

8-14-1937

Memoranda Book 114: Carey Hand Funeral Home records, August 14, 1937 to October 4, 1937

Carey Hand Funeral Home

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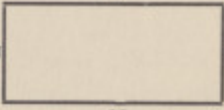


Carey Hand Funeral Home

Name of deceased Mrs. Jenny L. Thomas
 Date of death Tue Aug 13 - 37 PM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence East Jefferson
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Exp. Church
 Date Mon Aug 16 - 1937 5 P. M
 Account charged Mrs. (Effie) Graham Johnson
 Address E. Jefferson St
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-2 In. Box 75.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. H. C.
 No. of Casket 1341- Orleans
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Cremation
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Urn Brnze Eng 40.00
 Single Grave None July 12 - 37
Aug 13 - 37
 Opening and Closing Grave
 Body Shipped to Body Cremated
 R. R. Ticket 9-a M Tues 8-17-37
 Cash advanced
 Telegram
 Minister Dean Johnson
 Casket Wagon
 Physician
 County or City Burial
 Automobiles S & S 15.00
 Package or Express Train No.
ask Express to Subst
England Cemetery
Chicago Ills

215.00

Garey Hand Funeral Home

Name of deceased Edward T. Richardson
 Date of death Sat Aug-14-37 5:30 AM
 Cause of death Carcinoma of Stomach
 Place of death Res
 Residence 802 - Park Lake Ave
 Age 68 Y'rs 5 Mo's 24 Days
 Weight 180 Height 6 ft. — in. Eyes —
 Funeral at Chapel
 Date Mon Aug-16- 1937 4-PM
 Account charged Mrs E. A Richardson
 Address 802 Park Lake Ave
 Account guaranteed Estate
 Address —
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-8 - Oak 60.00
 Casket with Copper Lin. ☒
 Style of Casket Oak
 No. of Casket 1
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Oak
 Pillow Set yes
 Name Plate For A m
 Cemetery Cremation
 Section — Lot —
 I Other Graves ☐ 
 X Grave on this date ☐
 Cremation Cremation 50.00
 Urn —
 Single Grave Body cremated
 Opening and Closing Grave 9-AM
 Body Shipped to Tues Aug-17-37
 R. R. Ticket will call for ashes
 Cash advanced —
 Telegram Masonic Service also
 Minister Rev Melrose (Exp)
 Casket Wagon (1) 5.00
 Physician Dr Spencer Tolson
 County or City Burial —
 Automobiles — 150.00
 Baggage or Express Train No. —

Garey Hand Funeral Home

Name of deceased		<i>Fercy F. Laubach</i>	
Date of death		<i>Sat Aug-14-37</i> AM	
Cause of death		<i>Coronary Thrombosis</i>	
Place of death		<i>Res</i>	
Residence		<i>210 East Jackson</i>	
Age	Y'rs	Mo's	Days
Weight	Height	ft.	in. Eyes
Funeral at		<i>Chapel</i>	
Date		<i>Mon Aug 16 1937</i> 2-P, M	
Account charged		<i>Mrs</i>	
Address		<i>210 - E. Jackson St</i>	
Account guaranteed		<i>Estate</i>	
Address			
Embalming	<i>& Dressing</i>	35.00	
Robe, Suit, Dress	<input checked="" type="checkbox"/>		
Underwear and Hose	<input checked="" type="checkbox"/>		
Casket	<i>6-6-Metal</i>	250.00	
Casket with Copper Lin.	<input checked="" type="checkbox"/>		
Style of Casket	<i>State 1/2-C-</i>		
No. of Casket	<i>145-Nat</i>		
Outside Box	<i>Reg</i>		
Shipping Case or Vault	<input checked="" type="checkbox"/>		
Handles	<i>Ext</i>		
Pillow Set	<i>yes</i>		
Name Plate			
Cemetery	<i>Greenwood</i>		
Section	<i>1,00F</i>	Grave	<i>34</i>

I Other Graves

E

N
34
S

Grave Space

E. of Monument

W

X Grave on this date		
Cremation	<i>2-P. B Cars</i>	10.00
Urn	<i>T. Car No Chg</i>	
Single Grave	<i>Auto</i>	5.00
Opening and Closing Grave	<i>T & C</i>	15.00
Body Shipped to		
R. R. Ticket	<i>Music</i>	10.00
Cash advanced		
Telegram		
Minister	<i>Rev Lomock</i>	
Casket Wagon	<i>(1)</i>	5.00
Physician		
County or City Burial		
Automobiles	<i>3 & 3</i>	15.00
Baggage or Express Train No.		

9.00 P
15.7 P
R-M

}

look Part
of Grave

345 00

Carey Hand Funeral Home

Name of deceased Bety Adkins
 Date of death Fri Aug-13-37 10 PM
 Cause of death Still Born
 Place of death Res
 Residence Ocala Vista
 Age ✓ Y'rs ✓ Mo's ✓ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged Leland Adkins
 Address Ocala Vista Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose H-L
 Casket 2-0 H-L 5.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Bought Casket
 Outside Box done here own
 Shipping Case or Vault none
 Handles have permit for same
 Pillow Set _____
 Name Plate _____
 Cemetery Lake Hill
 Section _____ Lot _____
 I Other Graves E

N

E

S

W

S

 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Lawrence 5.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Pd Cash 2.00

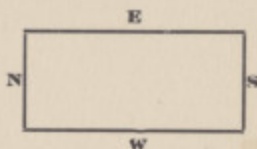
Pa Hk - 1.00

Garry Hand Funeral Home

Name of deceased Joseph Flanders
 Date of death Sat Aug-14-37 9 AM
 Cause of death Unsuicid
 Place of death County Home
 Residence Wilder Garden
 Age 83 Y'rs 3 Mo's 24 Days
 Weight 125 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun Aug-15 1937 10 A M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Case
 Casket with Copper Lin.
 Style of Casket Spr A M
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set ☒
 Name Plate
 Cemetery County Home
 Section Lot

14.50

I Other Graves



X Grave on this date

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

14.50

Garey Hand Funeral Home

Name of deceased Claude H Palmer
 Date of death Sat Aug-14-37 AM
 Cause of death Gun Shot in Stomach accidentally
 Place of death Res
 Residence S.E. of Apopka
 Age 23 Yrs 6 Mo's 7 Days
 Weight 145 Height 5 ft. 7 in. Eyes
 Funeral at West
 Date 193 M
 Account charged Mrs Florence L. Seagrave
 Address Apopka Fla
 Account guaranteed
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr B.C. 225.00
 Casket with Copper Lin.
 Style of Casket R. Cor State
 No. of Casket 6008- Orleans
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery West
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Wellesley Mass
 R. R. Ticket Y R 95.55
 Cash advanced
 Telegram 113-25
 Minister
 Casket Wagon (2) 10 5 15.00
 Physician Dr Mc Bride
 County or City Burial 3 70 55
 Automobiles
 Baggage or ~~Express~~ Train No. 92

Thurs Aug-19-37

Carey Hand Funeral Home

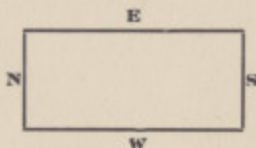
Name of deceased Joseph F. Hanington
 Date of death Sat Aug-14-37 PM
 Cause of death B. S. Broncho Pneumonia
 Place of death B. S. Jackson
 Residence 1114 East Jackson
 Age 70 Yrs 3 Mo's 23 Days
 Weight 125 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date Tues - Aug - 17 1937 430 P. M
 Account charged Mrs Joseph F. Hanington
 Address 1114 East Jackson
 Account guaranteed
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress Blue Serq 10.00
 Underwear and Hose 1.50
 Casket Low Chg. 50.00
 Casket with Copper Lin. ✓
 Style of Casket ✓
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles
 Pillow Set
 Name Plate
 Cemetery Bumattari
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Urn wooden -
 Single Grave Music 5.00
 Opening and Closing Grave Body Cremated
 Body Shipped to G-A in Wed 8-18-37
 R. R. Ticket will cover for ashes
 Cash advanced
 Telegram
 Minister Rev C. A. Turner
 Casket Wagon W 5.00
 Physician Dr. Mullens
 County or City Burial # 156.00
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Charlie M Albrighton
 Date of death Aug-15-37 2:45 a m
 Cause of death Hyphema - Apoplexy
 Place of death 818 Myndale ave
 Residence 328 H. Church
 Age 68 Y'rs 10 Mo's 10 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues Aug 17 1937 10 A M
 Account charged Charlie E Albrighton
 Address 630 Lou Ave St
 Account guaranteed Payments
 Address _____
 Embalming ☒ Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Sp 50.00
 Casket with Copper Lin. ☒
 Style of Casket Sp. Flat 10.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set ☒
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Urn _____

Single Grave White 7.00

Opening and Closing Grave 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Montgomery

Casket Wagon _____

Physician Dr. Anderson

County or City Burial _____

Automobiles SVS 15.00

Baggage or Express Train No. 11200

Cash 5.00

P. wt 2.00

Carey Hand Funeral Home *Yawn*

Name of deceased *Alberta Yawn*
 Date of death *Sun Aug 13 1937* *7:30 AM*
 Cause of death *Pneumonia*
 Place of death *Res -*
 Residence *Maitland*
 Age *58* Y's *2* Mo's *15* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave side*
 Date *Tues Aug 17 1937* *10-11 AM*
 Account charged *Mrs W. J. Connell*
 Address *Maitland Fla*
 Account guaranteed *Payments*
 Address _____
 Embalming ☒ *Dussing* 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 - Gr Box* 65.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Maitland*
 Section _____ Lot _____
 I Other Graves E

N

E

W

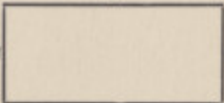
S

S

 X Grave on this date
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Rev E. Lee Smith*
 Casket Wagon *(1)* 5.00
 Physician *Dr Barker*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. 125.00

Garey Hand Funeral Home

Name of deceased Frank F. Fisher
 Date of death Aug 11
 Cause of death Heart attack
 Place of death Res.
 Residence St Petersburg, Fla
 Age 69 Y'rs 9 Mo's 15 Days
 Weight 230 Height 5 ft. 11 in. Eyes
 Funeral at St Petersburg Fla
 Date Aug 1937 M
 Account charged Endicott 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 Body Arrived
 Style of Casket by auto 11- a M
 No. of Casket Fun 8-15-37
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 3-PM 8-15-37
 Pillow Set
 Name Plate Ashes Expressed To
 Cemetery
 Section Lot
 I Other Graves



 X Grave on this date
 Cremation Will notify where
 Urn to ship ashes
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

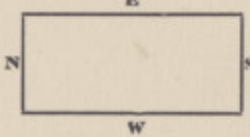
37 50

Carey Hand Funeral Home

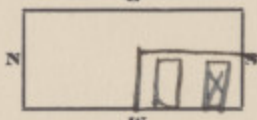
Name of deceased Wm. Sylvester Host
 Date of death Aug 15 - 37
 Cause of death Myocarditis
 Place of death Per
 Residence New Smyrna
 Age 85 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1937
 Account charged Robinson & Tarr T.H.^M
 Address New Smyrna
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Made by Host
 Casket with Copper Lin. _____
 Style of Casket Body covered by
 No. of Casket Auto 1230 P.M.
 Outside Box Sun Aug 15 - 37
 Shipping Case or Vault _____
 Handles Body cremated 3-P.M.
 Pillow Set 8-15-37
 Name Plate _____
 Cemetery Ashes Expressed to
 Section Robinson & Tarr
Gr. Home
 I Other Graves _____
New Smyrna Fla N E S W
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 37.50
 Baggage or Express Train No. _____

9-15-32

Garey Hand Funeral Home

Name of deceased Lucille E. Miller
 Date of death Aug 17 - 1932 2 P.M.
 Cause of death Asthma Cardiac
 Place of death Res
 Residence 1407 - E. Washington
 Age 64 Yrs 1 Mo's 3 Days
 Weight 150 Height 5 ft. 9 in. Eyes Blue
 Funeral at Chapel
 Date Wed Aug 18 1932 2 P.M.
 Account charged Mrs. R. C. Ferris
 Address 1407 - E. Washington St
 Account guaranteed Estate
 Address _____
 Embalming ☒ Dressing 35.00
 Robe, Suit, Dress Coun 242 J.R. 19.50
 Underwear and Hose ☒
 Casket 6-3 Six Plush 195.00
 Casket with Copper Lin. ☒
 Style of Casket Oct 1/2 - E
 No. of Casket 1597 - Columns
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Cremation 50.00
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn wooden Box
 Single Grave Musie 5.00
 Opening and Closing Grave Body Cremated
 Body Shipped to S. & H. Thurs 8-19
 R. R. Ticket _____
 Cash advanced will call for Ashes
 Telegram _____
 Minister Rev George Trapp
 Casket Wagon (1) 5.00
 Physician Dr. Burke
 County or City Burial 3 9.50
 Automobiles 9 5.00
 Baggage or Express Train No. 2 300.00

Garey Hand Funeral Home

Name of deceased Walter T. Toole
 Date of death Aug-17-37 a m
 Cause of death Angina Pectoris
 Place of death Res-
 Residence Maitland
 Age 63 Y'rs Mo's Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Thurs Aug 19 1937 10 A M
 Account charged M. Wright
 Address Maitland Fla
 Account guaranteed Estate
 Address
 Embalming & Dressing 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 4-3 In cufe 100.00
 Casket with Copper Lin.
 Style of Casket Oct-Dr. Pope
 No. of Casket 30-Walker
 Outside Box Reg-
 Shipping Case or Vault ☒
 Handles Ext-
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section 9 - S W 1/4 Lot 33
 I Other Graves
 X Grave on this date

 Cremation Cash & Dr Bank 5.00
 Urn Auto P. B. & M. 5.00
 Single Grave
 Opening and Closing Grave T. & etc 15.00
 Body Shipped to
 R. R. Ticket Cite & Maitland 10.00
 Cash advanced
 Telegram 50-50-50 1.50
 Minister Rev E. L. Smith
 Casket Wagon (1) 5.00
 Physician Dr. Sanders
 County or City Burial
 Automobiles S Y S 15.00
 Baggage or Express Train No. 18150

Garey Hand Funeral Home *Cross*

Name of deceased *Anne Gunnell*
 Date of death *Tues Aug-17-37-* *630 PM*
 Cause of death *Pulmonary Embolism*
 Place of death *O. G. St.* *Cancer of Stomach*
 Residence *430 East Gen Ave*
 Age *69* Y'rs *11* Mo's *1* Days
 Weight *135* Height *5* ft. *7* in. Eyes
 Funeral at *Best*

Date *193* M

Account charged *Miss Sadie E. Hanison*

Address *430 E. Gen Ave*

Account guaranteed *Estate*

Address

Embalming *✓* *35.00*

Robe, Suit, Dress *✓*

Underwear and Hose *✓*

Casket *6-3-Gr Bld C-* *325.00*

Casket with Copper Lin.

Style of Casket *Oct 12-e*

No. of Casket *2638 1/2 - Shur*

Outside Box *Reg*

Shipping Case or Vault

Handles *Shat Oct 12-e*

Pillow Set *yes - Taylor*

Name Plate *Name*

Cemetery *Best*

Section Lot

I Other Graves

X Grave on this date

Cremation

Urn

Single Grave *Burial Leesburg Va*

Opening and Closing Grave

Body Shipped to *Washington, D. C*

R. R. Ticket *RR & R 2.80 2.80-70-*

Cash advanced *Paid 8-13- \$ 63.14*

Telegram

Minister

Casket Wagon *(2)* *10.00*

Physician *Dr Day*

County or City Burial

Automobiles

Baggage or Express Train No. *92*

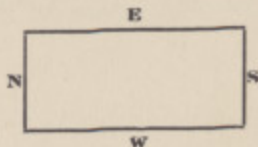
Pd Cash for
RR & P. \$63.14

F. D. McInty at Wash. D. C in Charge

Garey Hand Funeral Home

Name of deceased William P. Baldwin
 Date of death Wed Aug-18-37 8-AM
 Cause of death Plate, Appendicitis - Peritonitis
 Place of death C. J. H.
 Residence _____
 Age 59 Y'rs 3 Mo's 13 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Deat
 Date _____ 1937 M
 Account charged Mrs Wm P. Baldwin
 Address _____
 Account guaranteed Cash
 Address _____
 Embalming Dissection 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-6 Gr Chth 200.00
 Casket with Copper Lin. ✓
 Style of Casket State 2-C
 No. of Casket 7-37 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Gas
 Name Plate _____
 Cemetery Deat
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced Express 22.80

Telegram L. S. 5.09

Minister ✓ 10.00

Casket Wagon 2

Physician Dr. Day

County or City Burial 272.89

Automobiles amb 3 5.00

Baggage or Express Train No. 72 277.89

Wed-Night-Aug-18-37 % 89

\$277.00

Carey Hand Funeral Home

Name of deceased *Mr Jay S Brittin*
 Date of death *Aug - 12 - 37*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Nes*
 Residence *West Palm Beach*
 Age *78* - Y'rs _____ Mo's _____ Days _____
 Weight *160* Height *5 ft. 10* in. Eyes _____
 Funeral at *West Palm Beach*
 Date _____ 193____ M
 Account charged *Myself Simons F. Home*
 Address *West Palm Beach Fla*
 Account guaranteed *ok* -
 Address _____
 Embalming *Cremation* *37.50*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body Unwood*
 Casket with Copper Lin. *by Baggage*
 Style of Casket *11 - A M Hnd 18-37*
 No. of Casket _____
 Outside Box *Body cremated 3-PM*
 Shipping Case or Vault *Hnd*
 Handles *Aug 18-37* -
 Pillow Set _____
 Name Plate *Ashes Expressed to*
 Cemetery *Myself Simons*
 Section *F. Home* Lot _____
 West Palm Beach
 I Other Graves
 N S
 W

 X Grave on this date _____
 Cremation _____
 Urn _____
 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 *Mrs Virginia Pegram Trowbridge*
 Date of death *Thurs Aug-19-37* *2- A.M.*
 Cause of death *Cancer of Liver Stomach & Ovary*
 Place of death *Res*
 Residence *Winter Park -*
 Age *66* Y'rs *4* Mo's *17* Days
 Weight *160* Height *5* ft. *6* in. Eyes
 Funeral at *West*
 Date *1937* *M*
 Account charged *E. K. Trowbridge*
 Address *Winter Park -*
 Account guaranteed
 Address
 Embalming *Dressing* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6 Metal* *450.00*
 Casket with Copper Lin. *Sonner*
 Style of Casket *State N.C. & F.*
 No. of Casket
 Outside Box *Reg-*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *Yes Traybed*
 Name Plate *Name*
 Cemetery *Woodlawn Cemetery N.Y.*
 Section Lot

I Other Graves

X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave

Body Shipped to *New York* *166 64*

R. R. Ticket *+ 8.*

Cash advanced

Telegram *19.75*

Minister

Casket Wagon *(2)* *10.00*

Physician *Dr R Hotel*

County or City Burial

Automobiles

Baggage or Express Train No. *92* *\$ 681.39*

Thurs 8-19-37

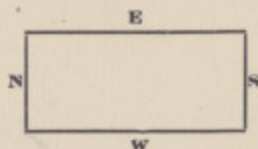
Pd fr R R & Telegram

Garey Hand Funeral Home

Name of deceased *Mrs Mary A Little*
 Date of death *Thurs Aug-19-37* *8:30 PM*
 Cause of death *Cardio-Renal disease*
 Place of death *Res*
 Residence *713 Seminole ave*
 Age *63* Yrs *4* Mo's *28* Days
 Weight *145* Height *5* ft *5* in. Eyes
 Funeral at *Grave side*
 Date *Sun Aug-22-1937* *2:30 P.M*
 Account charged *J. H. Little*
 Address *713 Seminole ave*
 Account guaranteed *Payment*
 Address *City Freeman Ste # 1*
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *White Gown* *12.00*
 Underwear and Hose *1.50*
 Casket *6-3 Sil Plush* *165.00*
 Casket with Copper Lin.
 Style of Casket *Oct 1/2 - e*
 No. of Casket *1897 Orleans*
 Outside Box *R-19*
 Shipping Case or Vault *Consent by Family*
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Dece*
 Section *N E Part* Lot

I Other Graves

X Grave on this date



Cremation

Urn

Single Grave *Del Box Tent chairs etc* *10.00*

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Lyons of M. G.* *5.00*

Casket Wagon *(1)*

Physician *Dr Redding*

County or City Burial

Automobiles *S & S* *15.00*

Baggage or Express Train No. *2* *43.50*

7/8 *8.50*

8 *235.00*

Obituary in paper *1.14*

236.14

Garey Hand Funeral Home

Name of deceased Mrs Katherine Hoffman Betts
 Date of death Aug 14 - 37
 Cause of death Coronary Thrombosis
 Place of death Daytona Beach Fla
 Residence Atlanta Ga
 Age 72 Y'rs 2 Mo's 35 Days
 Weight 150 Height 5 ft. 3 in. Eyes
 Funeral at Daytona Beach
 Date 1937
 Account charged Baggett's Health & Life Insurance Co
 Address Daytona Beach Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrived
 Casket with Copper Lin. by auto
 Style of Casket 1230 P M
 No. of Casket Tel Aug-20-37
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated 130 PM
 Pillow Set in Aug-20-37
 Name Plate
 Cemetery will call in Rahm
 Section Lot

☐ I Other Graves
wooden Box

N
E

S

W

☐ X Grave on this date

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

Garey Hand Funeral Home

Name of deceased Lusie L. Wickham
 Date of death Aug 3 - 37
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Leeland Fla.
 Age 74 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1937 M
 Account charged Stith - Griffith Ind Co
 Address Leeland, 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 auto Friday
 Outside Box 4:45 P. M.
 Shipping Case or Vault Aug 20-37
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Friday 3 P. M.
 Section Aug 20-37 Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Ashes expressed to -
 Urn Will call -
 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. _____

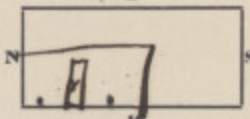
37.50

Garey Hand Funeral Home

Name of deceased Infant (Mrs. Crane)
 Date of death Aug 20 - 37
 Cause of death Still Born
 Place of death Fla Sant.
 Residence Albando Rt #2 - Box 115
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Grave
 Date Sat Aug 21 1937 M
 Account charged Dean M. Crane
 Address Albando Rt #2 - Box 115
 Account guaranteed Cash -
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 - 0 - 10 ⁰⁰
 Casket with Copper Lin. _____
 Style of Casket Spr H m
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles small
 Pillow Set ✓
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 I Other Graves
 E
 N S
 W

 X Grave on this date _____
 Cremation auto & wife 4. ⁰⁰
 Urn _____
 Single Grave Baby Grave 3 ⁵⁰
 Opening and Closing Grave 2. ⁰⁰
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister L. L.
 Casket Wagon _____
 Physician Dr. Lynn
 County or City Burial 19 ⁵⁰
 Automobiles _____
 Baggage or Express Train No. _____

Garey Hand Funeral Home

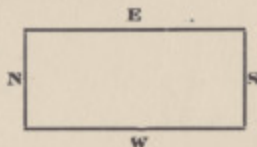
Name of deceased <u>Irvin Y R B Boerslter</u>		
Date of death <u>Sat Aug - 21 - 37</u>		<u>AM</u>
Cause of death <u>Chas myocarditis, Pastoral Endocarditis</u>		
Place of death <u>Res 7</u>		
Residence <u>633 West Harvard</u>		
Age	Yrs	Mo's Days
Weight	Height	ft. in. Eyes
Funeral at <u>Chapel</u>		
Date	<u>Thurs Aug 26</u>	<u>1937</u> <u>4-P. M</u>
Account charged <u>Mrs Anna Boerslter</u>		
Address <u>633 West Harvard</u>		
Account guaranteed <u>Payments</u>		
Address		
Embalming	<u>+ Dressing</u>	<u>35.00</u>
Robe, Suit, Dress	<input checked="" type="checkbox"/>	
Underwear and Hose	<input checked="" type="checkbox"/>	
Casket	<u>6-3 Sil Plush</u>	<u>165.00</u>
Casket with Copper Lin		
Style of Casket	<u>Oct 1/2 - C</u>	
No. of Casket	<u>1957 Orleans</u>	
Outside Box	<u>R 19</u>	
Shipping Case or Vault	<input checked="" type="checkbox"/>	
Handles	<u>Yes</u>	
Pillow Set	<u>Yes</u>	
Name Plate	<input checked="" type="checkbox"/>	
Cemetery	<u>Greenwood</u>	
Section	<u>G - N W 1/4</u>	Lot <u>31</u>
E		
I Other Graves		
X Grave on this date		
Cremation	<u>Burial Lot</u>	<u>25.00</u>
Urn	<u>P. B. Car</u>	<u>5.00</u>
Single Grave	<u>Car Min</u>	<u>5.00</u>
Opening and Closing Grave	<u>etc</u>	<u>15.00</u>
Body Shipped to	<u>Family Car Netchg</u>	
R. R. Ticket		
Cash advanced	<u>Music</u>	<u>10.00</u>
Telegram	<u>7-50-</u>	<u>3.50</u>
Minister	<u>Rev Bookhart</u>	<u>5.00</u>
Casket Wagon	<u>(1)</u>	
Physician	<u>Dr Mallory</u>	
County or City Burial		
Automobiles	<u>3 v 5</u>	<u>15.00</u>
Baggage or Express Train No.		<u>283.00</u>

Garey Hand Funeral Home

Name of deceased Mrs. Alicia M. J. Bell
 Date of death Sat Aug 21-37 6:30-PM
 Cause of death Cancer of Ovaries
 Place of death Wheeling W. Va
 Residence Wheeling W. Va
 Age 71 Y'rs 9 Mo's 12 Days
 Weight 107 Height 5 ft. 1 1/2 in. Eyes Blue
 Funeral at St. Saviour
 Date 1937 M
 Account charged David H. Bell
 Address Wheeling W. Va
 Account guaranteed
 Address
 Embalming See ck 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket ☒
 Casket with Copper Lin. ☒
 Style of Casket ☒
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles ☒
 Pillow Set ☒
 Name Plate ☒
 Cemetery Crematorium
 Section E Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Urn Brnze Urn #4394 60.00
 Single Grave
 Opening and Closing Grave Urn Exposed
 Body Shipped to Greenwood
 R. R. Ticket Cemetery
 Cash advanced Wheeling W. Va
 Telegram
 Minister
 Casket Wagon (1) 5.00
 Physician Dr. M. M. Andrews
 County or City Burial 140.00
 Automobiles amb Sen 5.00
 Baggage or Express Train No. \$ 145.00

Carey Hand Funeral Home

Name of deceased Mrs Emma Retzer
 Date of death Aug-21-37 a m
 Cause of death Senility
 Place of death Res.
 Residence Miami
 Age 71 Y'rs 8 Mo's 1 Days
 Weight 130 Height 5 ft. 4 in. Eyes Blue
 Funeral at Miami
 Date 1937 M
 Account charged Thurn T. Home
 Address Miami Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose Body aired
 Casket by auto 6 P.M.
 Casket with Copper Lin Sat Aug 21-37
 Style of Casket
 No. of Casket Body cremated
 Outside Box 7 P.M. 8-21-37
 Shipping Case or Vault
 Handles will call for ashes
 Pillow Set
 Name Plate Del To Family
 Cemetery San Aug-22-37
 Section 1030 @ Ln. Lot
wooden box
 I Other Graves
 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon 37 50
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

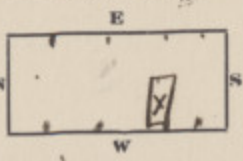


Garey Hand Funeral Home

Name of deceased Mrs Margaret A Eagle
 Date of death Aug- 17- 1937
 Cause of death Cornary Thrombosis
 Place of death Cincinnati Ohio
 Residence _____
 Age 50 Y'rs — Mo's 13 Days _____
 Weight 135 Height 5 ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Aug- 22- 1937 4 P M
 Account charged Art Gallon
 Address 1013- Yates ave
 Account guaranteed small insurance
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 metal
 Casket with Copper Lin _____
 Style of Casket State Tied Couch
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes
 Name Plate Name & Date
 Cemetery Greenwood
 Section V- Lot 19

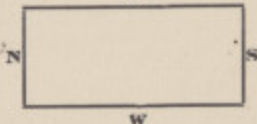
I Other Graves _____
Family will pay
150.00 Bal due
in Burial Lot
 X Grave on this date _____



Cremation <u>Car Min</u>	5.00
Urn <u>Casket in Burial Lot</u>	50.00
Single Grave <u>Auto</u>	5.00
Opening and Closing Grave <u>Y etc</u>	15.00
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced <u>Musie</u>	10.00
Telegram _____	
Minister _____	
Casket Wagon <u>11</u>	5.00
Physician _____	
County or City Burial _____	
Automobiles <u>8 & S</u>	15.00
Baggage or Express Train No. _____	\$105.00

Garey Hand Funeral Home

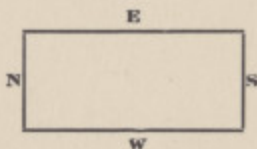
Name of deceased *Ottis P. Griffin*
 Date of death *Aug 23 - 37 - 12:10 PM*
 Cause of death *Acute Pyelonephritis*
 Place of death *P. O. N. Y.*
 Residence *Winter Gardens Fla*
 Age *38* Yrs *2* Mo's *24* Days
 Weight _____ Height *5* ft. *9* in. Eyes *Blue*
 Funeral at *Chapel - F. Home*
 Date _____ 1937 _____ M
 Account charged *Mrs. Flora Griffin*
 Address *Winter Gardens Fla.*
 Account guaranteed *Est.*
 Address _____
 Embalming *Yes* *Dressing* 35.00
 Robe, Suit, Dress *Yes*
 Underwear and Hose *Yes*
 Casket *6-4-12* *br* *cloth* 185.00
 Casket with Copper Lin. _____
 Style of Casket *R. P. State*
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault *air Seal* 100.00
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Woodlawn*
 Section _____ Lot _____
Salute July - 9 - 1917
Dig. June 17 1919
1 Other Graves
Longt
 X Grave on this date _____
 Cremation _____
 Urn *Musie* 25.00
 Single Grave _____
 Opening and Closing Grave *Trade* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon *(1)* 5.00
 Physician *Dr. Orr*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *36250*



see acct - 8-12-35

Carey Hand Funeral Home

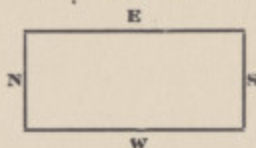
Name of deceased Oiland C. Hutchinson
 Date of death Mon aug-23-37 440-PM
 Cause of death Chronic Urlema
 Place of death O. G. H.
 Residence 117 Anna St
 Age 39 Y'rs 6 Mo's 11 Days
 Weight 150 Height 5 ft. 9 in. Eyes
 Funeral at Dest
 Date 193 M
 Account charged Mrs Margaret Hutchinson
 Address 117 Anna St
 Account guaranteed Insurance
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Metal 435.00
 Casket with Copper Lin. Inner
 Style of Casket State N. C. & T.
 No. of Casket Webster Delmon
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes Taylor
 Name Plate ✓
 Cemetery Dest
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn Burial at Ravenswood
 Single Grave W. Va
 Opening and Closing Grave
 Body Shipped to Charleston W. Va
 R. R. Ticket T. P. 102.43
 Cash advanced
 Telegram Richmond Transfer 3.00
 Minister
 Casket Wagon (2) 10.00
 Physician D. Tolson
 County or City Burial 585.43
 Automobiles amb Ser 5.00
 Baggage or Express Train No. 92 390.43
Wed aug-25-37



Garey Hand Funeral Home

Name of deceased *Mrs Jennie M Todd*
 Date of death *Mon Aug - 23 - 37* *11:00 P.M.*
 Cause of death *Lobar Pneumonia*
 Place of death *O.S.H.*
 Residence *Winter Garden*
 Age *65* Yrs *1* Mo's *22* Days
 Weight *145* Height *5* ft. *5* in. Eyes
 Funeral at *Res Winter Garden*
 Date *Tue Aug 24* *1937* *3-P. M.*
 Account charged *R. J. Todd*
 Address *Winter Garden*
 Account guaranteed *Estates*
 Address
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3. Sil Plush* *190.00*
 Casket with Copper Lin.
 Style of Casket *Oct. 1/2 C - Shun*
 No. of Casket *1927*
 Outside Box
 Shipping Case or Vault *Air Seal Richmond* *100.00*
 Handles *Ext*
 Pillow Set *Yes white*
 Name Plate
 Cemetery *Minola*
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn *Auto Family Noting*

Single Grave

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

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Brantley*

Casket Wagon *(1)* *5.00*

Physician

County or City Burial

Automobiles *S. S. S.* *20.00*

Baggage or Express Train No. *365.00*

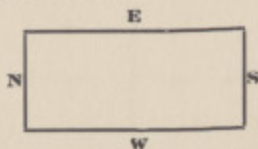
Cash Sur

370.00

Gary Hand Funeral Home

Name of deceased Samuel S. McKeachie
 Date of death Aug 24 - 37
 Cause of death Myelocytic Leukemia
 Place of death Res of
 Residence Sarasota Fla
 Age 72 Y's Mo's Days
 Weight 150 Height ft. in. Eyes
 Funeral at Sarasota Fla
 Date Aug 1937 M
 Account charged Thacker & Van Gilder
 Address Sarasota 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 Thursday
 Outside Box 2:15 a.m.
 Shipping Case or Vault Aug 26-1937
 Handles
 Pillow Set
 Name Plate Body cremated
 Cemetery Thursday 9 a.m.
 Section Aug 26-37 Lot

I Other Graves



X Grave on this date

Cremation Ashes expressed to
 Urn R.C. McKeachie
 Single Grave 25 - 5th ave
 Opening and Closing Grave New York, 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

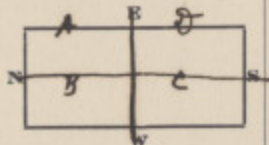
Carey Hand Funeral Home

Name of deceased Mrs Mary E. Jordan
 Date of death aug-27-37 3-PM
 Cause of death Senile Dementia
 Place of death 818 Mendota Ave. Home
 Residence 2008 Minnesota Ave St. Paul
 Age 76 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Sat aug-28 1937 4-P. M
 Account charged Estate

Address _____
 Account guaranteed _____
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress _____ 7.50
 Underwear and Hose _____ 5.00
 Casket 6-3- in cufe 90.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-H. P.
 No. of Casket 50 - Walker
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Winter Park
 Section Eleven Lot A

I Other Graves

X Grave on this date



Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave 14 etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Monis, Book 5.00

Casket Wagon (1)

Physician Dr Quilling

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. 15.50

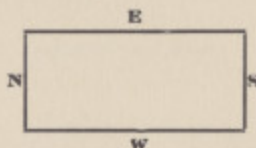
Grave 2 half 10.00

165.00

Carey Hand Funeral Home

Name of deceased *Mrs Annie Bell Sylvester*
 Date of death *Sat Aug-28-37* *420 AM*
 Cause of death *Pneumonia Pectoris*
 Place of death *Chapel*
 Residence *126 - Mayer*
 Age *42* Y'rs *5* Mo's *28* Days
 Weight *135* Height *5* ft. *2* in. Eyes
 Funeral at *Chapel*
 Date *Mon Aug 30 1937* *4 P. M*
 Account charged *J. O Watson*
 Address *126 Mayer st*
 Account guaranteed *Insurance* *Renewed*
 Address
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-36* *36* *95.00*
 Casket with Copper Lin. ☒
 Style of Casket *Oct H. C*
 No. of Casket *123-96* *C*
 Outside Box *Red*
 Shipping Case or Vault ☒
 Handles *Shat*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *9-* Lot

I Other Graves



X Grave on this date

Cremation *Auto* *5.00*
 Urn *F. Can No. 649-*
 Single Grave *White* *7.00*
 Opening and Closing Grave *15.00*
 Body Shipped to *Musie* *5.00*
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev Holmes*
 Casket Wagon *(1)* *5.00*
 Physician *Dr Chappell*
 County or City Burial
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *182.00*

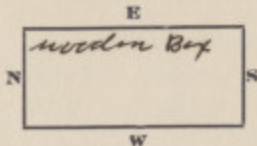
amb sev

5.00
187.00
2.00
\$ 185.00

Garry Hand Funeral Home

Name of deceased Wm Dalquist
 Date of death Aug-26-37
 Cause of death Diabetes
 Place of death Res
 Residence 1st Landudale Fla
 Age 60 Y'rs 2 Mo's 0 Days
 Weight 180 Height 6 ft. - in. Eyes Blue
 Funeral at 1st Landudale
 Date 1937 M
 Account charged Tanning Home
 Address 1st Landudale Fla
 Account guaranteed OK
 Address
 Embalming Cummins 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Stat
 Casket with Copper Lin Body Arrived
 Style of Casket by cut 4-PM
 No. of Casket Sat 8-28-37
 Outside Box
 Shipping Case or Vault Body
 Handles Cummins 9 P.M.
 Pillow Set same Aug-28-37
 Name Plate
 Cemetery will call for Ashes
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn Cypress Box

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

Garey Hand Funeral Home

Name of deceased Mr Samuel Mitchell
 Date of death Aug - 25 - 37
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence De Land
 Age 66 Yrs Mo's 193 Days
 Weight 160 Height 5 ft. 8 in. Eyes
 Funeral at De Land
 Date 193 M
 Account charged Steth & Griffith
 Address De Land Ok
 Account guaranteed
 Address
 Embalming Cremation 32.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body unlined
 Casket with Copper Lin. by Lunt
 Style of Casket 530 P.M. - Sat - 8-28-37
 No. of Casket
 Outside Box Body cremated 7 P.M.
 Shipping Case or Vault Sun 8-28-37
 Handles
 Pillow Set Ashes Expressed to
 Name Plate Steth & Griffith
 Cemetery St. Anne
 Section De Land L. Fla.

I Other Graves

X Grave on this date

E	
N	S
1871	1937
W	

Samuel Mitchell Mitchell
 Aug 9 Aug 25
 1871 1937

Cremation U 552 - 25 235

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.

Paid for urn

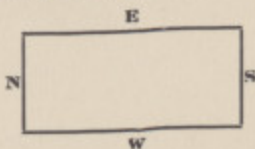
Mail statement for urn

60.00

Garey Hand Funeral Home

Name of deceased Mr Percy Towse
 Date of death Aug-27-37
 Cause of death Cancer of Bladder
 Place of death Res
 Residence De Land
 Age 64 Y'rs Mo's 193 Days
 Weight 140 Height 5 ft. 8 in. Eyes Hazel
 Funeral at De Land M
 Date _____
 Account charged Steth & Giffith
 Address De Land
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived
 Casket by auto 530 P.M.
 Casket with Copper Lin Sat 8-28-37
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 9-8 P.M.
 Shipping Case or Vault Sun 8-28-37
 Handles _____
 Pillow Set Cash Expressed to
 Name Plate Steth & Giffith
 Cemetery Funeral Home
 Section De Land Plot

I Other Graves



X Grave on this date

Cremation _____
 Urn wood box
 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

Garey Hand Funeral Home

Name of deceased Mrs. Joa Kuester
 Date of death Sat Aug - 28 - 37 PM
 Cause of death Hemiplegia
 Place of death Res.
 Residence Baldwin Park - Fla
 Age 63 Y'rs Mo's Days
 Weight 145 Height 5 ft. 2 in. Eyes Blue
 Funeral at Chapel
 Date Sun Aug 29 - 1937 10:15 A M
 Account charged Stephenson & Home
 Address Sebring Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37 50
 Robe, Suit, Dress _____
 Underwear and Hose Body covered
 Casket 5 - A M. 8 - 29 - 37
 Casket with Copper Lin. by auto
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box 11 - a on 8 - 29 - 37
 Shipping Case or Vault _____
 Handles Expressed to
 Pillow Set Stephenson & Home
 Name Plate Sebring Fla
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E

N

E
W
S

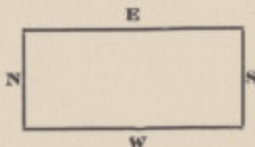
S

 X Grave on this date _____
 Cremation _____
 Urn Coffins Box
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Frank Petri C S Lewis
 Casket Wagon _____
 Physician _____
 County or City Burial 37 50
 Automobiles _____
 Baggage or Express Train No. _____

Garey Hand Funeral Home

Name of deceased *Mrs Sallie F. Brown*
 Date of death *Sun Aug-29-37- 4-AM*
 Cause of death *Senility*
 Place of death *Res*
 Residence *Winter Garden*
 Age *87* Y'rs *8* Mo's *19* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Baptist Church W. Garden*
 Date *Tues Aug-31- 1937 11-AM*
 Account charged *J. H. Brown*
 Address *Nashville, Tenn*
 Account guaranteed *small insurance*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress *White L H H 591* 10.00
 Underwear and Hose ✓
 Casket *6-3- Sil Plush* 175.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct 1/2-e*
 No. of Casket *1597- Orleans*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Cotton Plant*
 Section *Near Ocala* Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave *Del Oute etc* 25.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister *Rev Sands & Daniels* 5.00

Casket Wagon *(1)*

Physician *Dr. C. J. Lawrence*

County or City Burial _____

Automobiles *S & S* 50.00

Baggage or Express Train No. _____

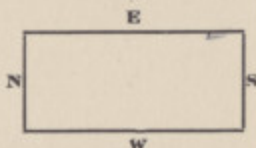
\$300.00

Garey Hand Funeral Home

Name of deceased Hanley W. Longmire
 Date of death Aug 29
 Cause of death Cerebral Occlusion
 Place of death Sarasota Fla
 Residence _____
 Age 61 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sarasota Fla
 Date Aug 1937 11:30 a.m.
 Account charged Thacker & Van Gilder
 Address Sarasota 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 airtel
 Outside Box Thursday
 Shipping Case or Vault Aug 31-37
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Thursday 2 P.M. Aug 31-37
 Section _____ Lot _____

I Other Graves

X Grave on this date

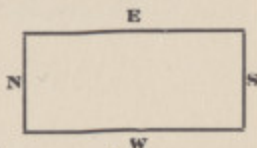


Cremation As per express
 Urn Thacker & Van Gilder
 Single Grave Und Co.
 Opening and Closing Grave Sarasota Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

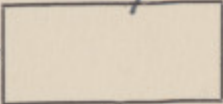
Garey Hand Funeral Home

Name of deceased Carl Lussenhoff.
 Date of death Aug 29 - 1937
 Cause of death Coronary Thrombosis
 Place of death Tampa Fla
 Residence Tampa Fla
 Age 56 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Tampa Fla
 Date Aug 1937 M _____
 Account charged D. Marion Reed Und Co
 Address Tampa Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by Express 1:10
 Outside Box P.M. Tuesday
 Shipping Case or Vault Aug 31 - 37
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Tuesday 2 P.M.
 Section Aug 31 - 37 Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation ashes expressed to
 Urn D. Marion Reed Und Co
 Single Grave Tampa Fla
 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

Garry Hand Funeral Home

Name of deceased *Mrs Grace Ellen Stollfus*
 Date of death *Sept 6-37* *4-AM*
 Cause of death *Alcoholic Cirrhosis of liver*
 Place of death *Nursing Home in Army Hotel*
 Residence *3-2nd West of Orlando*
 Age *35* Yrs *11* Mo's *18* Days
 Weight *135* Height *5 ft. 5* in. Eyes
 Funeral at ☒
 Date *1937* M
 Account charged *Mrs Beatrice A. Ruder*
 Address *612 - 7th St S.W. Washington D.C.*
 Account guaranteed
 Address
 Embalming *Case of Body* *25.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket ☒
 Casket with Copper Lin. ☒ *Personal Request*
 Style of Casket ☒ *No Sinner & any*
 No. of Casket ☒ *Kind*
 Outside Box ☒
 Shipping Case or Vault ☒ *Body Cremated*
 Handles *G. A. M. Hall 9-8-37*
 Pillow Set ☒
 Name Plate ☒ *If address not called*
 Cemetery *In with us 6-2nd*
 Section *From section in the*
Greenwood Cemetery
 I Other Graves

 X Grave on this date
 Cremation *Cremation* *50.00*
 Urn ☒
 Single Grave ☒
 Opening and Closing Grave ☒
 Body Shipped to ☒
 R. R. Ticket ☒
 Cash advanced ☒
 Telegram ☒
 Minister ☒
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Sullivan*
 County or City Burial *880.00*
 Automobiles
 Baggage or Express Train No.

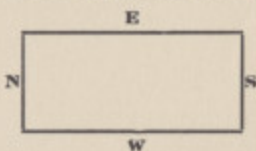
Garey Hand Funeral Home

Name of deceased Mrs Margaret M.C. Green
 Date of death Aug-29-37
 Cause of death Cancer
 Place of death Hospital Tampa Fla
 Residence Miami
 Age 69 Y'rs 10 Mo's 23 Days
 Weight 90 Height 5 ft. 1 in. Eyes
 Funeral at Miami
 Date 1937 M
 Account charged W.H. Combs F.H.
 Address Miami Fla
 Account guaranteed
 Address
 Embalming Cumation 37.50
 Robe, Suit, Dress
 Underwear and Hose Body covered
 Casket by Express Mort
 Casket with Copper Lin Sept-4-37
 Style of Casket
 No. of Casket Body cumated
 Outside Box Sept-4-37 1-P.M.
 Shipping Case or Vault
 Handles Casket expressed to
 Pillow Set W.H. Combs Miami
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn wooden
 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.

Gary Hand Funeral Home

Name of deceased Fred A. Weidner
 Date of death Sept - 2 - 37
 Cause of death Apoplexy
 Place of death Res
 Residence Sarasota
 Age 60 Y's _____ Mo's _____ Days _____
 Weight 200 Height _____ ft. _____ in. Eyes _____
 Funeral at Sarasota
 Date _____ 1937
 Account charged Thacker & Van Gilder
 Address Sarasota
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body removed
 Casket by Express Sept - 4 - 37
 Casket with Copper Lin. cremated
 Style of Casket Body removed
 No. of Casket 9 - 4 - 37
 Outside Box 930 - A M
 Shipping Case or Vault _____
 Handles Asper expressed to
 Pillow Set Thacker & Van Gilder
 Name Plate Sarasota Fla
 Cemetery _____
 Section _____ Lot _____

I Other Graves



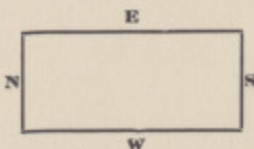
X Grave on this date

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

Garey Hand Funeral Home

Name of deceased *Mrs Mary S. O'Neil*
 Date of death *Sept 7 - 37* *130 - a m*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Res*
 Residence *115 N. Sumner*
 Age *72* Y'rs *3* Mo's *25* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Thurs Sept 9 1937* *2 - P. M*
 Account charged *A. T. O'Neil*
 Address *115 - N. Sumner*
 Account guaranteed _____
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 In Top Case* *60.00*
 Casket with Copper Lin. ☒
 Style of Casket *Oct. H. C*
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate ☒
 Cemetery *Cremation*
 Section _____ Lot _____

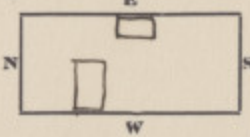
I Other Graves



X Grave on this date

Cremation *Cremation* *50.00*
 Urn _____
 Single Grave *Body Cremated*
 Opening and Closing Grave *4 - P. M*
 Body Shipped to *Thurs Sept - 9 - 37*
 R. R. Ticket _____
 Cash advanced *will call for ashes*
 Telegram _____
 Minister *Dean Adcock* *5.00*
 Casket Wagon *(1)*
 Physician *Dr Bullock*
 County or City Burial *150.00*
 Automobiles _____
 Baggage or Express Train No. _____

Garey Hand Funeral Home

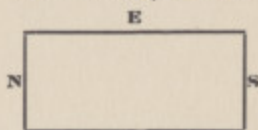
Name of deceased Charles L Paddock
 Date of death Sept-7-37 3-A.M.
 Cause of death _____
 Place of death Res
 Residence 410 West Gore
 Age 70 Y'rs 4 Mo's 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed-19-8-1937 330 M.P.
 Account charged C. L. Paddock
 Address 410 W. Gore Ave
 Account guaranteed small insurance & estate
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress }
 Underwear and Hose } 12.50
 Casket 6-3-12 cup. 85.00
 Casket with Copper Liner _____
 Style of Casket Oct-N.E
 No. of Casket 123 J. C. E
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section J- Lot 100
 I Other Graves 1925
 X Grave on this date 
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave T & etc 15.00
 Body Shipped to Auto P.D. & M. 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Bookhart
 Casket Wagon (1) 5.00
 Physician Dr Andrews
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 162 50

Garey Hand Funeral Home

Name of deceased Bernice Wise Selby
 Date of death Tues. Sept. 7 - 37 AM
 Cause of death Arterio Sclerosis
 Place of death Res
 Residence 4 mi East of Winter Park
 Age 75 Y'rs Mo's 27 Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Wed. Sept 8 1937 5 PM
 Account charged C. J. Selby
 Address Winter Park, P. O. Box
 Account guaranteed Est 372
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket Casket 55.00
 Casket with Copper Lin. ✓
 Style of Casket Oct
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Cremation 50.00
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation
 Urn Fiber Box 12.50
 Single Grave Body cremated
 Opening and Closing Grave 9 AM
 Body Shipped to Thurs Sept 9 - 37
 R. R. Ticket will call for ashes
 Cash advanced
 Telegram
 Minister Masonic Funeral 5.00
 Casket Wagon (1)
 Physician Dr. Evans - (W.P.)
 County or City Burial
 Automobiles \$157.50
 Baggage or Express Train No.

Garey Hand Funeral Home

Name of deceased Edith E. Harts
 Date of death Sept 5
 Cause of death Apoplexy
 Place of death Residence
 Residence Tampa, Fla
 Age 67 Y'rs 2 Mo's 1 Days
 Weight 125 Height 5 ft. 3 in. Eyes Blue
 Funeral at Tampa Fla
 Date Sept 1937 M
 Account charged Greenman 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 _____
 No. of Casket Body arrived
 Outside Box by express
 Shipping Case or Vault 2:00 a.m.
 Handles Tuesday Sept 7-37
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 9 a.m. Tues
 Section Sept 7- Lot 1937
 I Other Graves _____
 X Grave on this date _____
 Cremation Ashes expressed
 Urn to Greenman
 Single Grave Und Co - Tampa Fla
 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. _____

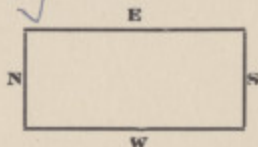


\$ 37.50

Garey Hand Funeral Home

Name of deceased *Mrs. Ethel B. Stripling*
 Date of death *Mrs. Sept 7 - 32*
 Cause of death *Metastatic Carcinoma of breast*
 Place of death *C. G. H.*
 Residence *424 Highland*
 Age *45* Y'rs *3* Mo's *12* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Sept -*
 Date *Sept* 193 *7* M
 Account charged *W. R. Stripling*
 Address *424 Highland*
 Account guaranteed _____
 Address _____
 Embalming *+ Dressing* 35.00
 Robe, Suit, Dress *2626 Blue Cape Dress* 20.00
 Underwear and Hose _____
 Casket *9/6 Grey Metal* 350.00
 Casket with Copper Lin. _____
 Style of Casket *State - Metal Lining*
 No. of Casket *Likson - Orleans*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Destinations*
 Section *Chipley Ga.*

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Atlanta Ga.*

R. R. Ticket 21.10

Cash advanced _____

Telegram *(1)* .60

Minister *Destinations*

Casket Wagon *(2)* 10.00

Physician *Dr. Christ*

County or City Burial *Amb* 5.00

Automobiles _____

Baggage or Express Train No. *92-98-37*

441.70

Lis - 1.20

\$440.00

Cash 200.00

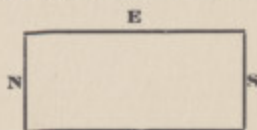
Bal. 240.00

(Bal in 30 days)

Garey Hand Funeral Home

Name of deceased Walter Noble M^cDonald
 Date of death Sept 6th 1937
 Cause of death Diabetes & Heart trouble
 Place of death Arcadia Fla.
 Residence Baltimore, Md.
 Age 58 Y'rs 3 Mo's 15 Days
 Weight 160 Height 5 ft. 10 in. Eyes Blue Grey
 Funeral at Arcadia Fla
 Date Sept 8th 1937 A.M
 Account charged Roberts Funeral Home
 Address Arcadia, 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 auto Wed
 Outside Box 2:45 P.M. Sept 8th
 Shipping Case or Vault 1937
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Wed 4 P.M.
 Section Sept 8th 1937 Lot _____

I Other Graves



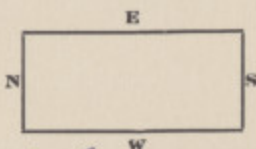
X Grave on this date

Cremation Express Ashes to
 Urn Brittlinger & Son F.D.
 Single Grave Leecatur, Ill.
 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

Garey Hand Funeral Home

Name of deceased Rowland Hughes
 Date of death Sept 7 - 1937
 Cause of death Arterio Sclerosis
 Place of death Res
 Residence Punta Gorda
 Age 86 Y'rs 5 Mo's 7 Days
 Weight 165 Height 5 ft. 10 in. Eyes
 Funeral at Punta Gorda
 Date Sept 1937 M
 Account charged Jas. H. Mc Clelland and Co.
 Address Punta Gorda, Fla
 Account guaranteed Check
 Address
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto Thurs
 Outside Box 12:30 P.m. Sept 9-37
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate 3 P.m. Thurs
 Cemetery Sept 9 - 1937
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Ashes to be scattered
 Urn
 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.

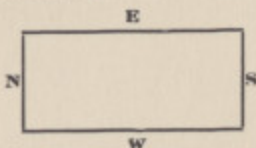


\$ 37.50

Garey Hand Funeral Home

Name of deceased Phillip Redditt
 Date of death Sept-19-37 10-PM
 Cause of death _____
 Place of death Res
 Residence Lake Howell - 2-M-E-of Mountland
 Age 67 Y's — Mo's 6 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Sept-11- 1937 4-P. M
 Account charged R B Redditt
 Address Mountland R.F.D #1 - Box 5 (Sm)
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____ 3.50
 Underwear and Hose & Shoes & Lin 200.00
 Casket 6-3-Gr E- Slate
 Casket with Copper Lin. ☒
 Style of Casket Slate H. E
 No. of Casket 310- J. E
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Lake Howell
 Section _____ Lot _____

I Other Graves



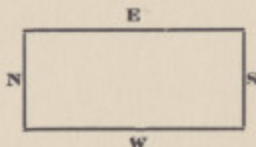
X Grave on this date

Cremation _____
 Urn music 5.00
 Single Grave _____
 Opening and Closing Grave Te sta 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Sp of Flowers 10.00
 Telegram _____
 Minister Rev Trochlick 5.00
 Casket Wagon (1) 5.00
 Physician Dr Gendover
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. # 288.50

see acct of Mrs Redditt
of Apr 28-1926-
bal due \$22.50

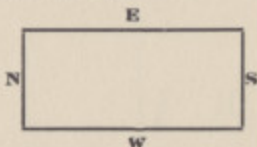
Garey Hand Funeral Home

Name of deceased Baby Dickinson
 Date of death Sept 9-37 10-P.M.
 Cause of death Still Born
 Place of death O. H.
 Residence 130 Page ave
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date ✓ 1937 ✓ M
 Account charged A. L. Dickinson
 Address 130 Page ave
 Account guaranteed ✓
 Address ✓
 Embalming Cremation 5. 00
 Robe, Suit, Dress ✓
 Underwear and Hose No Service
 Casket Body cremated 3-P.M.
 Casket with Copper Lin. Fri- Sept 10-37
 Style of Casket ✓
 No. of Casket will call for ashes
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery ✓
 Section ✓ Lot ✓
 I Other Graves ✓
 X Grave on this date ✓
 Cremation ✓
 Urn ✓
 Single Grave ✓
 Opening and Closing Grave ✓
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Telegram ✓
 Minister ✓
 Casket Wagon ✓
 Physician Dr. J. M. Evans
 County or City Burial ✓
 Automobiles ✓ 5. 00
 Baggage or Express Train No. ✓



Garey Hand Funeral Home

Name of deceased Baby Jones
 Date of death Sept 10 1937 2:30 A.M.
 Cause of death Still Born
 Place of death Res
 Residence Hindman, Va
 Age ✓ Yrs ✓ Mo's ✓ Days _____
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at _____
 Date _____ 1937 _____ M
 Account charged R. A. Jones
 Address _____
 Account guaranteed Cash
 Address _____
 Embalming Cremation 5.00
 Robe, Suit, Dress _____
 Underwear and Hose No Service
 Casket _____
 Casket with Copper Lin Body Cremated
 Style of Casket 3-P.M. 9-10-37
 No. of Casket _____
 Outside Box will call for ashes
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Lawrence
 County or City Burial _____
 Automobiles _____ 5.00
 Baggage or Express Train No. _____



Garey Hand Funeral Home

Name of deceased Frank A. Eaton
 Date of death Sept - 11 - 37 2 - AM
 Cause of death _____
 Place of death Res.
 Residence 808 - Pamela ave
 Age 81 - Y'rs 6 Mo's 26 Days _____
 Weight 145 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Sun Sept 12 1937 4 P. M
 Account charged Byron Eaton
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Dr Br Plush 175.00
 Casket with Copper Lin. ☒
 Style of Casket Set 1/2 - C
 No. of Casket 1927-3
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section J-3 1/2 Lot 94
 I Other Graves _____

X Grave on this date _____
 Cremation no
 Urn P. B - Can A + H. 10.00
 Single Grave can monitor 5.00
 Opening and Closing Grave T + etc 15.00
 Body Shipped to lyn flower 12.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Lemoek + Brantley
 Casket Wagon (1) 5.00
 Physician Dr. Osenbaugh
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. 25.00

\$ 272.00

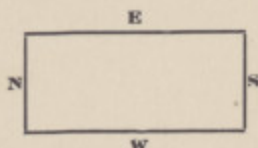
Carey Hand Funeral Home

Name of deceased <u>Mrs Pearl Johnson</u>		
Date of death <u>Sat Sept 11-37</u>		<u>9-AM</u>
Cause of death _____		
Place of death <u>Ogden</u>		
Residence <u>1025 De Witt Dr</u>		
Age <u>48</u> Yrs	<u>4</u> Mo's	<u>13</u> Days
Weight <u>125</u>	Height <u>5</u> ft. <u>3</u> in.	Eyes <u>Brown</u>
Funeral at <u>Chapel</u>		
Date <u>Mon - Sept 13 1937</u>		<u>11-AM</u>
Account charged <u>E. H. Johnson</u>		
Address <u>1025 De Witt Dr</u>		
Account guaranteed <u>Payments</u>		
Address _____		
Embalming <u>+ Dressing</u>		<u>35.00</u>
Robe, Suit, Dress _____		
Underwear and Hose _____		
Casket <u>See Chq</u>		<u>35.00</u>
Casket with Copper Lin. _____		
Style of Casket _____		
No. of Casket _____		
Outside Box _____		
Shipping Case or Vault _____		
Handles _____		
Pillow Set _____		
Name Plate _____		
Cemetery _____		
Section _____	Lot _____	
<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;">I Other Graves</div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> N E </div> <div style="display: flex; justify-content: space-between; width: 100%;"> S W </div> </div> </div>		
X Grave on this date _____		
Cremation <u>Cremation</u>		<u>50.00</u>
Urn <u>wooden</u>		
Single Grave <u>Body cremated</u>		
Opening and Closing Grave <u>3 P. M.</u>		
Body Shipped to <u>Mon Sept 13-37</u>		
R. R. Ticket <u>will call for ashes</u>		
Cash advanced _____		
Telegram _____		
Minister _____		
Casket Wagon <u>(12)</u>		<u>5.00</u>
Physician <u>Dr</u>		
County or City Burial _____		
Automobiles _____		<u>125.00</u>
Baggage or Express Train No. _____		

Garey Hand Funeral Home

Name of deceased Charles B. Callahan
 Date of death Sat Sept 11-37- 8.45 AM
 Cause of death _____
 Place of death County Home
 Residence 425 W. Hazel ave
 Age 67 Y'rs 4 Mo's 12 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Tues Sept 14 1937 9 A M
 Account charged Mrs. C. B. Callahan
 Address 425- W Hazel ave
 Account guaranteed Insurance
 Address _____
 Embalming Yes Dressing 35.00
 Robe, Suit, Dress Blue Serge 11.00
 Underwear and Hose Yes 1.00
 Casket 6-3 in Sol P- 95.00
 Casket with Copper Lin. Yes
 Style of Casket Oct-H
 No. of Casket 1341 - Orleans
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Ext
 Pillow Set yes
 Name Plate Catholic
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Yes ante 5.00
 Urn P. B. ear 5.00
 Single Grave Can Min 5.00
 Opening and Closing Grave T & etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Father Bishop 5.00
 Casket Wagon (1)
 Physician Dr. Lillman
 County or City Burial _____
 Automobiles 5 & 3 15.00
 Baggage or Express Train No. \$ 192.00
Rosary Chapel 8-P.M.
Mon Sept-13-37

Garey Hand Funeral Home Clard

Name of deceased Mamie Cox
 Date of death Sept 11 - 37 440PM
 Cause of death _____
 Place of death Res -
 Residence Heuwahtee Camp
 Age about 40 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1937 M
 Account charged Moody Turpentine Co
 Address Heuwahtee Fla
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Case wood 14.50
 Casket with Copper Lin. _____
 Style of Casket Sgt. H. M. Covered
 No. of Casket _____
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Norcross
 Section _____ Lot _____
 I Other Graves E

N
S

 X Grave on this date W
 Cremation Bought Casket
 Urn done thru own
 Single Grave work
 Opening and Closing Grave Moody-
 Body Shipped to Turpentine Co -
 R. R. Ticket will get permit
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 14.50

Carey Hand Funeral Home

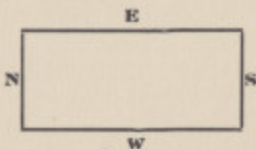
Name of deceased David Krokover
 Date of death Sept 9
 Cause of death Cerebral Thrombosis Chronic
 Place of death Tampa Fla
 Residence Tampa
 Age 64 Y'rs 6 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Tampa Fla
 Date Sept 1937 M
 Account charged B. Marion Reed Undg
 Address Tampa Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation \$ 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by express
 Outside Box 2 a.m. Sunday
 Shipping Case or Vault Sept 12
 Handles 1937
 Pillow Set _____
 Name Plate _____
 Cemetery Body Cremated
 Section 2 a.m. Sunday
Sept 12-37 E
 I Other Graves N
S
W
 X Grave on this date _____
 Cremation Ashes expressed to
 Urn Pauline Krokover
 Single Grave 5408 Beacon St
 Opening and Closing Grave Pittsburgh, Pa
 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

Garey Hand Funeral Home

Name of deceased Herbert B. Smith
 Date of death Sept 12 3:30 P. M.
 Cause of death Pulmonary Tuberculosis
 Place of death Apopka Fla
 Residence Apopka Fla
 Age 63 Yrs Mo's Days 20
 Weight 100 Height 5 ft. 4 in. Eyes
 Funeral at Graveside
 Date Wed Sept 15 1937 3 P. M
 Account charged Mrs. H. B. Smith Wife
 Address Apopka Fla
 Account guaranteed Insurance
 Address
 Embalming ✓ 35.00
 Robe, Suit, Dress
 Underwear and Hose Short Socks & Ties 3.50
 Casket 6-3-Gr Doe 125.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-H. Cap
 No. of Casket 1341- Orleans
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Apopka
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave etc

15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Masonic Lodge

Casket Wagon (1)

Physician Dr. M. B. Brude

County or City Burial

Automobiles S.V.S.

Baggage or Express Train No. 8

5.00

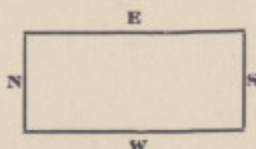
15.00

98.50

Garey Hand Funeral Home

Name of deceased Mable M. Shonys
 Date of death Sept 13 a.m.
 Cause of death Erysipelas - Infection on temple
 Place of death Residence Spending 1st week &
 Residence Islands Pt 4 forward
 Age 31 Y'rs 4 Mo's 26 Days
 Weight 125 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Sept 17 Friday 1937 10:30 a.m.
 Account charged Clyde P. Shonys
 Address Islands Pt 4 - Box 148
 Account guaranteed Cash 55.00 - notes
 Address
 Embalming & dressing
 Robe, Suit, Dress white
 Underwear and Hose
 Casket 6-3 In Loc
 Casket with Copper Lin.
 Style of Casket Oct. H. C
 No. of Casket 1341 - Orleans
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate at Rest
 Cemetery Woodlawn
 Section Lot

I Other Graves



X Grave on this date

Cremation Car In + P. B

Urn

Single Grave

Opening and Closing Grave etc

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev Feppen

Casket Wagon

Physician J. P. Redding

County or City Burial

Automobiles SVS

Baggage or Express Train No. 8

Cash 55.00

30 Da - 43.00

60 Da - 43.00

90 Da - 43.00

35.00
12.50
1.50
98.10

5.00

15.00

5.00

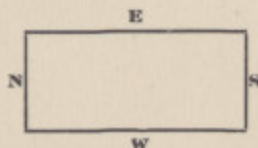
15.00

184.00

Garey Hand Funeral Home

Name of deceased Wm Stanley Quigg
 Date of death Sept 14 8 P.M.
 Cause of death Tuberculosis Pulmonary
 Place of death County Home
 Residence Orlando Fla
 Age 31 Yrs 6 Mo's 26 Days
 Weight 110 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs Sept 16 1937 10 A M
 Account charged Miss Mrs S. Quigg
 Address Orlando Fla
 Account guaranteed Baxter Long
 Address 618 Ridgwood Ave
 Embalming Yes 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Gr Doe 75.00
 Casket with Copper Lin. ☒
 Style of Casket Oct H C
 No. of Casket 123-94 City
 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 Auto P. B. 5.00
 Urn Can mix 3.00
 Single Grave Single Grave 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Turner
 Casket Wagon M. C. Co
 Physician Dr. Duncan McEwan
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 147.00

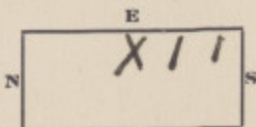
Garey Hand Funeral Home

Name of deceased *Mrs Martha L. Shaw*
 Date of death *Sept -*
 Cause of death *Fell from RR Bridge* *accident*
 Place of death *Clayton Ga*
 Residence *Palmdale -*
 Age *52* - Y'rs *7* Mo's *3* Days
 Weight *145* Height *5 ft. 5* in. Eyes
 Funeral at *Chapel*
 Date *Sept 17* 193*7* *3-P-M*

Account charged
 Address
 Account guaranteed *Payments*
 Address

Embalming *Extra 2626* 19.50
 Robe, Suit, Dress *Extra*
 Underwear and Hose
 Casket *6-3 - Grey Plush* 175.00
 Casket with Copper Lin.
 Style of Casket *Oct 1/2 Couch*
 No. of Casket *1927 Sherer*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles
 Pillow Set *yes.*
 Name Plate *Greenwood.*
 Cemetery
 Section *U* Lot *7*

I Other Graves
H & Powell Lot



X Grave on this date

Cremation *L-La Phone* 23.5-
 Urn *Telegram* 1.67
 Single Grave *P.B. Car* 3.00
 Opening and Closing Grave *+ etc* 15.00
 Body Shipped to *Minister Car* 5.00
 R. R. Ticket *Express to Clayton* 34.80
 Cash advanced *Cannon F.D. Ga.* 62.50
 Telegram
 Minister *Fred Turner* 5.00
 Casket Wagon *(1)*
 Physician 5.00
 County or City Burial *Muse* 15.00
 Automobiles *S & S*
 Baggage or Express Train No.

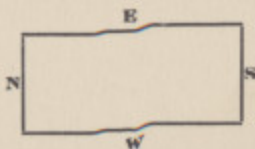
Credit by Casket

345.92
25.00
320.92

Gary Hand Funeral Home

Name of deceased *Mrs Letitia H Miller*
 Date of death *Thurs - Sept 16 - 37* *2:30 P.M.*
 Cause of death *Apoplexy*
 Place of death *Mobile Club Nursing Home*
 Residence *503 - Lake View Dr*
 Age *69* Yrs *9* Mo's *11* Days
 Weight *145* Height *5 ft. 6 in.* Eyes
 Funeral at *Dist*
 Date _____ M
 Account charged *Thos J. Scott*
 Address *503 - Lake View Dr*
 Account guaranteed *6 Mo Note*
 Address *with Robt Tyne*
 Embalming *Yes*
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3 Metal*
 Casket with Copper Lin. *Inner*
 Style of Casket *State*
 No. of Casket *Collins* *shiner*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Dist*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Atlanta Ga*

R. R. Ticket *14.55 - 7.35*

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon *(2)*

Physician _____

County or City *Burial*

Automobiles *Car & RR*

Baggage or Express Train No. _____

6 - Mo Note

wakes with Robt Tyne
real estate

35 00

365 00

21 90

10 00

431 90

21 90

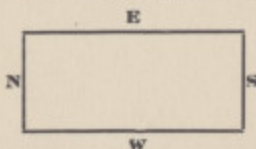
\$410.00

Gary Hand Funeral Home

Colored

Name of deceased Mary Hand
 Date of death Sept - 15 -
 Cause of death Arthritis - myocarditis
 Place of death County Home
 Residence Apopka Fla
 Age 25 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1937 M _____
 Account charged County
 Address _____
 Account guaranteed _____
 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 _____

I Other Graves



X Grave on this date

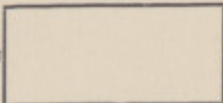
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Quillman
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

\$14.50

Carey Hand Funeral Home

Name of deceased John Davis Pullen
 Date of death Thurs Sept-16-37 PM
 Cause of death Cerebral Hemorrhage
 Place of death Roberts Hotel
 Residence Atlanta Ga Henry Grady Hotel
 Age 55 Y'rs 2 Mo's 20 Days
 Weight 225 Height 5 ft. 7 in. Eyes
 Funeral at Destination
 Date Sept 17 1937 M
 Account charged Mrs John D. Pullen
 Address Henry Grady Hotel
 Account guaranteed Henry Grady Hotel Atlanta Ga
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress Blk suit 25.00
 Underwear and Hose Y
 Casket 6-6 Metal 275.00
 Casket with Copper Lin.
 Style of Casket State N. C
 No. of Casket 145-M-Nat
 Outside Box R-9
 Shipping Case or Vault
 Handles Ext
 Pillow Set Yor
 Name Plate
 Cemetery Memphis, Tenn.
 Section National Funeral
 Home
 I Other Graves E



 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Memphis Tenn
 R. R. Ticket
 Cash advanced Express 48.20
 Telegram
 Minister Destination
 Casket Wagon (2) 10.00
 Physician T. A. Neal
 County or City Burial
 Automobiles 393.20
 Baggage or Express Train No. 76
 Fri Night Sept-17-37-

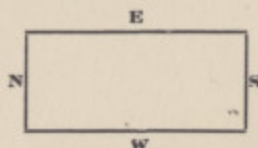
Garey Hand Funeral Home

Name of deceased Baby Hill
 Date of death Sept-17-37 AM
 Cause of death O. G. H.
 Place of death O. G. H.
 Residence 1621 Baltimore Ave. - Ulandale
 Age Yrs Mo's Days
 Weight ft. in. Eyes
 Funeral at
 Date 1937 M
 Account charged Kenneth F. Hill
 Address 1621 Baltimore Ave - Ulandale
 Account guaranteed OK
 Address
 Embalming Cremation \$1.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. No Service
 Style of Casket will care for ashes
 No. of Casket
 Outside Box Body cremated 2-PM
 Shipping Case or Vault 9-17-37
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician C. Collins
 County or City Burial \$1.00
 Automobiles
 Baggage or Express Train No.

Carey Hand Funeral Home

Name of deceased Bertha A. Fisher
 Date of death Sept 17-37 11 AM
 Cause of death Cardio-Vascular Renal Disease
 Place of death Res
 Residence Apopka -
 Age 81 Yrs 16 Mo's 16 Days
 Weight 130 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Sat Sept 18-1937 11:00 AM
 Account charged Mrs Susan Speer
 Address Apopka Fla
 Account guaranteed OK
 Address
 Embalming Yes Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr Gr Plush 175.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2-C
 No. of Casket 1927 Shiner
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Galveston Ind
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave

Body Shipped to Galveston Ind

R. R. Ticket (1) 3335- (2) 1180

86.75

Cash advanced

Telegram

Minister A. Froehlich

Casket Wagon (2)

10.00

Physician T. E. Mc Bride

County or City Burial

Automobiles

Baggage or Express Train No. 92

\$ 306.75

Sat Sept 18-37

Garey Hand Funeral Home

Name of deceased *Arthur H. Hargnave*
 Date of death *Sept 15 -*
 Cause of death *Hemiplegia*
 Place of death *Alcala Fla*
 Residence *Gainsville Fla*
 Age *68* Y'rs *10* Mo's *1* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Alcala Fla*
 Date *Sept 1937* M
 Account charged *Sam Pyle*
 Address *T. D. Alcala*
 Account guaranteed _____
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. *Body covered*
 Style of Casket *by auto S-AM*
 No. of Casket *Fun 9-17-37*
 Outside Box _____
 Shipping Case or Vault *Body cremated*
 Handles *9-AM 9-17-37*
 Pillow Set _____
 Name Plate *Expressed to*
 Cemetery *Sam Pyle F.H.*
 Section *Alcala Fla* Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation *Expressed ashes to*
 Urn *Sam Pyle Und Co*
 Single Grave *Alcala Fla*
 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

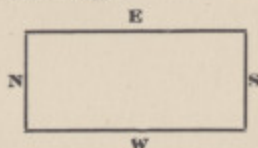
Name of deceased Sigmund Graenicher
 Date of death Sept 16 - 37 -
 Cause of death Cardiac
 Place of death Res
 Residence 50- Miami Fla
 Age 82 Y's 4 Mo's 17 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Miami Fla
 Date Sept 1937 M
 Account charged W. H. Conks Ind Co
 Address Miami 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
 Outside Box Friday 1:10 P.M.
 Shipping Case or Vault Sept 17-37
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Friday 2 P.M.
 Section Sept 17-37 Lot _____
 I Other Graves E
N S
 X Grave on this date _____
 Cremation Ashes refused to
 Urn W. H. Conks Ind Co
 Single Grave Miami Fla.
 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 Addie Tugeson
 Date of death Sept 15-37
 Cause of death Cananary
 Place of death Miami
 Residence Miami
 Age 72 Y'rs Mo's _____ Days _____
 Weight 125 Height 5 ft. 7 in. Eyes _____
 Funeral at Miami
 Date _____ 1937 M
 Account charged H. N. Combs Funeral Home
 Address Miami
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose Body moved
 Casket Y Express 1 PM
 Casket with Copper Lin Sat 9-18-37
 Style of Casket _____
 No. of Casket Body cremated
 Outside Box 9-18-37-3-PM
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Aches Expressed to
 Name Plate _____
 Cemetery H. N. Combs F. Home
 Section Miami Fla Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn urden
 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 *Henrietta Payne Perkins*
 Date of death *Sat Sept 18 37* *3-PM*
 Cause of death _____
 Place of death *Colon Lake Lodge*
 Residence *43-E Harvard*
 Age *76* Y'rs *6* Mo's *5* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Dest* _____

Date _____ 193 _____ M

Account charged *Inv* _____

Address *43-East Harvard* _____

Account guaranteed *Estate* _____

Address _____

Embalming *& Dressing* _____ *35.00*

Robe, Suit, Dress *✓* _____

Underwear and Hose *✓* _____

Casket *6-3-Gr. Loc* _____ *170.00*

Casket with Copper Lin. _____

Style of Casket *Oct. H. C* _____

No. of Casket *S-1411-3 hr* _____

Outside Box *Reg-* _____

Shipping Case or Vault *✓* _____

Handles *Short* _____

Pillow Set *yes* _____

Name Plate _____

Cemetery *Dest* _____

Section _____ Lot _____

3620 900 3620 _____

I Other Graves _____

or by supplier _____

120 _____

X Grave on this date _____

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Detroit Mich* _____

R. R. Ticket *Y-P* _____ *171.80*

Cash advanced _____

Telegram *208-125-74* _____

Minister *Noting* _____

Casket Wagon *(2)* _____ *10.00*

Physician *Dr C D Christ* _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. *92* _____ *286.80*

Sum 9-19-37 _____ *171.80*

ev Cash RR _____

215.00 _____

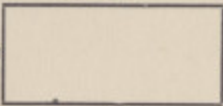
120 returned _____ *215.00*

Def in Pullman _____

Def in Pullman _____

Carey Hand Funeral Home

Name of deceased Mrs. Gillah Neal Balsley
 Date of death Sept. 17- 37-
 Cause of death Cancer of Bowels-
 Place of death Per
 Residence Sanford
 Age 69 Yrs 10 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Sept-18 1937 8:30 P M
 Account charged H. C. Erickson T. Home
 Address Sanford Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-6.e T.T
 Casket with Copper Lin. Body covered
 Style of Casket by auto 8-P.M
 No. of Casket Sat 9-18-37
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 10-A.M Sun Sept-19-
 Pillow Set _____
 Name Plate ashes Expressed
 Cemetery H. C. Erickson
 Section T. Home Lot _____
Sanford Fla E
 I Other Graves _____



 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Frank Petrie C. S.
 Casket Wagon _____
 Physician _____
 County or City Burial 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mrs. Sarah C. Shockley
 Date of death Sun Sept-19-37 AM
 Cause of death _____
 Place of death Res
 Residence Clareona
 Age 91 Y'rs 5 Mo's 24 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date _____ 1937 M
 Account charged Mrs. Fannie Loveliss
 Address Clareona
 Account guaranteed _____
 Address _____
 Embalming & Dressing Yes 35.00
 Robe, Suit, Dress Guy 10.00
 Underwear and Hose _____
 Casket 6-3-32 cloth 150.00
 Casket with Copper Lin. _____
 Style of Casket Coat of Arms
 No. of Casket S-1411-Shain
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section J-11-2 Lot 39
 I Other Graves _____
 X Grave on this date _____
 Cremation Car P. B. 5.00
 Urn Car Mar 5.00
 Single Grave music 5.00
 Opening and Closing Grave 7 + sta 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev P. M. Smock
 Casket Wagon (1) 5.00
 Physician Dr. J. S. M. Egan
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. 245 00

Garey Hand Funeral Home

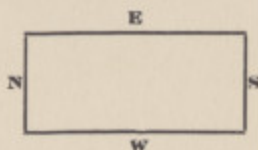
Name of deceased Robt Gemmill Rankin
 Date of death Sun Sept-19-37 PM
 Cause of death _____
 Place of death Clear Lake Lodge
 Residence Convent North
 Age 76 Y'rs 3 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues- Sept 21 1937 10-A M
 Account charged Estates
 Address 2408 Searcy- at Hwy Side & Sunny
 Account guaranteed Estates & Sons
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓ Sam Katz 15.00
 Underwear and Hose ✓
 Casket 4-6 Metal Broom Tin 525.00
 Casket with Copper Lin. Inner
 Style of Casket State H. Co.
 No. of Casket Kent across Broom Tin
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes Toybed
 Name Plate Name
 Cemetery in Sunset
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Vault 5:00 PM
 Urn Musie 5.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dr L M Nair
 Casket Wagon (2) 10.00
 Physician Dr. C S Christ
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. \$ 590.00

Garey Hand Funeral Home

Name of deceased Lewis H. Easterling
 Date of death Mon Sept 20-37 P.M.
 Cause of death Pulmonary Abscess
 Place of death O. G. H.
 Residence W. Cole Fla.
 Age 5 Y'rs 2 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church of God
 Date Tues Sept 22 1937 4 P.M.
 Account charged Mrs. Burnie Easterling
 Address W. Cole Fla.
 Account guaranteed Gulf Life Insurance Co
 Address _____
 Embalming ☒ Dressing 25.00
 Robe, Suit, Dress Grey Robe 4.50
 Underwear and Hose Undies 1.00
 Casket 6/3 Grey Hol 50.00
 Casket with Copper Lin. _____
 Style of Casket Sgt.
 No. of Casket 73 - Tampa -
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery W. Cole Cemetery
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram Amb 5.00

Minister _____

Casket Wagon (1) 5.00

Physician Dr. Frank Gray

County or City Burial _____

Automobiles SAS 15.00

Baggage or Express Train No. _____

\$120.50

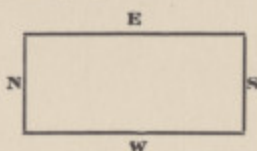
Garey Hand Funeral Home

Name of deceased Baby Williams
 Date of death Sept 20 - 11 P.M.
 Cause of death Premature 6 mo
 Place of death Res
 Residence Pine Castle Fla
 Age Yrs Mo's Days 1 hour
 Weight Height ft. in. Eyes
 Funeral at Gravside
 Date Tuesday Sept 21 1937 4 P.M.
 Account charged Ernest Lipton Williams
 Address Pine Castle, Fla.
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2/6 W. H. M. 12.50
 Casket with Copper Lin.
 Style of Casket Spr
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Small
 Pillow Set ✓
 Name Plate
 Cemetery Oak Ridge Cemetery
 Section Lot

I Other Graves

X Grave on this date



Cremation
 Urn
 Single Grave
 Opening and Closing Grave 1 Lal box 5.00
 Body Shipped to
 R. R. Ticket Auto 5.00
 Cash advanced
 Telegram
 Minister Rev Murphy.
 Casket Wagon
 Physician Dr. Andrews,
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 22.50

Garey Hand Funeral Home

Name of deceased Baby Wichtendahl.
 Date of death Sept 31 - 5:30 P.M.
 Cause of death Immature 6 1/2 mo
 Place of death O. G. H.
 Residence Chandos Rt 19-Box 50
 Age Yrs Mo's Days
 Weight lb Height ft. in. Eyes
 Funeral at
 Date 1937 M
 Account charged Karl Wichtendahl
 Address Chandos Rt 19-Box 50
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2 1/2 W. N. M. 12.50
 Casket with Copper Lin.
 Style of Casket Sq. r
 No. of Casket
 Outside Box Reg.
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Gotha Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave Auto 2.50
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Carl Hoffman
 County or City Burial
 Automobiles
 Baggage or Express Train No.

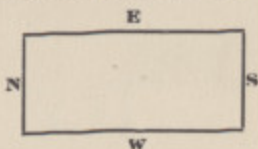
15.00

Garey Hand Funeral Home

Name of deceased Martha Ellen Gubbs
 Date of death Sept 22 - 7:15 a.m.
 Cause of death Broncho Pneumonia
 Place of death Residence
 Residence Jellison Fl
 Age 70 Y's 6 Mo's 28 Days 6
 Weight 135 Height 5 ft. 6 in. Eyes blue
 Funeral at Methodist Church - Jellison
 Date Thurs Sept 23rd 1937 5:00 P.M.

Account charged _____
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming & Dressing \$ 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Grey Hone \$ 125.00
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Chleans #2010
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext Handles
 Pillow Set Ext Handles yes
 Name Plate _____
 Cemetery Tangerine Cemetery
 Section _____ Lot _____

I Other Graves



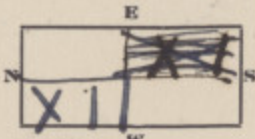
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc \$ 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Sargent & Wilson
 Casket Wagon To Res \$ 5.00
 Physician Dr. Williams - Eustis Fla
 County or City Burial _____
 Automobiles 5.00 \$ 15.00
 Baggage or Express Train No. _____

Picture by Robinson

\$195.00

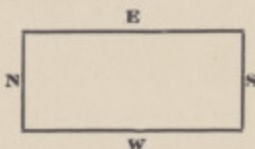
Garey Hand Funeral Home

Name of deceased Mrs. Hannah J. Rogers
 Date of death Sept 22nd P.M.
 Cause of death Cardiac decompensation
 Place of death Residence
 Residence 220 S. Hughes
 Age 85 Yrs 1 Mo's 7 Days
 Weight 145 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Friday Sept 24 1937 3 P. M
 Account charged Blas J. Rogers
 Address 90 Dickson - Iowa Co
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress White #2600 7.00
 Underwear and Hose Joe
 Casket 6-3-6 75.00
 Casket with Copper Lin. ✓
 Style of Casket See H. C
 No. of Casket 73-1
 Outside Box Req
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Greenwood
 Section 2 - N W 1/4 Lot 11
 Bought of John A. Hopper
 I Other Graves

 X Grave on this date
 Cremation Release Lodge at Grave
 Urn
 Single Grave Inside 5.00
 Opening and Closing Grave etc 15.00
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Telegram ✓
 Minister Rev. Hatley
 Casket Wagon (1) 5.00
 Physician Dr. Andrews
 County or City Burial
 Automobiles 545 15.00
 Baggage or Express Train No. 2 157.00

Garey Hand Funeral Home

Name of deceased Baby Carlstadt
 Date of death Sept 21
 Cause of death Increased intracranial pressure
 Place of death Res
 Residence West Palm Beach Fla
 Age Y'rs Mo's Days 1
 Weight Height ft. in. Eyes
 Funeral at
 Date 1937 M
 Account charged C. S. Ferguson Und Co
 Address West Palm Beach Fla
 Account guaranteed Check
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket Cremation 5.00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body arrived by
 Outside Box Express Thru 2:45 a.m.
 Shipping Case or Vault Sept 23-1937
 Handles
 Pillow Set
 Name Plate Body Cremated
 Cemetery 9 a.m. Thurs
 Section Sept 23-37 Lot

I Other Graves



X Grave on this date

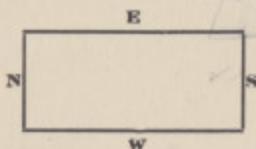
Cremation ashes expressed to
 Urn C. S. Ferguson Und Co
 Single Grave West Palm Beach
 Opening and Closing Grave Fla
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 5.00

Garey Hand Funeral Home

Name of deceased Ana Whitney
 Date of death Sept 23 5 a.m.
 Cause of death _____
 Place of death P. S. H.
 Residence Pine Castle Fla
 Age 38 Y'rs 2 Mo's 9 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Sept 24 1937 4:30 P M
 Account charged George Whitney
 Address Pine Castle Fla
 Account guaranteed _____
 Address _____
 Embalming Dressing 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3- In Dve 90.00
 Casket with Copper Lin. ☒
 Style of Casket Oct H.C.
 No. of Casket 50 Hallin
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



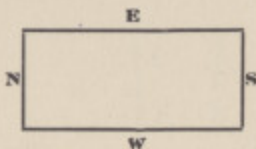
X Grave on this date

Cremation auto - P. B 5.00
 Urn Cor Nym 5.00
 Single Grave White 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev E. Lee Smith
 Casket Wagon _____
 Physician Dr. Meardall
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 162 00

Carey Hand Funeral Home

Name of deceased Levy W. Eiland
 Date of death Thurs Sept 23-37 ^{8:30 PM}
 Cause of death Embolism
 Place of death Res
 Residence Richmont
 Age 54 Y'rs 8 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Richmont
 Date Sat-25- 1937 11-A M
 Account charged Mrs Levy W. Eiland
 Address Richmont Va
 Account guaranteed _____
 Address _____
 Embalming & Dressing 25. ⁰⁰/₁₀₀
 Robe, Suit, Dress 10. ⁰⁰/₁₀₀
 Underwear and Hosiery 75. ⁰⁰/₁₀₀
 Casket 4-3 Gr Box
 Casket with Copper Lin. ✓
 Style of Casket Set H. C
 No. of Casket 50- Walker
 Outside Box Res
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Epiphany Int Home at
 Section _____ Lot _____

I Other Graves



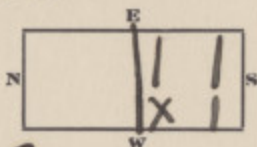
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5. ⁰⁰/₁₀₀
 Physician _____
 County or City Burial
 Automobiles Truck 35. ⁰⁰/₁₀₀
 Baggage or Express Train No. \$ 150.00

Garey Hand Funeral Home

Name of deceased James W White
 Date of death Sat Sept 25-37-
 Cause of death Bronch. Pneumonia
 Place of death Res of J. H. Beatty
 Residence Clareona Pa
 Age 86 Y's — Mo's 8 Days —
 Weight 145 Height 5 ft. 7 in. Eyes —
 Funeral at Chapel
 Date Mon Sept 27 1937 2-P.M
 Account charged J. H. Beatty
 Address Clareona Pa
 Account guaranteed —
 Address —
 Embalming + Dressing 25.00
 Robe, Suit, Dress Blue Sing 10.00
 Underwear and Hose —
 Casket 6-3 Gr Dvc 90.00
 Casket with Copper Lin. —
 Style of Casket Oct H. C
 No. of Casket Walker # 50
 Outside Box Reg
 Shipping Case or Vault —
 Handles Crt
 Pillow Set yes
 Name Plate —
 Cemetery Greenwood
 Section S 1/2 78 Lot A

I Other Graves



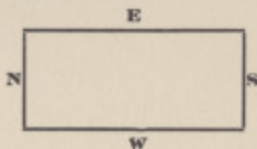
X Grave on this date

Cremation auto P.B. + Min 5.00
 Urn —
 Single Grave —
 Opening and Closing Grave Tr etc 15.00
 Body Shipped to Musie 5.00
 R. R. Ticket —
 Cash advanced —
 Telegram —
 Minister —
 Casket Wagon (W) Dr Mc Bride 5.00
 Physician —
 County or City Burial —
 Automobiles S + S 15.00
 Baggage or Express Train No. — 70.00

Garey Hand Funeral Home

Name of deceased Frank W. Perry
 Date of death Sept 24 - 1937 P.M.
 Cause of death Primary Tuberculosis
 Place of death Tubercular Hospital - County Home
 Residence Islands Rt 3
 Age 27 Y'rs 6 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel F. Home
 Date Tuesday Sept 28th 1937 10 A.M
 Account charged Henry W. Perry
 Address Islands Rt #3
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress Blue Serge Suit 15.00
 Underwear and Hose _____
 Casket 4/3 Grey 125.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 2016 - Sherer
 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 _____

Urn _____

Single Grave _____

Opening and Closing Grave etc 15.00

Body Shipped to Cas P.B. 3
 R. R. Ticket + minute 5.00

Cash advanced _____

Telegram _____

Minister Rev Fayette Hall 5.00

Casket Wagon (1)

Physician Dr. Duncan McEwan

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. _____

\$205.00

Disburse 5.00

200.00

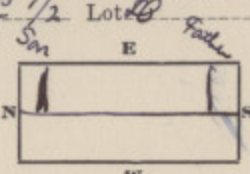
Carey Hand Funeral Home

Name of deceased Rosabelle R. George
 Date of death Sept 25th
 Cause of death Cerebral Hemorrhage
 Place of death Res.
 Residence Highland Park, Fla.
 Age 80 Y's 1 Mo's 23 Days
 Weight 135 Height 5 ft. 6 in. Eyes Gray
 Funeral at Highland Park Fla.
 Date Sept 25th 1937 7 P.M.
 Account charged Draper Funeral Home
 Address Lake Wales Fla.
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation \$ 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body arrived
 Outside Box by auto Sat
 Shipping Case or Vault 9 P.M. Sept
 Handles 25th - 1937
 Pillow Set _____
 Name Plate _____
 Cemetery Body Cremated 9 A.M.
 Section Sunday Lot Sept 26-37
 I Other Graves
 E
 N S
 W

 X Grave on this date _____
 Cremation Ashes expressed to
 Urn Draper Funeral Home
 Single Grave Lake Wales, Fla.
 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

Garey Hand Funeral Home

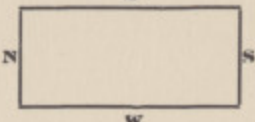
Name of deceased Anderson Boone M. Bride
 Date of death Sept 26 - 3:30 P.M.
 Cause of death Hemorrhage due to Crossing of Iliac Vein
 Place of death O. F. N. & Antomalis
 Residence Winter Park, Fla
 Age 31 Yrs 7 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Monday Sept 27 1937 4 P. M.
 Account charged Mrs A. B. M. Bride
 Address Winter Park Fla
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 63 Grey cloth 175.00
 Casket with Copper Lin. _____
 Style of Casket State
 No. of Casket 510 - Junction City
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Winter Park
 Section blk 1 - E 1/2 Lot 10
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to Car from Minuties 5.00
 R. R. Ticket _____
 Cash advanced Amb No chg
 Telegram _____
 Minister Rev Morris Book
 Casket Wagon (1) 5.00
 Physician Lt. Carson
 County or City Burial _____
 Automobiles SVJ 15.00
 Baggage or Express Train No. _____

\$250.00

Licensing 5.00

\$245.00

Carey Hand Funeral Home

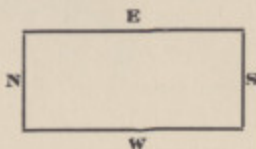
Name of deceased Lue. A. Stevens
 Date of death Sept 26 - 5 P.M.
 Cause of death Cardiac thromboses
 Place of death Res.
 Residence Winter Garden Fla
 Age 48 Y's 11 Mo's 27 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at 1st Baptist Church - W. Garden
 Date Wed Sept 29 1937 3:30 P.M.
 Account charged Mrs. P. A. Stevens wife
 Address Winter Garden Fla
 Account guaranteed Insurance
 Address _____
 Embalming ☒ Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose Sox .25
 Casket 1/2 Grey cloth 195.00
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate LA
 Cemetery Woodlawn
 Section 48 Lot 152
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev J. E. Daniels 5.00
 Casket Wagon _____
 Physician LA. Harter
 County or City Burial _____
 Automobiles SAS 15.00
 Baggage or Express Train No. #
265.25

Garey Hand Funeral Home

Name of deceased James Wm Spellman
 Date of death Sept 28 1884 a.m.
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence 208 N. Rosalind
 Age 62 Y's 3 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Friday Oct 1st 1937 9 a. M
 Account charged Mrs Jas Wm Spellman
 Address 208 N. Rosalind
 Account guaranteed Insurance
 Address _____

Embalming & Dressing _____
 Robe, Suit, Dress Blue Serge Suit 35.00
 Underwear and Hose _____ 15.00
 Casket 6/3 Sil Plush Oct 4 195.00
 Casket with Copper Lin. _____
 Style of Casket Shiner Oct 1/2 Couch
 No. of Casket 1927
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Lot
 Pillow Set Yes
 Name Plate Crucifix
 Cemetery Woodlawn
 Section _____ Lot. _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc 15.00

Body Shipped to Car for Minister 5.00

R. R. Ticket P. B. Car 5.00

Cash advanced _____

Telegram _____

Minister Father Bishop

Casket Wagon (1) 5.00

Physician Dr. Hal Beardsall

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. _____

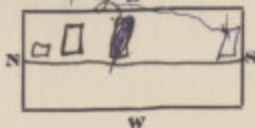
\$285.00

Garey Hand Funeral Home

Name of deceased Henry C. Rung.
 Date of death Sept 28 2:30 Pm.
 Cause of death Endocarditis
 Place of death Residence
 Residence 820 Shriver Ave
 Age 77 Y'rs 1 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Sept 30 1937 4 P. M
 Account charged A. J. Routhier
 Address 820 Shriver Ave
 Account guaranteed _____
 Address _____

Embalming & Pressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Grey Crape 95.00
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Junction City 123
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section J-2 1/2 Lot 176
Longview in Rung E

I Other Graves

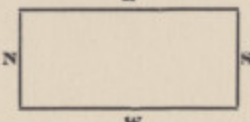


X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket Car for Minister 5.00
 Cash advanced _____
 Telegram _____
 Minister Rev. Robert W. Luss
 Casket Wagon (1) 5.00
 Physician Dr. Guilleman
 County or City Burial _____
 Automobiles SAS 15.00
 Baggage or Express Train No. _____

\$170.00

Garey Hand Funeral Home

Name of deceased Arthur H. Grant
 Date of death Sept 29 ^{2 p.m.}
 Cause of death Acute Coronary Thrombosis
 Place of death Res
 Residence 1518 E Charlotte St.
 Age 62 Y'rs 5 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Oct 1 1937 4 P. M
 Account charged Mrs Mary Grant Wife
 Address 1518 Charlotte St
 Account guaranteed _____
 Address _____
 Embalming ☒ Shrading 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Cope 95.00
 Casket with Copper Lin. _____
 Style of Casket Oct
 No. of Casket function City
 Outside Box Req
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave White 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket P. B. Car 5.00
 Cash advanced _____
 Telegram _____
 Minister Rev Ferren 5.00
 Casket Wagon (1) 5.00
 Physician Dr. Harms
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. 24
\$167.00

Garey Hand Funeral Home

Name of deceased Thomas Percy Heckle
 Date of death Sept 29
 Cause of death Diphtheria Laryngeal etc
 Place of death D. C. N.
 Residence Orlando Rt #4- Box 136-C
 Age 1 Y'rs 8 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Friday Oct 1 - 1937 11 a. M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3/4 W. N. M. Sqa
 Casket with Copper Lin. and Auto
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Baby Grave
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc
 Body Shipped to _____
 R. R. Ticket County will Pay
 Cash advanced 14.50
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

12.50

3.50

2.50

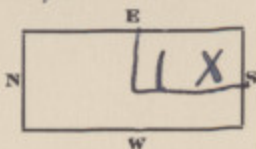
20.50

Grave & Labor 6.00 was paid
 by friends -

Garey Hand Funeral Home

Name of deceased *Maria T. West.*
 Date of death *Sept 29- 10 P.M.*
 Cause of death _____
 Place of death *Winter Garden Fla*
 Residence *Glendale & Winter Garden*
 Age *90* Y'rs *1* Mo's *16* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Friday Oct 1 1937 2:30 P. M.*
 Account charged *Mrs Harry Burnley*
 Address *Winter Garden*
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *63 Grey Cloth* 95.00
 Casket with Copper Lin. _____
 Style of Casket *Oct - 123*
 No. of Casket *123 Junction City*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Short*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *a - S.E. 1/4 Lot 94*

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave *etc* 15.00

Body Shipped to _____

R. R. Ticket *Carfa Minister* 5.00

Cash advanced *P. B. Car.* 5.00

Telegram _____

Minister _____

Casket Wagon *(1)* 5.00

Physician *E. J. Lawrence*

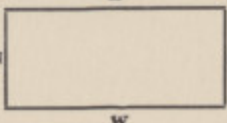
County or City Burial _____

Automobiles *S.V.S* 15.00

Baggage or Express Train No. _____

\$175.00

Garey Hand Funeral Home

Name of deceased James H. Hardin
 Date of death Sept 30 20. m.
 Cause of death Principial Pneumonia
 Place of death Residence
 Residence Montverde Fla.
 Age 72 Y'rs 8 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church - Montverde Fla
 Date Sat Oct 2nd 1937 10 a. M.
 Account charged Mrs Jas. H. Hardin
 Address Montverde Fla.
 Account guaranteed Estate
 Address _____
 Embalming ☒ Shrugging 25.00
 Robe, Suit, Dress Blue suit 78.00
 Underwear and Hose 3.22
 Casket 6/3 Grey Cloth 185.00
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket Tampa 37
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set yes
 Name Plate _____
 Cemetery Montverde Cemetery
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Telegram - Notice Tampa Tribune 1.03
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to C.W. to Montverde 15.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Bridges
 Casket Wagon To Montverde
 Physician Dr. Colley - Tampa Fla
 County or City Burial _____
 Automobiles S&S to Montverde 25.00
 Baggage or Express Train No. _____

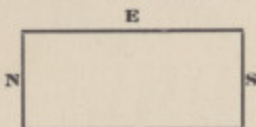
287.25

Garey Hand Funeral Home

October

Name of deceased Rudolph J. Nowack
 Date of death Sept 28
 Cause of death Suicide (Slashed Wrist & Throat)
 Place of death Res -
 Residence Miami Fla
 Age 49 Yrs 8 Mo's 14 Days
 Weight 140 Height 5 ft. 9 in. Eyes Brown
 Funeral at Miami Fla
 Date Sept 1937 M
 Account charged Joseph P. M. Ghan
 Address Miami Fla and Co
 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 express
 Outside Box Friday 11:25 a.m.
 Shipping Case or Vault A. C. L.
 Handles Oct 1 - 1937
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Pa. M. Sat
 Section Oct 2 - 37 Lot _____

I Other Graves



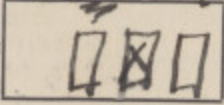
X Grave on this date

Cremation Ashes expressed
 Urn to - Joseph P. M. Ghan
 Single Grave and Co.
 Opening and Closing Grave Miami, Fla
 Body Shipped to Sat night Oct 2-37
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$37.50

Oct 2nd mailed check \$12.50
Left on Check of 50.00

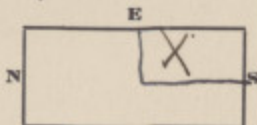
Garey Hand Funeral Home

Name of deceased <u>Judie R. Minor</u>		
Date of death <u>Oct 1st 1937</u>		
Cause of death <u>Coronary Thrombosis</u>		
Place of death <u>Residence</u>		
Residence <u>Crown Point near Acoll Fg</u>		
Age <u>69</u> Y'rs	<u>7</u> Mo's	<u>15</u> Days
Weight <u>135</u>	Height <u>5</u> ft. <u>4</u> in.	Eyes
Funeral at <u>Residence</u>		
Date <u>Monday - Oct 4</u> 193 <u>7</u>		<u>3 P. M</u>
Account charged <u>L. E. Minor</u>		
Address <u>Winter Garden, Fla</u>		
Account guaranteed <u>State</u>		
Address		
Embalming <u>& Dressing</u>		35.00
Robe, Suit, Dress <u>White</u>		
Underwear and Hose		
Casket <u>6-3 - Gr. Bd. c</u>	<u>395</u>	375.00
Casket with Copper Lin.		
Style of Casket <u>State 1/2 - Couch</u>		
No. of Casket <u>6008</u>	<u>Shiner</u>	
Outside Box <input checked="" type="checkbox"/>		
Shipping Case or Vault <u>on Seal</u>		75.00
Handles <u>Ext</u>		
Pillow Set <u>yes</u>		
Name Plate <u>Mother</u>		
Cemetery <u>Acoll Cemetery</u>		
Section <input type="checkbox"/> <u>E. 51st</u>	Lot <u>724 E 124</u>	
I Other Graves		
<u>Monble Plate</u>		
X Grave on this date		
Cremation <u>Material Buck Funet</u>		
Urn <u>Labor & Material</u>		52.25
Single Grave		
Opening and Closing Grave <u>etc</u>		15.00
Body Shipped to		
R. R. Ticket		
Cash advanced		
Telegram		
Minister <u>Rev Brantly</u>		
Casket Wagon <u>41</u>		5.00
Physician <u>Dr. Harter</u>		
County or City Burial		
Automobiles <u>SVS</u>		15.00
Baggage or Express Train No. <u>B</u>		
<u>Monble Marker & Emb</u>		572.25

Carey Hand Funeral Home

Name of deceased Lona O. Hurt
 Date of death Oct 2nd
 Cause of death Lobar Pneumonia
 Place of death 927 Golfview ave
 Residence 319 Rollins St.
 Age 51 Y'rs 5 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday Oct 4 - 1937 2:30 P.M.
 Account charged Clarence C. Hurt
 Address 319 Rollins St.
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Grey Cloth Casket 175.00
 Casket with Copper Lin. _____
 Style of Casket Oct 1/2 Couch
 No. of Casket 1391 Shurex
 Outside Box Reg
 Shipping Case or Vault _____
 Handles etc
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section G - S.E. 1/4 Lot 29

I Other Graves



X Grave on this date

Cremation Burial Lot 25.00

Urn _____

Single Grave _____

Opening and Closing Grave etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced Music 5.00

Telegram _____

Minister Rev Blackburn

Casket Wagon (1) 5.00

Physician Dr. C. J. Haupt

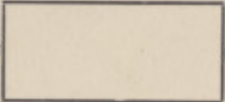
County or City Burial _____

Automobiles SAS 15.00

Baggage or Express Train No. \$250.00

Oct 2. Mrs C. C. Hurt paid
\$15.00 on B. Lot.

Garey Hand Funeral Home

Name of deceased Joseph E. Lyons
 Date of death Oct 3rd 1937
 Cause of death Uremic Poisoning
 Place of death County Home Hospital
 Residence 720 Seminole Ave
 Age 54 Yrs 1 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel - F. Home
 Date Wed Oct 6th 1937 4 P. M
 Account charged Mrs. Lora H. Lyons - Wife
 Address 720 Seminole Ave
 Account guaranteed payments
 Address _____
 Embalming Yes 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Gr. Oak 95.00
 Casket with Copper Lin. ✓
 Style of Casket Oct - H. e
 No. of Casket 50 - Walker
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Woodlawn
 Section 8 - Lot 150
 I Other Graves 
 X Grave on this date _____
 Cremation auto - (2) 10.00
 Urn marble 5.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Brantly
 Casket Wagon (1) 5.00
 Physician Dr. Quillman
 County or City Burial _____
 Automobiles 3 x 5 15.00
 Baggage or Express Train No. 17000

will pay 50. cash
10.00 on mo

Garey Hand Funeral Home

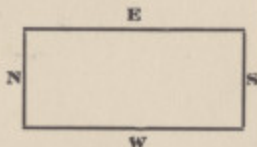
Name of deceased <u>Maudie Lillian Wofford</u>	
Date of death <u>Oct 3. Noon</u>	
Cause of death <u>Carcinoma of Cervix</u>	
Place of death <u>County Home</u>	
Residence <u>Albando R. F. #2</u>	
Age <u>53</u> Y'rs	<u>9</u> Mo's <u>25</u> Days
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Gravelside</u>	
Date <u>Tuesday Oct 5 1937</u> <u>2:30 P.M.</u>	
Account charged <u>Wm. H. Wofford</u>	
Address <u>Albando R. F. #2</u>	
Account guaranteed <u>Mrs. O. J. Swanson</u>	
Address <u>Chattsworth Ga</u> <u>Gen Del</u>	
Embalming <u>care of Body</u>	10. ⁰⁰
Robe, Suit, Dress <u>✓</u>	
Underwear and Hose <u>✓</u>	
Casket <u>6-3 in Crp</u>	10. ⁰⁰
Casket with Copper Lin. <u>✓</u>	
Style of Casket <u>Sgt 1st Lt</u>	
No. of Casket _____	
Outside Box <u>Reg</u>	
Shipping Case or Vault _____	
Handles <u>Ball</u>	
Pillow Set <u>✓</u>	
Name Plate <u>✓</u>	
Cemetery <u>Greenwood</u>	
Section _____	Lot _____
<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;"> <input type="checkbox"/> I Other Graves </div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="display: flex; justify-content: space-between; width: 100%;"> N E </div> <div style="display: flex; justify-content: space-between; width: 100%;"> W S </div> </div> </div>	
<input type="checkbox"/> X Grave on this date	
Cremation _____	
Urn _____	
Single Grave <u>White</u>	7. ⁰⁰
Opening and Closing Grave _____	7. ⁵⁰
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Elder Euster</u>	
Casket Wagon <u>(1)</u>	5. ⁰⁰
Physician <u>Dr. Sullivan & Keel</u>	
County or City Burial _____	
Automobiles <u>3 & 5</u>	10. ⁰⁰
Baggage or Express Train No. _____	49. ⁵⁰
<u>Pd. Cash</u>	
<u>\$35.00</u>	

Garey Hand Funeral Home

Name of deceased John B. Jackson
 Date of death Oct 4th
 Cause of death acute appendicitis
 Place of death C. S. N.
 Residence Winter Garden Rt #1
 Age 77 Y'rs 11 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Tuesday Oct 5th 1937 11 A.M.
 Account charged Jas W. Jackson
 Address _____
 Account guaranteed Payments & Small Ans
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress blue S. 15.00
 Underwear and Hose ✓
 Casket 6-3- In Ice 90.00
 Casket with Copper Lin ✓
 Style of Casket Oct H. e
 No. of Casket Holker 53
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Wells Cemetery
 Section _____ Lot _____

I Other Graves

X Grave on this date



Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave + etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister At Church of Christ

Casket Wagon _____

Physician Dr. Hendrix Christ

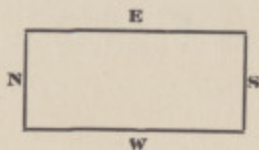
County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. \$ 160.00

Garry Hand Funeral Home

Name of deceased Ruth Gravelly
 Date of death Oct 4 A. M.
 Cause of death Trucking & auto accident
 Place of death Lakeland Fla
 Residence 1615 Ferris Drive Orlando
 Age 11 Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Tuesday Oct 5 1937 4 P. M
 Account charged Robt. L. Gravelly
 Address 1615 Ferris Drive Orlando
 Account guaranteed Cash + payments
 Address
 Embalming + Dressing 35.00
 Robe, Suit, Dress } 8.50
 Underwear and Hose }
 Casket 5-0 - White Plush 125.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. J. C.
 No. of Casket S1411-5
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set yes
 Name Plate ✓
 Cemetery Woodlawn
 Section B. Lot 31
 I Other Graves
 X Grave on this date
 Cremation
 Urn
 Single Grave
 Opening and Closing Grave T. & etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Dean Johnson 35.00
 Casket Wagon Lakeland
 Physician at Lakeland Fla
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 233 50



Cash 50.00
Bal Payments