Perm Park
 Age 58 - Yrs 10 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Mon May-17- 1937 9-A M
 Account charged Mrs Alice Mary Jugler
 Address Perm Park
 Account guaranteed small Insurance
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress Roll 5.00
 Underwear and Hose _____
 Casket 6-3-62 Maple 90.00
 Casket with Copper Lin. _____
 Style of Casket Leaf H. e
 No. of Casket 1972 Tampa
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes
 Name Plate Casimir
 Cemetery Woodlawn
 Section _____ Lot _____

E

I Other Graves

N
S

W

X Grave on this date _____

 Cremation P. B. Car 5.00
 Single Grave Car Mrs 5.00
 Opening and Closing Grave T & H 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Father Bishop 5.00
 Casket Wagon (1) 5.00
 Physician Dr. Rubenstein Gardner
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

175.00
 175.00

Carey Hand Funeral Home

Name of deceased Walter Stevens
 Date of death Sun May-14-37 AM
 Cause of death Pneumonia (Bronchial)
 Place of death Res
 Residence 1310 Aloma Ave Winter Park
 Age 77 Yrs 11 Mo's 23 Days
 Weight 200 Height 5 ft. 9 in. Eyes
 Funeral at Congregational Church W. P.
 Date Tues May-18-1937 3-P M
 Account charged Mrs Walter Stevens
 Address 1310 Aloma Ave Winter Park
 Account guaranteed Estate
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket 6-3-Metal G. M. Fun 575.00
 Casket with Copper Lin. Inner
 Style of Casket State A C
 No. of Casket Lamar
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes Lt Gr
 Name Plate Name
 Cemetery Vale
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 X Grave on this date _____
 _____ N _____ S
 _____ W
 Cremation Extra Labor T. B 10.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Schenectady, N. Y. 88.55
 R. R. Ticket 3965-3965-850-75
 Cash advanced N. Y. Transfer 5.00
 Telegram (1) 1.36
 Minister Rev Chas Poore
 Casket Wagon (2) 10.00
 Physician Dr Burks
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 739.91

Carey Hand Funeral Home

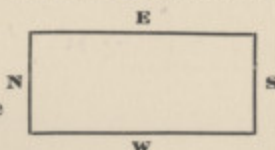
Name of deceased Mrs Ella R. Laws
 Date of death Mon May-17-37 AM
 Cause of death Malignancy of liver
 Place of death Res
 Residence 719 - E Marks st
 Age 74 Yrs 2 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel Tues May-18-37-10-AM
 Date May-18- 1937 10-4 M
 Account charged Cumms Laws
 Address Baltimore Md
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4-3 in Maple 35.00
 Casket with Copper Lin. _____
 Style of Casket Sgt Flat
 No. of Casket 22
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremation 50.00
 Single Grave J. B. in # U575 25.00
 Opening and Closing Grave Body
 Body Shipped to Cremated 3-PM
 R. R. Ticket Mrs May-18-37
 Cash advanced _____
 Telegram _____
 Minister Dean Adcock -
 Casket Wagon (1) 5.00
 Physician Dr Sutter 150.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased J. W. Moore
 Date of death Mon - May - 12 - 37 AM
 Cause of death Cerebral Hemorrhage
 Place of death County Home
 Residence Ameland
 Age 85 Y'rs 5 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Tues May - 18 1937 10 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 Coffin
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section G. Lot _____

I Other Graves

X Grave on this date



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

14.50

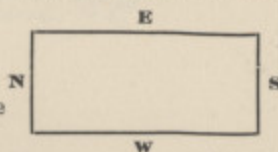
Mr & Mrs W. L. Schuele
Friends of Mr Moore bought
a single grave in Greenwood Cemetery
and paid for the labor grave 7.00
labor 7.50 } 14.50

Carey Hand Funeral Home

Name of deceased Nellie Francis Hall
 Date of death May - 15 - 37
 Cause of death Fractured Hip anterior section
 Place of death Res
 Residence Sarasota Fla
 Age 81 Y'rs 2 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sarasota
 Date _____ 1937
 Account charged Thacker & Von Gilder
 Address Sarasota Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived by
 Casket with Copper Liner Express & ex
 Style of Casket #76 - Monday
 No. of Casket Arriving May - 12 - 37
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 11-AM-5-12-37
 Pillow Set _____
 Name Plate ashes to be scattered
 Cemetery Greenwood Cemetery
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Jay Boright*
 Date of death *May - 11 - 37*
 Cause of death *Myocarditis*
 Place of death *Res*
 Residence *Fort Myers*
 Age *29* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Fort Myers*
 Date *May 11 1937* M
 Account charged *Spencer & Engelhart*
 Address *Fort Myers Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37 50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body Unwired*
 Style of Casket *by Express a.e. #26*
 No. of Casket *Pending morning*
 Outside Box *May - 17 - 37*
 Shipping Case or Vault
 Handles *Body Cremated*
 Pillow Set
 Name Plate *11-A-M-5-17-37*
 Cemetery *Ashes Expressed to*
 Section *Spencer & Engelhart*
Fort Myers 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.

N

S

W

37 50

Carey Hand Funeral Home

Name of deceased Mr L Roadhouse
 Date of death May-15-37
 Cause of death Cancer of Stomach
 Place of death Res
 Residence Leesburg
 Age 72 Y's Mo's Days
 Weight 125 Height 5 ft. 9 in. Eyes
 Funeral at Leesburg

Date 1937 M
 Account charged L C Page F. Home
 Address Leesburg Fla
 Account guaranteed

Address
 Embalming Cremation 37.50

Robe, Suit, Dress

Underwear and Hose

Casket 6-3 State b. b. e

Casket with Copper Lin Body moved

Style of Casket by auto 5-PM

No. of Casket Mon May-17-37

Outside Box

Shipping Case or Vault Body cremated

Handles 530 PM 5-17-37

Pillow Set

Name Plate Ashes Expressed F.

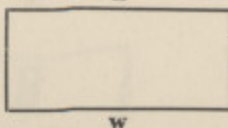
Cemetery Page F. Home

Section Leesburg Lot Fla

Ref # 2
wooden box

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No. 37.50

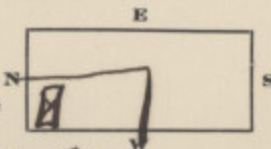
Carey Hand Funeral Home

Name of deceased *Mrs. Mary Emma Daniel*
 Date of death *Mon May-17-37 8:30 PM*
 Cause of death *Bronchial Pneumonia*
 Place of death *O. G. H.*
 Residence *Keystone Dr.*
 Age *62* Y's *8* Mo's *5* Days
 Weight *125* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Wed - May-19* 1937 *3-P* M
 Account charged *Mrs*
 Address *Keystone Drive Orlando*
 Account guaranteed *Small insurance*
 Address

Embalming *+ Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3-Dr 42 Black* 175.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct- 1/2 - e*
 No. of Casket *1927- S -*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Greenwood*
 Section *G NW 1/4* Lot *28*

I Other Graves

X Grave on this date



Cremation *Burial Lot* 25.00
 Single Grave
 Opening and Closing Grave *St + de* 15.00
 Body Shipped to *One auto No Chg*
 R. R. Ticket *t. B Car* 5.00
 Cash advanced
 Telegram
 Minister *Rev Coulter* 5.00
 Casket Wagon *(1)*
 Physician *Dr*
 County or City Burial
 Automobiles *S + S* 15.00
 Baggage or Express Train No. *2* 75.00

Carey Hand Funeral Home

Name of deceased Jack Wesley Brooks
 Date of death May - 17 - 37 10 - PM
 Cause of death Hodgkins Disease
 Place of death Res -
 Residence Farmville
 Age 17 Y's 2 Mo's 1 Days
 Weight 100 Height 5 ft. 10 in. Eyes
 Funeral at Chapel
 Date Thursday - May 20 1937 3 P. M
 Account charged Cornelius & Brooks
 Address Farmville
 Account guaranteed
 Address

Embalming Bussing 25.00

Robe, Suit, Dress ☒

Underwear and Hose ☒

Casket 6-3- Gr Cup x 35.00

Casket with Copper Lin ☒

Style of Casket Spr

No. of Casket 22 -

Outside Box ☒

Shipping Case or Vault ☒

Handles Short

Pillow Set ☒

Name Plate ☒

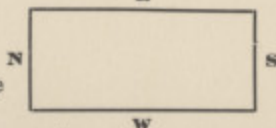
Cemetery Cremation

Section _____ Lot _____

Medium Box

I Other Graves

X Grave on this date



Cremation Cremation 50.00

Single Grave Body cremated

Opening and Closing Grave Fri May 21 -

Body Shipped to G. W. M.

R. R. Ticket Wall call for ashes

Cash advanced

Telegram

Minister Rev. Moller Memorial Church

Casket Wagon No Chg

Physician Dr. Quillen

County or City Burial ☒

Automobiles ☒

Baggage or Express Train No.

110.00

10.00

100.00

People Long Beer

Carey Hand Funeral Home

Name of deceased Don Traylor
 Date of death May-14
 Cause of death Trailing
 Place of death Res
 Residence Miami
 Age 50 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1933 _____ M
 Account charged H. L. Schubert
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Care Body
 Casket with Copper Lin. unlined
 Style of Casket Express 1250 PM
 No. of Casket Take May-17-37
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 3-PM May-17-37
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery _____
 Section _____ Lot _____
wooden Box
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

N

E

S

W

37.50

Carey Hand Funeral Home

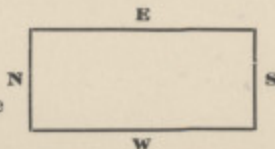
Name of deceased Melvinia Gaines
 Date of death May 19 - 10 a.m.
 Cause of death Shot in Breast Suicide
 Place of death O. G. H. ^{Amherst}
 Residence Orlando - Rt #3
 Age 17 Y's 4 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs May 20 1937 4:30 P. M
 Account charged B. L. Gaines
 Address Orlando Rt #3

Account guaranteed _____
 Address _____

Embalming Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-6 Crpe 75.00
 Casket with Copper Lin. ☒
 Style of Casket sgt Flat top
 No. of Casket 22 - Shown
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Shot
 Pillow Set ☒
 Name Plate ☒
 Cemetery Patuck Cemetery
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave _____
 Opening and Closing Grave T & eta 15.00
 Body Shipped to Musick
 R. R. Ticket P. B. Car 5.00
 Cash advanced C. W.
 Telegram _____
 Minister Rev Lingly
 Casket Wagon _____
 Physician Eugene Luckworth M.D.
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. 135 00

Carey Hand Funeral Home

Name of deceased <u>Albert M. Hall</u>	
Date of death <u>May 19 - 7:50 a.m.</u>	
Cause of death <u>Nephrotic Syndrome & Prostate</u>	
Place of death <u>Vet. Hospital - Bay Pines Fla</u>	
Residence <u>Apopka Fla</u>	
Age <u>75</u> Y'rs	<u>7</u> Mo's <u>3</u> Days
Weight <u>140</u>	Height <u>5</u> ft. <u>6</u> in. Eyes
Funeral at <u>Methodist Church - Apopka</u>	
Date <u>Friday May 21 1937</u> <u>3 P.M.</u>	
Account charged <u>Mrs. Lavinia Hall wife</u>	
Address <u>Apopka Fla</u>	
Account guaranteed <u>Estate</u>	
Address	
Embalming & Dressing	35.00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6-3-Gr. Oak</u>	100.00
Casket with Copper Lin.	
Style of Casket <u>Det. H.C.</u>	
No. of Casket <u>1972-7</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault	
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate	
Cemetery <u>Apopka</u>	
Section	Lot
E	
I Other Graves	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto; position: relative;"> N S </div>
X Grave on this date	W
Cremation <u>T. Squad & Burial</u>	
Single Grave <u>at graves side</u>	
Opening and Closing Grave <u>T & etc</u>	15.00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister <u>at Apopka</u>	
Casket Wagon <u>to Bay Pines</u>	50.00
Physician <u>Vet Hospital - Bay Pines Fla</u>	
County or City Burial	
Automobiles <u>543</u>	15.00
Baggage or Express Train No.	215.00

Carey Hand Funeral Home

Colored

Name of deceased Garrie Hinton
 Date of death May 19th 9 a.m.
 Cause of death Cancer of Ovary
 Place of death County Home
 Residence Orlando Fla
 Age 60 Y's Mo's Days
 Weight _____ Height _____ ft. in. Eyes _____

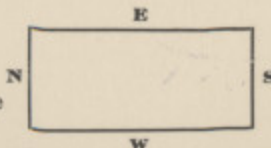
Funeral at _____
 Date May 19th 1937 P. M
 Account charged County
 Address _____
 Account guaranteed County
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 43 Coffin
 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 _____

1450

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

1450

Mac Davis
 Durham N.C.
 70 Glen St.

Carey Hand Funeral Home

Name of deceased Charles F. Fawcett
 Date of death May 19 - 3 P.M.
 Cause of death Cardiac Coronary Thrombosis
 Place of death Clear Lake Lodge
 Residence Cherokee Drive - Orlando
 Age 71 Y'rs 2 Mo's 6 Days
 Weight 165 Height 5 ft. 9 in. Eyes
 Funeral at Destination
 Date May 22 - Sat. 1937 P.M.
 Account charged Mrs. Chas. F. Fawcett
 Address Cherokee Drive - Orlando Fla.
 Account guaranteed State Ch.
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒ 2.25
 Underwear and Hose at Ship
 Casket 6-6 Metal Dr. br. Fin 425.00
 Casket with Copper Lin. Inner
 Style of Casket State H. Cap
 No. of Casket Lampton Shuir
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes Lt Gr 1866
 Name Plate Name 1937
 Cemetery Milwaukee Wis
 Section _____ Lot _____
 E
 I Other Graves ☐ N ☐ S
 X Grave on this date ☐ W
 Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Milwaukee Mich
 R. R. Ticket Y P 155.20
 Cash advanced _____
 Telegram _____
 Minister Hest -
 Casket Wagon (2) 10.00
 Physician Dr. Spies
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 \$ 627.46
Thurs May 20-37

Carey Hand Funeral Home

Name of deceased Baby Jack
 Date of death May 31
 Cause of death Still Born - Premature
 Place of death Res
 Residence Gainesville
 Age ✓ Y'rs ✓ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____
 Account charged Mr G. O. Jack M
 Address Gainesville Tex
 Account guaranteed Cash
 Address _____
 Embalming Cremation 7.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body covered
 Style of Casket by auto
 No. of Casket 7-P.M. 5-19-37
 Outside Box Body cremated
 Shipping Case or Vault 9 a.m. 5-20-37
 Handles _____
 Pillow Set will call for ashes
 Name Plate _____
 Cemetery Thomas and Co
 Section Gainesville Lot 250

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.

2.50

Mr Jack is with Western
Union at Gainesville

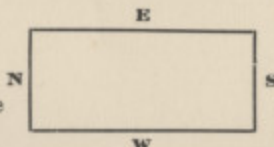
Carey Hand Funeral Home

Name of deceased Walter L. Bear
 Date of death May - 17 - 37
 Cause of death Chc Nephritis
 Place of death Res
 Residence Daytona Beach
 Age 69 Yrs 0 Mo's 23 Days
 Weight 130 Height 5 ft. 10 in. Eyes Blue
 Funeral at Daytona Beach
 Date _____ 193__ M
 Account charged Haug & Brooks
 Address To Home J Daytona Beach
 Account guaranteed Ch
 Address _____
 Embalming Cumulation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body Arrived by
 Casket with Copper Lin. Auto 10 30
 Style of Casket a m Thru
 No. of Casket May - 20 - 37
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 10 30 A.M. 5-20-37
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery Haug & Brook
 Section Daytona Beach

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

Cary Hand Funeral Home

Name of deceased Malinda M Mc Doughty
 Date of death Thurs May 20 - 37 4:15 PM
 Cause of death Apoplexy
 Place of death Res
 Residence 704 Va Drive
 Age 65 Y's 8 Mo's 18 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri May 21 1937 4:30 P.M.
 Account charged Albert Mc Doughty Orlando FL 34
 Address Legelma Mc Doughty 704 Va Dr
 Account guaranteed Pay Cash - Bal Note Pay
 Address Monthly
 Embalming + Dress 25.00
 Robe, Suit, Dress + Under 5.00
 Underwear and Hose _____
 Casket 6-3-Gr Cup 75.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on this date W
 Cremation closed car 5.00
 Single Grave White 7.00
 Opening and Closing Grave T + etc 15.00
 Body Shipped to T. Car No Chg
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon C Hagan 5.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. \$ 152.00

Cash 27.00
Bal 10.00 P. M.

Carey Hand Funeral Home

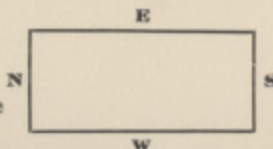
Name of deceased *Mr. Wm. A. Baldwin*
 Date of death *May - 22 - 37 - 7-AM*
 Cause of death *Acute dilatation of heart.*
 Place of death *At home*
 Residence *1287 Seane St N. Park*
 Age *78* Y's *7* Mo's *6* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Thurs May 25 1937 3 P.M*
 Account charged *Rufus E. Baldwin*
 Address *1287 Seane St N. P.*
 Account guaranteed _____

Address _____
 Embalming *Yes* *Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-Gr. Maple* 100.00
 Casket with Copper Lin. ☒
 Style of Casket *Ext. H. Oak*
 No. of Casket *1972 Temp. or*
 Outside Box *Reg*
 Shipping Case or Vault *A. Seal Simplex* 75.00
 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 *White River Jct VT.*

R. R. Ticket _____

Cash advanced *Express 4355* 87.10

Telegram _____

Minister *Rev Geo Badger*

Casket Wagon *(2)* 10.00

Physician *Dr.*

County or City Burial 307.00

Automobiles *Tel -* .76

Baggage or Express Train No. *80* 307.86

Wed - May - 26 - 37

Carey Hand Funeral Home

Name of deceased Mrs Laura Roberts
 Date of death May-18-37
 Cause of death Cholera
 Place of death Res
 Residence Lake Worth
 Age 83 Y'rs 1 Mo's 23 Days 1
 Weight 145 Height 5 ft 2 in. Eyes Blue
 Funeral at Lake Worth
 Date _____ 1937
 Account charged Lak Worth Funeral Home
 Address Lake Worth Fla
 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 Set containing
 No. of Casket 2-a m
 Outside Box Body Cremated
 Shipping Case or Vault 9-a m
 Handles Set May-22-37
 Pillow Set _____
 Name Plate Ashes Expressed to
 Cemetery Lake Worth Fla
 Section Lake Worth Fla
Wooden Box
 I Other Graves N E S
 X Grave on this date _____
 Cremation Eastern Star Pin
 Single Grave removed & enclosed
 Opening and Closing Grave in our
 Body Shipped to with the ashes
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carry Hand Funeral Home

Name of deceased *Mrs. Eleanor L. Goodman*
 Date of death *May 21-37*
 Cause of death *Spine Cellular Carcinoma*
 Place of death *Reg-Flu*
 Residence *Coloia*
 Age *53* Yrs *9* Mo's *14* Days
 Weight *90* Height *5 ft. 9* in. Eyes
 Funeral at *Coloia*
 Date *1937* M
 Account charged *Koon F. Home*
 Address *Coloia*
 Account guaranteed *Cash*
 Address
 Embalming *Cumation* 37.50
 Robe, Suit, Dress
 Underwear and Hose *Body Arrived*
 Casket *by Auto Sat May 22-*
 Casket with Copper Lin *12.80-P.M.*
 Style of Casket *no*
 No. of Casket
 Outside Box *Body-Cumation by*
 Shipping Case or Vault *Auto*
 Handles *Cumation 1-P.M.*
 Pillow Set *5-22-37*
 Name Plate
 Cemetery
 Section Lot
Alon Car Name E
+ Sat Engine
 I Other Graves
 X Grave on this date
 Cremation *will Call for*
 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

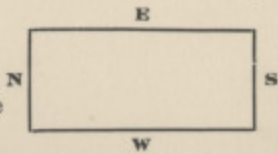
Carry Hand Funeral Home

Name of deceased Allen Vernon Lynch
 Date of death Sun May 23-37 5:30 AM
 Cause of death Auto Accident - fractured Skull
 Place of death O. G. H.
 Residence H. G. Rd 3-Mi West of City
 Age 27 Yrs 11 Mo's 1 Days
 Weight 180 Height 5 ft. 8 in. Eyes
 Funeral at Baptist Church at Bulawa
 Date Wed May 26-1937 4 PM
 Account charged Rev J. T. Morgan
 Address Near Forest City
 Account guaranteed Ima - Clark

Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress Blue serge 10.00
 Underwear and Hose ☒
 Casket 6-3-Gr Cup 100.00
 Casket with Copper Lin. ☒
 Style of Casket Get H. C
 No. of Casket 1972 - Tampa
 Outside Box ☒
 Shipping Case or Vault A S. Simplex 75.00
 Handles Short
 Pillow Set yes
 Name Plate ☒
 Cemetery Bulawa Cemetery
 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 125
 Minister Rev J. A. Sutton
 Casket Wagon ?
 Physician L. C. Anderson
 County or City Burial _____
 Automobiles S & S - 15.00
 Baggage or Express Train No. 25000

was going to put car turned over
on Turn 2-Mi. of City on H. G. Rd

Carey Hand Funeral Home

Name of deceased John Mallaney
 Date of death Sun - May - 23 - 37 - 6:30 AM
 Cause of death Carcinoma of Glands of neck
 Place of death County Home
 Residence _____
 Age 64 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 193 _____ 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 _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 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 Dr. Quillen
 County or City Burial _____
 Automobiles _____ 14 50
 Baggage or Express Train No. _____

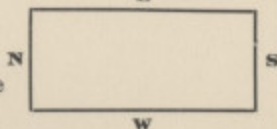
Born Noboken N.J. 1873
 Res of Orange Co 40 yrs

Carey Hand Funeral Home

Name of deceased Carolyn A. Bryan
 Date of death May 16
 Cause of death Lymphosarcoma
 Place of death Seminole Fla near Lago
 Residence Seminole Fla
 Age 54 Y'rs 5 Mo's 17 Days
 Weight 100 Height 5 ft. 6 in. Eyes Blue
 Funeral at Seminole Fla
 Date May 1937 P. M.
 Account charged Alexander T. Home
 Address Cleawater Fla
 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 11' 10" x 24" x 24"
 No. of Casket Sun - May - 23 -
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 3-P. M.
 Pillow Set Sun 5-23-37
 Name Plate _____
 Cemetery Ashes Expressed
 Section 10 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 _____

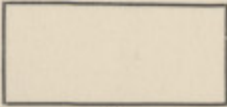
County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

\$ 37.50

Carry Hand Funeral Home

Name of deceased	Jennie Hellencham		
Date of death	May 21 - 37		
Cause of death	Coronary Thrombosis		
Place of death	Lake Worth Fla		
Residence	Lake Worth Fla		
Age	75 Yrs	8 Mo's	14 Days
Weight	109	Height	5 ft. 3 in. Eyes Blue
Funeral at	Residence		
Date	May	1937	M
Account charged	Lake Worth F. Home		
Address	Lake Worth Fla		
Account guaranteed			
Address			
Embalming	Cremation		37.50
Robe, Suit, Dress			
Underwear and Hose			
Casket	Body Arrived by		
Casket with Copper Lin.	Express		
Style of Casket	I-P-M-Sun 5-23-37		
No. of Casket			
Outside Box	Body Cremated		
Shipping Case or Vault	3 ft. m		
Handle	Sun - May - 23 - 37		
Pillow Set			
Name Plate	Ashes Expressed to		
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			
County or City Burial	37.50		
Automobiles			
Baggage or Express Train No.			

Carry Hand Funeral Home

Name of deceased Basil T. Oliver
 Date of death Sun May 23 37 230 PM
 Cause of death acute Cardiac Dilatation
 Place of death Res
 Residence 26 Ester St
 Age 31 Y'rs 4 Mo's 29 Days
 Weight 71 Height 5 ft. 8 in. Eyes
 Funeral at Deat

Date _____ 193 M
 Account charged Mrs Garnett Oliver Wife
 Address Berea Ky
 Account guaranteed Insurance Wm Draft

Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒

Underwear and Hose ☒
 Casket 6-3-Gr Soc 150.00

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

No. of Casket 2010 Orleans
 Outside Box Reg

Shipping Case or Vault ☒
 Handles Ext

Pillow Set yes
 Name Plate ☒

Cemetery Deat
 Section _____ Lot _____

Section _____ Lot _____

I Other Graves ☐

X Grave on this date ☐

Cremation ☐

Single Grave ☐

Opening and Closing Grave ☐

Body Shipped to Berea Ky

R. R. Ticket 24.75 1250 37.25

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon (2) 10.00

Physician Dr Andrews

County or City Burial 8

Automobiles 232 25

Baggage or Express Train No. 92

Tues - May - 25 - 37
Give assignment
Ins Policy # 1187490
Penn Mutual

Carry Hand Funeral Home

Name of deceased Chapman P. Carter
 Date of death May 24
 Cause of death Cerebral Hemorrhage
 Place of death Residence
 Residence Tampa Fla
 Age 65 Y'rs 2 Mo's 8 Days
 Weight 195 Height 6 ft. in. Eyes Brown
 Funeral at Tampa Fla
 Date May 1937 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 by
 No. of Casket Express Train No
 Outside Box 2 A.M. Tuesday
 Shipping Case or Vault May 25-37
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 A.M. Tuesday
 Cemetery May 25-1937
 Section _____ Lot _____

I Other Graves

X Grave on this date

N

S

W

Cremation Ashes expressed to

Single Grave Greenman Und 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. _____

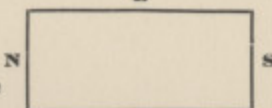
\$ 37.50

Carey Hand Funeral Home

Name of deceased Bessie L. Fairfield
 Date of death May 23 - 1937
 Cause of death Streptococcal Endocarditis
 Place of death Residence
 Residence St. Petersburg, Fla.
 Age 63 Y'rs 4 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg, Fla.
 Date May 1937 M
 Account charged Ralph G. Corksey and Co.
 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 Body arrived by
 No. of Casket auto Tuesday
 Outside Box 9 A.M. May 25 - 37
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Tuesday 9:30 A.M.
 Cemetery May 24 - 1937
 Section _____ Lot _____

I Other Graves

X Grave on this date

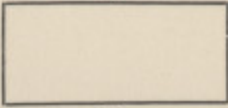


Cremation Ashes expressed to
 Single Grave Ralph G. Corksey
 Opening and Closing Grave and Co.
 Body Shipped to St. Petersburg, Fla.
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or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

\$ 37.50

Carey Hand Funeral Home

Name of deceased Baby Shadix
 Date of death May 26
 Cause of death _____
 Place of death Fila Sant
 Residence 346 E. Lyman - Winter Park Fla
 Age Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date ✓ _____ 193 7 _____ M
 Account charged Lancer Shadix
 Address 346 Lyman St. Winter Park Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation \$5.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Cremated
 No. of Casket 8 a.m. Thursday
 Outside Box May 27-1937
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Will call for
 Name Plate Asher
 Cemetery _____
 Section _____ Lot _____
Small garden
Box
 I Other Graves _____
 X Grave on this date _____



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

\$5.00

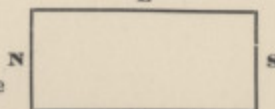
Carey Hand Funeral Home

Name of deceased Joseph Vincent Macke
 Date of death May 26 - 5 a.m.
 Cause of death Cardiac Coronary Thrombosis
 Place of death Residence
 Residence 42 S. Garland
 Age 52 Y'rs 5 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Thursday May 27 1937 9 a.m.
 Account charged Mrs Mary Bartels
 Address 309 W. 9th St Jacksonville Centennial Mock
 Account guaranteed Estate
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress Blue Serg
 Underwear and Hose _____
 Casket 6-3-52 Bld. C
 Casket with Copper Lin. ☒
 Style of Casket Ext. H.C.
 No. of Casket S-1411 - Shiner
 Outside Box R-9 -
 Shipping Case or Vault ☒
 Handles Ext -
 Pillow Set yes -
 Name Plate envelopes + Home +
 Cemetery Jacksonville Fla
 Section _____ Lot _____

36.00
10.50
150.00

I Other Graves

X Grave on this date



Cremation Auto No Chg -

Single Grave

Opening and Closing Grave

Body Shipped to Jacksonville Fla

R. R. Ticket 440 - 295

7.35

Cash advanced

Telegram L. & Phone

1.00

Minister Father Bishop

Casket Wagon (2)

10.00

Physician Dr. Spier

County or City Burial

Automobiles S + S

15.00

Baggage ~~or Express~~ Train No. 92

Thurs May - 27-37-

228.85

Carey Hand Funeral Home

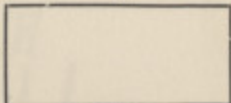
Name of deceased Steve Jones
 Date of death Thurs. May - 25 - 37 P.M.
 Cause of death Accidental Drowned
 Place of death Lake Katonah
 Residence Wanted for Chris Heddy - at N.Y.
 Age 25 Yrs Mo's _____ Days _____
 Weight 150 Height 5 ft 10 in. Eyes _____
 Funeral at Deat

Date _____ 193 _____ M
 Account charged V. D. Casey
 Address 143 Calvert St Brooklyn N.Y.
 Account guaranteed W W Draft

Address _____
 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 123-Jet E
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Oct
 Pillow Set yes
 Name Plate Emboss
 Cemetery Deat

Section _____ Lot _____

used
 I Other Graves _____
 X Grave on this date _____



Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Brooklyn N.Y.
 R. R. Ticket _____
 Cash advanced Express 69.20
 Telegram _____ 5.00
 Minister _____
 Casket Wagon (2) 10.00
 Physician Duckworth
 County or City Burial _____ 219.20
 Automobiles _____ 2.00
 Baggage or Express Train No. 76 90
Sat Night May 29 - 219.00

Personal Effect Not Included office

Carry Hand Funeral Home

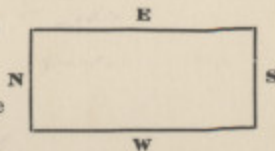
Name of deceased Rochael Jordan
 Date of death May-26-1937 3-PM
 Cause of death Eclampsia. Hemorrhage
 Place of death Res -
 Residence Pine Castle
 Age 41 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Trinity Side Chapel
 Date 2nd May-28 1937 4 P M
 Account charged H. P. Jordan
 Address Orlando, R.F.D. Bear Head Rd
 Account guaranteed Payments 15.00 P. mo
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress White 4.50
 Underwear and Hose 1.00
 Casket 6-3-52 Cup 25.00
 Casket with Copper Lin. ☒
 Style of Casket Spr
 No. of Casket 22-5-
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate ☒
 Cemetery Greenwood
 Section Ant Rollins Lot 141
 J. 141 E
 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 E. Lee Smith 5.00
 Casket Wagon W
 Physician Dr Redding
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 15050

Carey Hand Funeral Home

Name of deceased Fannie Clara Millen
 Date of death Thurs May-27-37 11:50 A.M.
 Cause of death Myocarditis
 Place of death Res
 Residence 625 Palmer St.
 Age 76 Yrs 7 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at First Baptist Church Sanford Fla
 Date Sat - May 29 1937 10:30 A.M.
 Account charged Mrs. J. J. Dickinson
 Address 625 Palmer St. Orlando
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Dr. G. Plunk 175.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - C
 No. of Casket 1927 - S
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Sanford Fla
 Section Old Cemetery Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave

Opening and Closing Grave Extra 15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Dean Adeock + Rev. Booth 5.00
Sanford Fla.

Casket Wagon (1)

Physician Dr. T. A. Neal

County or City Burial

Automobiles S & S 15.00

Baggage or Express Train No. \$ 245.00

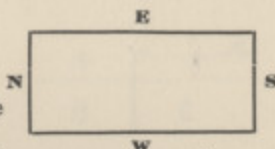
Sec Baptist Church - Sanford
Sat May-29-37- 10:30 A.M.

Carry Hand Funeral Home

Name of deceased Grace H. Hart
 Date of death May 27 - 1937
 Cause of death Cancer of left breast
 Place of death Res.
 Residence Fruitland Park Fla.
 Age 65 Y's 2 Mo's 22 Days
 Weight 125 Height 5 ft. 8 in. Eyes
 Funeral at Fruitland Park Fla.
 Date May 1937 M
 Account charged Page F. Home
 Address Leesburg. 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 30. in Thursday
 Outside Box May 27 - 1937
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 3:30 p.m. Thursday
 Cemetery May 27 - 1937
 Section Lot

I Other Graves

X Grave on this date



Cremation Ashes sent to
 Single Grave P.C. Page F. Home
 Opening and Closing Grave Leesburg Fla.
 Body Shipped to by bus 9 a.m.
 R. R. Ticket Friday May 28-37
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 37.50

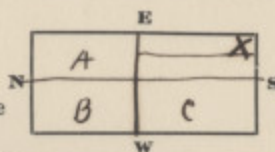
Cary Hand Funeral Home

Name of deceased T. Walker M. Bride
 Date of death May 27 - 2:30 pm.
 Cause of death Cerebral Thrombosis.
 Place of death C. G. H.
 Residence Winter Park Fla.
 Age 75 Y'rs Mo's _____ Days _____
 Weight 225 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date May 29 - Sat 1937 4 P. M.
 Account charged Mrs T. Walker M. Bride
 Address Sylvan Drive - Winter Park Fla
 Account guaranteed Estate
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- Gr B. C. 250.00
 Casket with Copper Lin. ☒
 Style of Casket State H. C.
 No. of Casket Unm
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Winter Park
 Section Block - 1 - Lot E 1/2 D

I Other Graves

X Grave on this date



Cremation Music 5.00
 Single Grave One Auto 5.00
 Opening and Closing Grave T & etc 15.00

Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Am't No Chg
 Telegram _____
 Minister Rev Morris Book.
 Casket Wagon (1) 5.00
 Physician Dr. M. Mallory.
 County or City Burial _____
 Automobiles S Y S 15.00
 Baggage or Express Train No. 330 00

Carey Hand Funeral Home

Name of deceased <i>Mrs. Mattie Pauline Burns</i>		
Date of death <i>Fri May-28-37</i>		
Cause of death _____		
Place of death <i>Mable Calk Home</i>		
Residence <i>Orlando RFD-4-Box</i>		
Age <i>55</i> Yrs	<i>1</i> Mo's	<i>12</i> Days
Weight _____	Height _____ ft.	in. Eyes _____
Funeral at <i>Catholic Church</i>		
Date <i>Monday May 31 1937</i>		<i>9a.</i> M
Account charged <i>M. Burns</i>		
Address <i>R.F.D. #4 Box 1404 - Orlando</i>		
Account guaranteed _____		
Address _____		
Embalming <i>& Dressing</i>		<i>25.00</i>
Robe, Suit, Dress <input checked="" type="checkbox"/>		
Underwear and Hose <input checked="" type="checkbox"/>		
Casket <i>6-3-Gr. Oak</i>		<i>90.00</i>
Casket with Copper Lin. <input checked="" type="checkbox"/>		
Style of Casket <i>Ext. H. C.</i>		
No. of Casket <i>123</i>	<i>Ext. C.</i>	
Outside Box <i>R-19</i>		
Shipping Case or Vault <input checked="" type="checkbox"/>		
Handles <i>Short</i>		
Pillow Set <i>yes</i>		
Name Plate <i>emerging</i>		
Cemetery <i>Woodlawn</i>		
Section <i>A</i>	Lot <i>236</i>	
E		
I Other Graves		
X Grave on this date	N	S
	W	
Cremation <i>cloud-car</i>		<i>5.00</i>
Single Grave		
Opening and Closing Grave <i>etc</i>		<i>15.00</i>
Body Shipped to <i>Minister Car</i>		<i>5.00</i>
R. R. Ticket <i>P. B. Car.</i>		<i>5.00</i>
Cash advanced		
Telegram		
Minister <i>Father Bishop</i>		<i>5.00</i>
Casket Wagon <i>(1)</i>		
Physician <i>Dr. Spores</i>		
County or City Burial		
Automobiles <i>5 & 5</i>		<i>15.00</i>
Baggage or Express Train No.		<i>165.00</i>

Carey Hand Funeral Home

Name of deceased Baby Heckle
 Date of death May 28 - 6 a.m.
 Cause of death O. G. Prematurity
 Place of death O. G. A.
 Residence 1213 Mills St.
 Age 1 Y'rs 1 Mo's 1 Days
 Weight 12 Height 12 ft. 1 in. Eyes Blue
 Funeral at Graveside
 Date Sat May 29 1937 2 P. M
 Account charged Mr. L. Heckle
 Address 1213 Mills St.
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 - 0 - #25 10.00

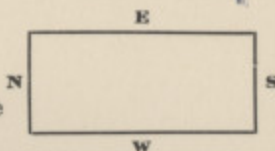
Casket with Copper Lin. _____
 Style of Casket Sp. A.M.
 No. of Casket _____
 Outside Box Reg

Shipping Case or Vault _____
 Handles small
 Pillow Set ✓

Name Plate _____
 Cemetery Greenwood
 Section G Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____

Single Grave Baby Grave 3.50

Opening and Closing Grave & etc 3.50

Body Shipped to Auto & Suncity 2.50

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon No Chg

Physician Dr. Brainerd

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 19.50

Carey Hand Funeral Home

Name of deceased Mary Ann Salisbury
 Date of death May 28
 Cause of death Premature Birth
 Place of death Res
 Residence Chlando Rt #1
 Age Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave
 Date May 28 1937 P. M
 Account charged F. W. Salisbury.
 Address Chlando. Rt #1
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0-H.L.S
 Casket with Copper Lin.
 Style of Casket Spr Hm
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Small
 Pillow Set
 Name Plate
 Cemetery Boggy Creek
 Section Lot
 E
 I Other Graves
 X Grave on this date
 W
 Cremation Bought Casket & Eq
 Single Grave done their own
 Opening and Closing Grave work. also
 Body Shipped to turned in the
 R. R. Ticket Certificate
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Rivers
 County or City Burial
 Automobiles
 Baggage or Express Train No.

9 00

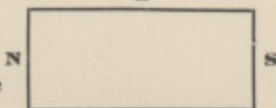
9 00

Carey Hand Funeral Home

Name of deceased Louis A. Anderson
 Date of death May 28
 Cause of death Cardio Renal
 Place of death Asher St
 Residence Lockhart Fla
 Age 66 Y's _____ Mo's _____ Days _____
 Weight 150 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel
 Date Mon May 31 1937 4 P M
 Account charged Robt F Con
 Address J O Keel investment Co
 Account guaranteed Estate
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress Blue Serg
 Underwear and Hose + etc
 Casket 6-3-9 1/2 cloth
 Casket with Copper Lin. ☒
 Style of Casket Oct - H. C
 No. of Casket 123 - Jct
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles yes
 Pillow Set yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Cov Min + P. B 5.00
 Single Grave _____
 Opening and Closing Grave + etc 15.00
 Body Shipped to Musie 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Traff. 5.00
 Casket Wagon _____
 Physician Dr Frank Gray
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. _____
Amv Service 5.00

253.50

Carey Hand Funeral Home

Name of deceased Albert. E. W. Cloud,
 Date of death May 28.
 Cause of death Carcinoma of liver.
 Place of death Res
 Residence St Petersburg Fla
 Age 67 Y's — Mo's — Days 4
 Weight 130 Height 5 ft. 8 in. Eyes Blue
 Funeral at St Petersburg Fla
 Date May 1937 M
 Account charged Indicott F. Home
 Address St Petersburg, Fla
 Account guaranteed Check
 Address —
 Embalming Cremation \$37.50
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Body arrived
 No. of Casket by auto
 Outside Box Sat 2 P. M.
 Shipping Case or Vault May 29-37
 Handles —
 Pillow Set —
 Name Plate Body Cremated
 Cemetery Sat 12.30 P. M.
 Section May 29-37 Lot —

I Other Graves

X Grave on this date

N

E

S

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

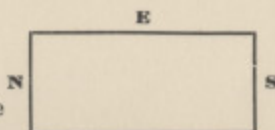
\$37.50

Carey Hand Funeral Home

Name of deceased Wm L Betton
 Date of death Sat May 24 37 330 PM
 Cause of death Carcinoma of liver
 Place of death 1616 Park Lake
 Residence _____
 Age 55 Yrs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues June 1 1937 11 A M
 Account charged Henry Miller
 Address _____
 Account guaranteed small insurance Estate
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress Suit B. Serge
 Underwear and Hose _____
 Casket 4-3 Gr. Oak
 Casket with Copper Lin. Y
 Style of Casket Oct H. C
 No. of Casket 123 Jct C
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set yes
 Name Plate ✓
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Burial & Direct

Single Grave

Opening and Closing Grave Y H C

Body Shipped to Auto

R. R. Ticket

Cash advanced

Telegram

Minister Dian Johnson

Casket Wagon Mr Chq

Physician Dr Beardsall

County or City Burial

Automobiles S & J

Baggage or Express Train No.

25.00
10.50
1.50
100.00

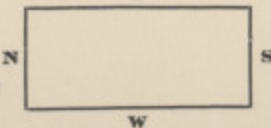
15.00

15.00

\$ 166.50

Carry Hand Funeral Home

Name of deceased Frederic L. Graham
 Date of death Sun May-30-37 3-PM
 Cause of death Lobar Pneumonia
 Place of death C. G. H.
 Residence Winter Garden
 Age 20 Y'rs 2 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues June 1 1937 3 P. M
 Account charged F. L. Graham
 Address Winter Garden
 Account guaranteed Small insurance
 Address _____
 Embalming ☒ Dressing
 Robe, Suit, Dress Blue Serge
 Underwear and Hosiery _____
 Casket 63 In Cope
 Casket with Copper Lin. Yes
 Style of Casket Cot. H. C.
 No. of Casket 1222 7
 Outside Box R-19
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____


Cremation _____
 Single Grave _____
 Opening and Closing Grave Yes
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram Amel No
 Minister _____
 Casket Wagon (1)
 Physician Dr. Maltby
 County or City Burial _____
 Automobiles S & S-
 Baggage or Express Train No. _____

35.00
15.00
95.00
15.00
5.00
15.00
180.00

Carey Hand Funeral Home

Name of deceased *Mrs Joanna S. Sleeper*
 Date of death *Sun May 30-37* *3:30 PM*
 Cause of death *Aperto-Carcinoma of intestines*
 Place of death *Res*
 Residence *83 E. 8th Drive*
 Age *77* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Mon May-31-1937* *5-P.M*
 Account charged *Mr M.P. Wright*
 Address *83 E. 8th Drive*
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress *&*
 Underwear and Hose *&*
 Casket *6-3-Geo Phg* *30.00*
 Casket with Copper Lin. _____
 Style of Casket *Set*
 No. of Casket *1*
 Outside Box _____
 Shipping Case or Vault *&*
 Handles *Short*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Cumtation*
 Section _____ Lot _____
wooden
Box
 I Other Graves _____
 X Grave on this date _____
 Cremation *Cumtation* *50.00*
 Single Grave *Inside* *5.00*
 Opening and Closing Grave *Body*
 Body Shipped to *Cumtation*
 R. R. Ticket *Sam Tm*
 Cash advanced *June 1-1937*
 Telegram *Will call for Ashes*
 Minister _____
 Casket Wagon *(1)* *5.00*
 Physician *Dr Sutter*
 County or City Burial *125.00*
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased William M. Hylar
 Date of death May 30 - 1937
 Cause of death Internal injuries - Auto Wreck.
 Place of death Mims Fla
 Residence Maitland Fla.
 Age 44 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun June 6 1937 4 P M
 Account charged Mrs Wm M Hylar
 Address Maitland Box 410
 Account guaranteed Insurer
 Address _____

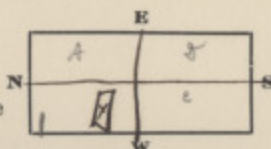
Embalming Yes
 Robe, Suit, Dress Blue Serge 10. 00
 Underwear and Hose Spr of Flowers 10. 00
 Casket 6-3-81 Box 125. 00

Casket with Copper Lin. ☒
 Style of Casket Oct N. C
 No. of Casket 1341 - Orleans
 Outside Box Reg

Shipping Case or Vault ☒
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Winter Park
 Section B - 37 Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____
 Single Grave Auto P. B 5. 00
 Opening and Closing Grave Trade 15. 00
 Body Shipped to Musie 7. 50

R. R. Ticket _____
 Cash advanced Keon F. D. Tolson 50. 00

Telegram _____
 Minister Baptist From W. P.

Casket Wagon _____
 Physician Shuff

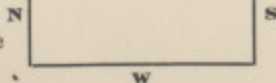
County or City Burial _____
 Automobiles 3 & 5 15. 00

Baggage or Express Train No. 237.50

Carey Hand Funeral Home

Name of deceased *Mr. Wm. Fox Hartman*
 Date of death *Mon May 31-37* *6-PM*
 Cause of death *Deceased when seen Angina Pectoris*
 Place of death *Res*
 Residence *Ala Vista Fla.*
 Age *62* Yrs *9* Mo's *21* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Friday June 4 - 1937* *4 P.M*
 Account charged *Mrs Wm F. Hartman*
 Address *Orlando - 4843 - Stw 5*
 Account guaranteed _____
 Address _____
 Embalming *Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-Gr Spr* 100.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct H. e*
 No. of Casket *123- Jet*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Exp*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Lake Hill*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Music* 5.00
 Single Grave *Auto* 5.00
 Opening and Closing Grave *T & C* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Dean Adcock* 5.00
 Casket Wagon *1*
 Physician *J. Redding*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *1* 80.00
5.00

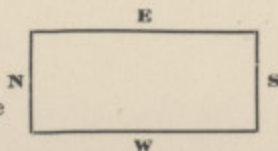
\$175.00

Carey Hand Funeral Home

Name of deceased *John William Salty*
 Date of death *June - 1st 37 - 1-PM*
 Cause of death *Carcinoma of neck*
 Place of death *Carey Hand*
 Residence *Cumy Ford Road*
 Age *75* Y'rs *3* Mo's *29* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Lebanon*
 Date *June 3 - 1937 - 2-PM*
 Account charged *Mrs. Cora Salty*
 Address *Belmont R.F.D. 4 - Box - 1553*
 Account guaranteed _____
 Address *Payments 1000 R. Ind*
 Embalming *Yes*
 Robe, Suit, Dress *Dark Robe*
 Underwear and Hose _____
 Casket *6-3-62 oak casket*
 Casket with Copper Lin. ☒
 Style of Casket *Sgt. Flat Top*
 No. of Casket *77 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Shut*
 Pillow Set ☒
 Name Plate ☒
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation

Single Grave *S. Grave (94)*

Opening and Closing Grave *& etc*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Helm*

Casket Wagon

Physician *Dr. Quillman*

County or City Burial

Automobiles *S & S*

Baggage or Express Train No.

Cash - *10.00*

Paid Me - *10.00*

25.00
5.00

45.00

7.00
15.00

15.00

112.00

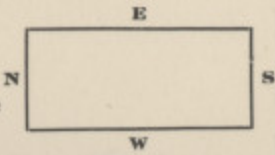
12.00

100.00

Carey Hand Funeral Home

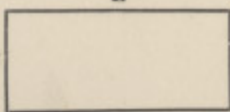
Name of deceased *Helena E. Ireland*
 Date of death *May - 30 37*
 Cause of death _____
 Place of death *Umatilla*
 Residence *Tavarese*
 Age *65* Y'rs *7* Mo's *23* Days _____
 Weight *185* Height *5* ft. *5* in. Eyes *blue*
 Funeral at *Umatilla*
 Date _____ 193 _____ M
 Account charged *Buyers F. Home*
 Address *Umatilla Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cumation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body Unlined*
 Casket with Copper Liner *by auto*
 Style of Casket *2:30 P M*
 No. of Casket *June 1-37*
 Outside Box _____
 Shipping Case or Vault *Body Cumated*
 Handles *5-P M June 1-37*
 Pillow Set _____
 Name Plate *ashes Express to*
 Cemetery *Buyers F. Home*
 Section *Umatilla Fla* Lot _____
wooden Box

I Other Graves _____
 X Grave on this date _____



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

Carey Hand Funeral Home

Name of deceased Leresa Owens
 Date of death Thurs June - 8 - 37 PM
 Cause of death (History) acute indigestion
 Place of death Res
 Residence 1610 Munit Park Orlando
 Age 189 Yrs 11 Mo's 24 Days
 Weight 125 Height 5 ft. 6 in. Eyes Gray
 Funeral at Chapel
 Date Thurs 5 P.M. 1937 June 3 - M
 Account charged Mrs Agnes Stokes
 Address 1610 Munit Park Orlando
 Account guaranteed Estate
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress White 2.45 535 6.50
 Underwear and Hose _____
 Casket 4-3-X Low Ok 75.00
 Casket with Copper Lin. Y
 Style of Casket Ext. H.C.
 No. of Casket X - Alams 1341
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext.
 Pillow Set yes
 Name Plate ☒
 Cemetery Cumtation
 Section _____ Lot _____
 I Other Graves ☐ 
 X Grave on this date _____
 Cremation Cumtation 50.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister John Barrows
 Casket Wagon (1) 5.00
 Physician Dr Christ
 County or City Burial 171.50
 Automobiles 9.50
 Baggage or Express Train No. 170.00
\$ 170.00

Carey Hand Funeral Home

Name of deceased Mrs. Belle Hagel Habig
 Date of death May-29-
 Cause of death Cancer
 Place of death Res.
 Residence Miami Fla.
 Age 49 Yrs 7 Mo's 19 Days
 Weight 120 Height 5 ft. 5 1/2 in. Eyes Brown
 Funeral at Miami

Date _____ 193__ M
 Account charged H. H. Combs T. H.
 Address Miami
 Account guaranteed _____

Address _____
 Embalming Cremation 37.50

Robe, Suit, Dress _____
 Underwear and Hose Body owned

Casket by Express 1130 a.m.
 Casket with Copper Lin. 6-2-37 - Med

Style of Casket _____
 No. of Casket Body cremated 2-PM

Outside Box Med June-2-37 -
 Shipping Case or Vault _____

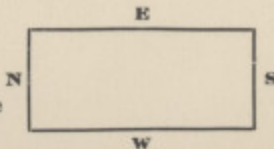
Handles Ashes Express to
 Pillow Set H. H. Combs T. Home

Name Plate Miami Fla -
 Cemetery _____

Section _____ Lot _____

I Other Graves _____

X Grave on this date _____



Cremation _____
 Single Grave _____

Opening and Closing Grave _____
 Body Shipped to _____

R. R. Ticket _____
 Cash advanced _____

Telegram _____
 Minister _____

Casket Wagon _____
 Physician _____

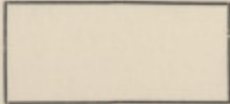
County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Marshall Hazel*
 Date of death *Tuesday June 2-37* *2-PM*
 Cause of death *Surgical Shock - Fractured*
 Place of death *Letter 3rd Glenner*
 Residence *Winter Garden*
 Age *28* Y'rs *—* Mo's *2* Days
 Weight *—* Height *—* ft. *—* in. Eyes *—*
 Funeral at *Dest*
 Date *—* 193 *—* M
 Account charged *Mettie Hazel*
 Address *Winter Garden*
 Account guaranteed *small insurance*
 Address *—*
 Embalming *+ Dressing* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3 Gr Doe* *125.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct-A.C.*
 No. of Casket *1341 - Orleans*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *yes*
 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 *La Grange Ga*
 R. R. Ticket *1400 — 710* *21.10*
 Cash advanced *—*
 Telegram *(1)* *.95*
 Minister *—*
 Casket Wagon *(2)* *10.00*
 Physician *—*
 County or City Burial *—*
 Automobiles *—*
 Baggage or Express Train No. *92* *\$ 192.05*
Thurs - June - 3 - 37

Carey Hand Funeral Home

Name of deceased Horace C. Kicketin
 Date of death May-31-37
 Cause of death Cholera Nephritis
 Place of death Miami
 Residence Miami
 Age 64 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1937 _____ M
 Account charged W. L. Philbrick
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. by Express
 Style of Casket 1130 Ja / m
 No. of Casket Thurs June 3-37
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles 2-P.M.
 Pillow Set Thurs June 3-37
 Name Plate _____
 Cemetery Ashes Expressed to
 Section W. L. Philbrick Lot _____
To Home
Miami 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

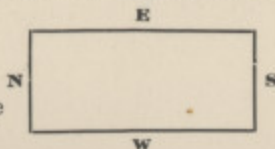
37.50

Carey Hand Funeral Home,

Name of deceased *Arthur L Kimball*
 Date of death *May 29 - 1937*
 Cause of death *Acute Dilatation of Heart*
 Place of death *Res*
 Residence *St Petersburg*
 Age *75* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg*
 Date _____ 1937 _____ M
 Account charged *Baymond T Home*
 Address *St Petersburg Fla*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose *Body Covered*
 Casket *by Auto 1130*
 Casket with Copper Lin *AM June 3*
 Style of Casket _____
 No. of Casket *Body Cremated*
 Outside Box *230 PM Thrus*
 Shipping Case or Vault *June 3 - 1937*
 Handles _____
 Pillow Set *Ashes Expressed to*
 Name Plate *Baymond T Home*
 Cemetery *St Petersburg*
 Section _____ Lot *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 Willis J. Layton
 Date of death June 2
 Cause of death Acute Myocardial Failure
 Place of death Res
 Residence Sebring Fla
 Age 57 Y'rs 7 Mo's 6 Days
 Weight 165 Height 6 ft in. Eyes Brown
 Funeral at Sebring Fla
 Date June 1937 M
 Account charged Stephenson and Co
 Address Sebring Fla
 Account guaranteed Check
 Address
 Embalming Cremation \$7.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Copper Can 5.00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body arrived
 Outside Box by auto Thursday
 Shipping Case or Vault 5:30 P. M.
 Handles June 3-1937
 Pillow Set
 Name Plate
 Cemetery Body Cremated
 Section Thursday 6:30 P. M. at June 3-37
 E
 I Other Graves
 X Grave on this date
 N S
 W
 Cremation Expensed Ashes to
 Single Grave Stephenson
 Opening and Closing Grave F. Home
 Body Shipped to Sebring Fla.
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$42.50

Carey Hand Funeral Home

Name of deceased Nancy P. Hermance
 Date of death May 30 37
 Cause of death Coronary Thrombosis
 Place of death Miami
 Residence Miami
 Age 69 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged H. H. Combs
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 32.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body covered
 Style of Casket by Express 1130
 No. of Casket First morning
 Outside Box June - 4 - 37
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 2 - P. M. June 4 - 37
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N
S
W
 X Grave on this date _____
 Cremation Expressed to
 Single Grave H. H. Combs
 Opening and Closing Grave Miami Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 32.50
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Craig Cofield
 Date of death Fri June 4-37 9 AM
 Cause of death Intestinal Hemorrhage
 Place of death Per Cancer
 Residence Oakland
 Age 82 Y'rs 10 Mo's 11 Days
 Weight 150 Height 5 ft. 8 in. Eyes
 Funeral at Destination
 Date June 1937 M
 Account charged Howard Arnold
 Address Atlanta Ga.
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.¹⁰/₁₀₀
 Robe, Suit, Dress Shut 3.35
 Underwear and Hose Colm lin
 Casket 6-3 Solid Maple 350.⁰⁰/₁₀₀
 Casket with Copper Lin. ✓
 Style of Casket State N. C
 No. of Casket 1725 Nat
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes Egg shell Tray lined
 Name Plate ✓
 Cemetery Atlanta Ga
 Section Lot

E
 N S
 W

 I Other Graves
 X Grave on this date
 Cremation
 Single Grave
 Opening and Closing Grave
 Body Shipped to Atlanta, Ga.
 R. R. Ticket
 Cash advanced Expens to Atlanta 28.⁰⁰/₁₀₀
 Telegram
 Minister Destination 10.⁰⁰/₁₀₀
 Casket Wagon (2)
 Physician Dr. Lawrence
 County or City Burial ✓
 Automobiles
 Baggage or Express Train No. 76 426 35
Fri Night June 4-37

Al Moonyham of Telephone Co
Oks acct

Carey Hand Funeral Home

Name of deceased *Mrs. Jennie R Green*
 Date of death *Wed June 4-37* PM
 Cause of death _____
 Place of death *Res*
 Residence *Orlando Ave 1374*
 Age *86* Y's *7* Mo's *12* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Cent*

Date _____ M
 Account charged *Mrs L. E. Sharp*
 Address *810 Lakewood Rd Tampa*
 Account guaranteed _____

Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery *Yes*
 Casket *6-3 Gr Oak* 150.00
 Casket with Copper Lin. ☒
 Style of Casket *Set Off*
 No. of Casket *S-1411-S*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Short*
 Pillow Set *yes*
 Name Plate *Cent*
 Cemetery _____
 Section _____ Lot _____

I Other Graves ☐ N S
 X Grave on this date E W

Cremation *Burn Napolitano La*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Donaldsonville La*
 R. R. Ticket _____
 Cash advanced *Express 2423* 48.46
 Telegram *L.D. Phone 2423*
 Minister *L.D. Phone* 2.60
 Casket Wagon *(2)* 10.00
 Physician *Dr. J. S. McEwan*
 County or City Burial _____

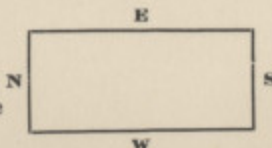
Automobiles _____ 246.06
~~Baggage~~ Express Train No. *76*
Sat Night June 5-37

Carey Hand Funeral Home

Name of deceased Gail A Nelson
 Date of death June - 2 - 37
 Cause of death Cancer of Stomach
 Place of death Miami
 Residence Miami
 Age 34 Y'rs _____ Mo's _____ Days _____
 Weight 110 Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 1937 M
 Account charged W H Combs Und Co
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hosiery Body unwashed
 Casket by Express 1130 A M
 Casket with Copper Lin. Sat June 5-37
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box 2 - H. M. June 5-37
 Shipping Case or Vault _____
 Handles _____
 Pillow Set ashes Express
 Name Plate W H Combs
 Cemetery Miami Fla
 Section _____ Lot _____

I Other Graves

X Grave on this date

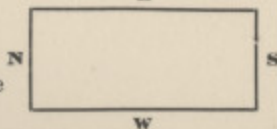


Cremation _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carry Hand Funeral Home

Name of deceased Harry Howell Forsyth
 Date of death June 3 37
 Cause of death _____
 Place of death St Petersburg
 Residence Yonkers New York
 Age 68 Y'rs 5 Mo's 4 Days
 Weight 140 Height 5 ft. 10 in. Eyes _____
 Funeral at St Petersburg
 Date _____ 193 7 M
 Account charged Condict F. Home
 Address St Petersburg
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body Anvil
 Casket 230 P.M.
 Casket with Copper Lin. _____
 Style of Casket Cremated 330 P.M.
 No. of Casket Set June 5-37
 Outside Box _____
 Shipping Case or Vault Ashes Express
 Handles to Condict F. Home
 Pillow Set St Petersburg Fla
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
Section B-7
 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 Emily Ringsmith*
 Date of death *June 6 - 37 - 10-PM*
 Cause of death *Suppurative Edema*
 Place of death *C. G. S.*
 Residence *2395 - Vinland Rd -*
 Age *62* Y'rs *9* Mo's *3* Days
 Weight *145* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Wed June 9 1937 4-P. M*
 Account charged *F. K. Ringsmith*
 Address *Vinland Road*
 Account guaranteed
 Address
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-Set Plush* 175.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct 1/2 - e*
 No. of Casket *1927 - S -*
 Outside Box *R-9*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes. W -*
 Name Plate ☒
 Cemetery
 Section _____ Lot _____

E
 N S
 W

 I Other Graves
 X Grave on this date
 Cremation *P. B. Car* 5.00
 Single Grave *Family Car* 5.00
 Opening and Closing Grave *T & etc* 15.00
 Body Shipped to
 R. R. Ticket *Music by Family*
 Cash advanced
 Telegram
 Minister *Rev Stoddard of St Cloud* 5.00
 Casket Wagon *(1)*
 Physician *Chappel*
 County or City Burial
 Automobiles *S & S* 15.00
 Baggage or Express Train No. 255.00

Carey Hand Funeral Home

Name of deceased Harvey Baker
 Date of death Sun June 6-37 5-PM
 Cause of death accidently Drowned
 Place of death Lake Rose
 Residence Union City Ind
 Age 69 Y's Mo's Days
 Weight 165 Height 5 ft. 8 in. Eyes
 Funeral at Dest

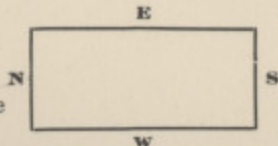
Date _____ 193__ M
 Account charged Payson F. Home
 Address Union City Indiana
 Account guaranteed W Union Draft
 Address _____

Embalming	<u>+ Dressing</u>	35.00
Robe, Suit, Dress	<u>Blue Serg</u>	10.10
Underwear and Hose		1.10
Casket	<u>6-3 in cup</u>	50.00
Casket with Copper Lin.	<input checked="" type="checkbox"/>	
Style of Casket	<u>Spr Flat T</u>	
No. of Casket	<u>20 Tampa</u>	
Outside Box	<u>Reg</u>	
Shipping Case or Vault	<input checked="" type="checkbox"/>	
Handles	<u>Back</u>	
Pillow Set	<input checked="" type="checkbox"/>	
Name Plate	<input checked="" type="checkbox"/>	
Cemetery	<u>Dest</u>	

Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Union City Ind

R. R. Ticket _____

Cash advanced	<u>Express</u>	63.90
Telegram		5.00

Minister		10.00
----------	--	-------

Casket Wagon	<u>(2)</u>	
--------------	------------	--

Physician G.E. Duckworth J.P.

County or City Burial _____

Automobiles _____

~~Baggage~~ or Express Train No. 76 \$ 175.00

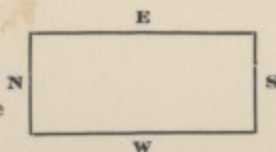
Two Night

Carey Hand Funeral Home

Name of deceased Mrs Jennie D Marshall
 Date of death June 5-37
 Cause of death Pulmonary Edema
 Place of death Res
 Residence Leesburg Fla
 Age 100 Y's _____ Mo's _____ Days _____
 Weight 100 Height 5 ft. 10 in. Eyes _____
 Funeral at Leesburg
 Date _____ 1937 M
 Account charged Page Funeral Home
 Address Leesburg Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Sil Silk Plush
 Casket with Copper Lin. Body moved
 Style of Casket by auto 6-P M
 No. of Casket in June 7-37
 Outside Box Body Cremated
 Shipping Case or Vault 8-a in 6-8-37
 Handles _____
 Pillow Set Ashes Expressed to
 Name Plate Page T. Home
 Cemetery Leesburg 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.

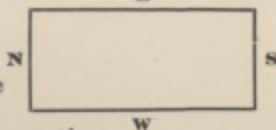
37.50

Carey Hand Funeral Home

Name of deceased *Mrs Elizabeth Simms*
 Date of death *June 8 - 3 30 A M*
 Cause of death _____
 Place of death *Res*
 Residence *521 - Tila Ave*
 Age *64* Y's *3* Mo's *29* Days *1*
 Weight *135* Height *5* ft. *7* in. Eyes _____
 Funeral at *Chapel*
 Date *Wed June 9 - 1937* *3 P M*
 Account charged *Daisy Rathbun Chi*
 Address *Robt C. Simms 521 Tila Ave*
 Account guaranteed *Estete*
 Address _____
 Embalming *Dussing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 - Gr Bnd - C* 325.00 5%
 Casket with Copper Lin ☒
 Style of Casket *Oct 1/2 - C -*
 No. of Casket *2638 1/2 3 -*
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes White Tinged*
 Name Plate ☒
 Cemetery *Cremation*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation *Cremation*
 Single Grave *Grange Inn*
 Opening and Closing Grave *Body*
 Body Shipped to *Cremated*
 R. R. Ticket *7 A M Thurs 6-10-37*
 Cash advanced *Fun Expensed To*
 Telegram _____
 Minister *Dean Johnson*
 Casket Wagon *(1)* 5.00
 Physician *Dr Chappel*
 County or City Burial _____

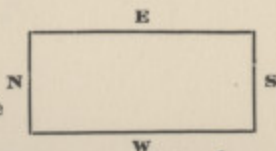
Automobiles 445.00
 Baggage or Express Train No. *7* 18.25
Fun Expensed 15446.25
Elizabeth Whitlock Simms
 Mar - 7 *June 8*
 1873 *1937*

Carey Hand Funeral Home

Name of deceased Frederick E. Ahlinger
 Date of death June 9th 1937
 Cause of death Angina Pectoris
 Place of death Babson Park Fla.
 Residence Babson Park Fla.
 Age 62 Y'rs 5 Mo's 27 Days
 Weight 160 Height 6 ft. in. Eyes Grey
 Funeral at Babson Park Fla.
 Date June 1937 M
 Account charged Stephenson & Blythe
 Address Sebring 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 by auto 2:30am
 Outside Box Thurs June 10-37
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8am. Thurs
 Cemetery June 10-1937
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation Will call for

Single Grave Ashes June 11th

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. _____

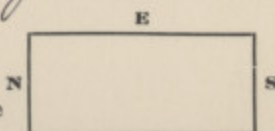
\$ 37.50

Carey Hand Funeral Home

Name of deceased Alberte Franke
 Date of death June 7 - 1937
 Cause of death Cancer
 Place of death Miami Fla.
 Residence _____
 Age 65 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date June 1937 M
 Account charged W. L. Philbrick and Co
 Address Miami Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by express
 Outside Box Phil's 11:30 a.m.
 Shipping Case or Vault June 10-37
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 4 P.M.
 Section Thurs June 10 37 Lot _____

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. _____

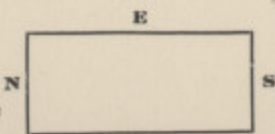
37.50

Carey Hand Funeral Home

Name of deceased *John T. Hagerty*
 Date of death *June 8 - 1937*
 Cause of death *Endocarditis, Chronic*
 Place of death *Asteen, Fla.*
 Residence *Asteen, Fla.*
 Age *68* Y'rs *7* Mo's *4* Days
 Weight *160* Height *5* ft. *8* in. Eyes *Gray*
 Funeral at *Asteen Fla*
 Date *June* 193*7* M
 Account charged *W. E. Erickson F. Home*
 Address *Sanford, 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 *12:30 P. M. Thurs*
 Outside Box *June 10-37*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *Body Cremated*
 Name Plate *12:45 P. M. Thurs*
 Cemetery *June 10-37*
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation *Ashes expressed to*

Single Grave *Wm C. Erickson*

Opening and Closing Grave *F. Home*

Body Shipped to *Sanford, Fla.*

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Infant of Cecil W. Hye*
 Date of death *June - 11 - 37* *AM*
 Cause of death *E. Hye Pneumonia*
 Place of death *E. Hye*
 Residence *Leesburg, Fla*
 Age *Y's* *Mo's* *Days* *1*
 Weight *Height* *ft.* *in.* *Eyes*
 Funeral at *Leesburg, Fla*
 Date *1937* *M*
 Account charged *Cecil W. Hye*
 Address *Leesburg, Fla*
 Account guaranteed *Cash*
 Address
 Embalming
 Robe, Suit, Dress *Cremation* *5.00*
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box *Cremated*
 Shipping Case or Vault *Friday*
 Handles *4 P. M. June 11 - 37*
 Pillow Set
 Name Plate
 Cemetery
 Section *Lot*
 I Other Graves
 X Grave on this date
 Cremation *Will call for*
 Single Grave *Ashes*
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased *Infant John I. Stewart*
 Date of death *last June 12-37* *2 25 PM*
 Cause of death *Still Born*
 Place of death *Res*
 Residence *Maitland*
 Age *✓* Y's *✓* Mo's *✓* Days *✓*
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *✓*
 Date *193* *M*
 Account charged *John I. Stewart*
 Address *Maitland*
 Account guaranteed *✓*
 Address *✓*
 Embalming *Cremation* *5.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *✓*
 Casket with Copper Lin. *Body Cremated*
 Style of Casket *4-PM. 6-12-37*
 No. of Casket *✓*
 Outside Box *ashes to be scattered*
 Shipping Case or Vault *Guaranteed*
 Handles *Cremation*
 Pillow Set *✓*
 Name Plate *✓*
 Cemetery *✓*
 Section *✓* Lot *✓*
 E
 I Other Graves *✓*
 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. T. A. D.*
 County or City Burial *✓* *5.00*
 Automobiles *✓*
 Baggage or Express Train No. *✓*

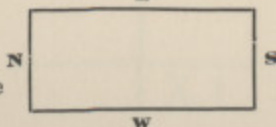
Carey Hand Funeral Home

Name of deceased Joseph H. Buchanan
 Date of death June 13-37 AM
 Cause of death Fractured Skull Struck by auto
 Place of death _____
 Residence N. Main st Jacksonville
 Age 24 Y'rs 7 Mo's 13 Days _____
 Weight 170 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date June 15 1937 5:30 P M
 Account charged Mrs Connie Buchanan
 Address _____
 Account guaranteed Insurance
 Address American National

Embalming _____
 Robe, Suit, Dress Guy 17.00
 Underwear and Hose _____ 1.25
 Casket 6-3 Gr D 97.50
 Casket with Copper Lin. ☒
 Style of Casket Ext. H. G
 No. of Casket 1972
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____
 Single Grave White 7.00
 Opening and Closing Grave T & sta 15.00
 Body Shipped to P. B. Car 5.00
 R. R. Ticket _____
 Cash advanced To Nagle & Bunn 25.00
 Telegram Tele 3.00
 Minister Rev John Barrows 50.00
 Casket Wagon To Jay - & son
 Physician at Jacksonville
 County or City Burial _____
 Automobiles 3 & 3 - 15.00
 Baggage or Express Train No. _____ 285.75

See acct Nov-24-1928
Roll- Bal-Due 55.00

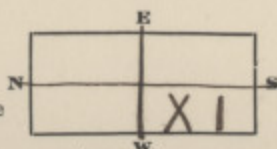
White moving along Highway
8 miles from Jacksonville

Carey Hand Funeral Home

Name of deceased *Mrs - Abbie S. Beyer*
 Date of death *June - 12 - 37*
 Cause of death *Chronic Myocarditis*
 Place of death *Tampa*
 Residence *Winter Park*
 Age *88* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Tampa*
 Date _____ 193 _____ M
 Account charged *A. R. Beyer*
 Address *Citizens Bank Bldg Tampa Fla*
 Account guaranteed *Estate*
 Address *Committee Serv at home*
 Embalming *Monday June 14 - 37*
 Robe, Suit, Dress *4 - P.M.*
 Underwear and Hose _____
 Casket *6-6 State Metal*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault *Champion Marble*
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Palm Cemetery WP.*
 Section *63* Lot *C*

I Other Graves _____

X Grave on this date _____



Cremation *Lettering of monument*

Single Grave _____

Opening and Closing Grave *etc*

15. 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon *(1)*

5. 00

Physician _____

County or City Burial _____

Automobiles *S & S*

15. 00

Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased *Charles W. Eichaly*
 Date of death *June - 10 - 37*
 Cause of death *Enlarged Prostate Glands*
 Place of death *Lake Helen*
 Residence *Lake Helen*
 Age *82* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at _____
 Date _____ 1937 _____ M
 Account charged *Stith & Griffith*
 Address _____
 Account guaranteed _____

Address _____
 Embalming *Cremation*
 Robe, Suit, Dress _____
 Underwear and Hose _____

Casket _____
 Casket with Copper Lin. *Body Arrived*
 Style of Casket *by amb 530 PM*
 No. of Casket *6-14-37*

Outside Box _____
 Shipping Case or Vault *Body*
 Handles *Cremated 8-AM-*
 Pillow Set *Tues - June 15 - 37*

Name Plate _____
 Cemetery _____
 Section _____ Lot _____
wooden box

I Other Graves _____
 X Grave on this date _____

Cremation *Express Ashes to*
 Single Grave *North Hills*

Opening and Closing Grave *Cemetery Co*
 Body Shipped to *15 + Harriet St*
 R. R. Ticket *Oak Lane*
 Cash advanced *Philadelphia*

Telegram *Pa*
 Minister _____
 Casket Wagon _____

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

37.50

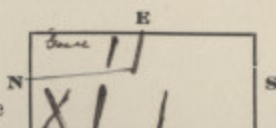
37.50

Carey Hand Funeral Home

Name of deceased *Mrs Alice Nicholson*
 Date of death *Mon June 14 - 37* *PM*
 Cause of death *Pop lethal Embolic - Coronary*
 Place of death *Res* *Selden*
 Residence *10 Ester st*
 Age *70* Y's *6* Mo's *23* Days
 Weight *165* Height *5* ft. *6* in. Eyes
 Funeral at *Chapel*
 Date *Wed June 16* 193*7* *4 P M*
 Account charged *Helmar Nicholson*
 Address *Islands Fl*
 Account guaranteed *Estate*
 Address
 Embalming *Drussing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-3 Plush* *175.00*
 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 *Greenwood*
 Section *R* Lot *22*

I Other Graves

X Grave on this date



Cremation *T. Car no chg* *5.00*
 Single Grave *P. B Car*
 Opening and Closing Grave *T & etc* *15.00*
 Body Shipped to *Car Mm* *5.00*
 R. R. Ticket *Music* *5.00*
 Cash advanced
 Telegram
 Minister *Rev Fred Turner* *5.00*
 Casket Wagon *(1)*
 Physician *Dr J S McEuan*
 County or City Burial
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *260.00*

Sold acct Feb 11 - 1928
bal - 185.50
A M N