

8-20-1941

Memoranda Book 146: Carey Hand Funeral Home records, August 20, 1941 to October 9, 1941

Carey Hand Funeral Home

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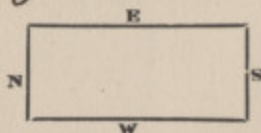
Carey Hand Funeral Home, "Memoranda Book 146: Carey Hand Funeral Home records, August 20, 1941 to October 9, 1941" (1941). *Carey Hand Funeral Home Records*. 146.

<https://stars.library.ucf.edu/cfm-ch-records/146>

Garry Hand Funeral Home

Name of deceased Mrs. Martha Rebecca Cooper
 Date of death Aug-19-41
 Cause of death Coronary Thrombosis
 Place of death Leesburg Fla
 Residence Graveland Fla
 Age 49 Y'rs 2 Mo's 15 Days
 Weight 130 Height 5 ft. 2 in. Eyes _____
 Funeral at _____
 Date _____ 193 M
 Account charged Bayer F. Home
 Address Leesburg Fla
 Account guaranteed Cash
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. yes
 Style of Casket Simple
 No. of Casket Thurs- Aug-21-
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles P.A. Inc. Fri 8-22-41
 Pillow Set _____
 Name Plate Express Order to
 Cemetery Bayer F. Home
 Section Leesburg Fla

I Other Graves



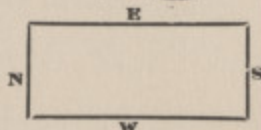
X Grave on this date

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 _____
 Automobiles _____
 Baggage or Express Train No. 37.50

Garey Hand Funeral Home

Name of deceased Robt E. In Munay
 Date of death Aug- 15-41-
 Cause of death intracranial injury & Hematoma
 Place of death Eustis Fla
 Residence Int Sora
 Age 27 Y'rs 4 Mo's 16 Days
 Weight 175 Height 6 ft. - in. Eyes
 Funeral at
 Date 193 M
 Account charged Rehburn & Co
 Address Int Sora Fla
 Account guaranteed Chk -
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrives
 Casket with Copper Lin. by
 Style of Casket 430 R m
 No. of Casket Thurs- Aug-21-41
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles S. A. M. 9:00 8-22-41
 Pillow Set
 Name Plate asher Express to
 Cemetery Rehburn & Co
 Section Int Sora Fla

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
 Automobiles
 Baggage or Express Train No.

37.50

Garey Hand Funeral Home

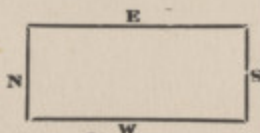
Name of deceased Ruby Pearl Barfield
 Date of death Aug 21 - 2:30 P.M.
 Cause of death Demence & meningitis
 Place of death O. G. H.
 Residence 310 - E. South St. Orlando Fla
 Age 32 Y'rs 9 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Aug 22 1941 5 P.M.
 Account charged Mrs. Tilda Young
 Address Rt 2 - Morrison, Fla.
 Account guaranteed Payments
 Address _____
 Embalming Comb & etc 25
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 I Other Graves
 E
 N S
 W

 X Grave on this date _____
 Cremation Cremation 50.00
 Urn wooden
 Single Grave Body cremated
 Opening and Closing Grave 8-11 AM
 Body Shipped to Lat Aug-23-41
 R. R. Ticket _____
 Cash advanced will call for
 Telegram Monis Book -
 Minister People Very Poor have
 Casket Wagon Nothing Leaving 2:30
 Physician Dr. J. W. L. L. L.
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 75.00

Garry Hand Funeral Home

Name of deceased *Mr Rolt G Skipworth*
 Date of death *Fri aug- 22-41 1230 AM*
 Cause of death *Cancer of Stomach*
 Place of death *Res*
 Residence *Apopka*
 Age *41* Y'rs *9* Mo's *19* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Sun aug- 24 1941 4 P. M*
 Account charged *Mrs R. G. Skipworth*
 Address *Apopka*
 Account guaranteed *Estate*
 Address _____
 Embalming *J. Duran* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6 Metal Ox Gr Fin* 425.00
 Casket with Copper Lin. *Same*
 Style of Casket *State H. Cap*
 No. of Casket *Same Tampa*
 Outside Box *Red*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Apopka*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Family Car*

Urn _____

Single Grave _____

Opening and Closing Grave *Tree* 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister *Rev L. L. McCarty*

Casket Wagon _____

Physician *Dr Seltzer*

County or City Burial _____

Automobiles *S & S* 15.00

Baggage or Express Train No. *8*

Masonic Service
at Grave Side

490.00

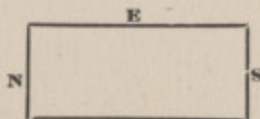
Garey Hand Funeral Home

Name of deceased Mr Felix Bibault
 Date of death Aug-22- 3- A.M.
 Cause of death Nephritis Intestinal
 Place of death Res
 Residence 426 E. South St
 Age 87 Y'rs 4 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Aug 23 1941 P.M.
 Account charged Estan Bibault
 Address 426 East South
 Account guaranteed _____
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Open Ckg 45.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated 8-A.M.
 R. R. Ticket Mon 8-25-41
 Cash advanced _____
 Telegram will call Fri
 Minister Rev Turner 5.00
 Casket Wagon _____
 Physician Dr White
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 8 135.00

Garey Hand Funeral Home

Name of deceased Mr Geo Hornsteiny
 Date of death Mon Aug - 27 - 41
 Cause of death Angina Pectoris
 Place of death Res -
 Residence Oakland
 Age 83 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Prayer Family Room
 Date Mon - 28 - 25 - 41 1941 11 A M
 Account charged L. C. Hornstein Son
 Address Oakland
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Can 40.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. Fl. Cap
 No. of Casket 1311-5-
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set yes
 Name Plate ✓
 Cemetery Cremation
 Section _____ Lot _____

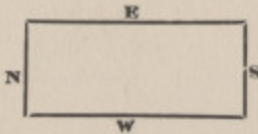
I Other Graves



X Grave on this date

Cremation Cremation 50.00
 Urn Orange M-32 35.00
 Single Grave Body cremated
 Opening and Closing Grave 8-AM
 Body Shipped to Tues - 8-26-41
 R. R. Ticket will call for
 Cash advanced _____
 Telegram _____
 Minister Rev Turner
 Casket Wagon (1) 5.00
 Physician Dr. Hester
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 82641 Tex
Pd in full 185.00

Garey Hand Funeral Home

Name of deceased Chas Kleungam
 Date of death Aug-21-41
 Cause of death not given on Permit
 Place of death Res
 Residence Coronado Beach Fla
 Age 62 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193____ M____
 Account charged Robinson & Tower
 Address New Smyrna Fla
 Account guaranteed Yes
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body guarded
 Casket with Copper Lin'g ant.
 Style of Casket 6- P. M. Sun
 No. of Casket aug-24-41
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles S. A. M. 8-25-41-
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
wooden
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn wooden
 Single Grave Express Ashes to
 Opening and Closing Grave Robinson
 Body Shipped to 3d Tower
 R. R. Ticket New Smyrna Fla
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

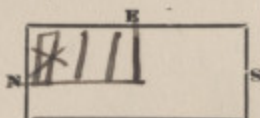
\$37.50

Garry Hand Funeral Home

Name of deceased *Mr Geo C Dudley*
 Date of death *Tues Aug- 26-41* *AM*
 Cause of death *Organic Heart Disease*
 Place of death *Res*
 Residence *734 Hunt Ct Dr*
 Age *79* Y'rs *6* Mo's *6* Days
 Weight *170* Height *5* ft. *9* in. Eyes
 Funeral at *Chapel*
 Date *Thursday 8-28 1941* *10 AM*
 Account charged *Donald L Dudley*
 Address *Delande 734 H. Ct Dr*
 Account guaranteed
 Address
 Embalming *Y* *Dress* 35⁰⁰
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3- In Box* 95⁰⁰
 Casket with Copper Lin.
 Style of Casket *Bel. H. C*
 No. of Casket *1341- Delande*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *W NE 1/4* Lot *21*

I Other Graves

Head of Grave
East



X Grave on this date

Cremation *To Can No Chg*

Urn *Can R B & Min* 5⁰⁰

Single Grave

Opening and Closing Grave *To etc* 15⁰⁰

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Ed Timan*

Casket Wagon *(1)* 5⁰⁰

Physician *Dr Neal*

County or City Burial

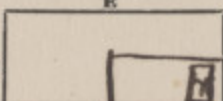
Automobiles *Y SS* 15⁰⁰

Baggage or Express Train No. *76*

175⁰⁰

120⁰⁰

Garry Hand Funeral Home

Name of deceased *Mr Geo W. Russell*
 Date of death *Aug - 26 - 41* *7 - PM*
 Cause of death *Fatal by Passing automobile*
 Place of death *Highway Near Lake Holden*
 Residence *Orlando Rt 3 - Box 210*
 Age *23* Y'rs *5* Mo's *19* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sun Aug 31* 19*41* *2:30 P* M
 Account charged *Mrs Geo W Russell*
 Address _____
 Account guaranteed *Insurance*
 Address _____
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-2 1/2 Size* *100.00*
 Casket with Copper Lin. _____
 Style of Casket *Del. H. Paf*
 No. of Casket *1241 - Delmar*
 Outside Box *1229*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ☒
 Cemetery *Greenwood*
 Section *B* *SW 1/4* Lot *25*
 I Other Graves *Lot Bought Direct*
 X Grave on this date 
 Cremation *Lot Bought Direct*
 Urn _____
 Single Grave *Del Box & Set at* *10.00*
 Opening and Closing Grave *Same*
 Body Shipped to *P. B. Con* *5.00*
 R. R. Ticket *min Con* *5.00*
 Cash advanced *none* *5.00*
 Telegram _____
 Minister _____
 Casket Wagon *(1)* *5.00*
 Physician *Luckman J.P.*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. _____

780.00

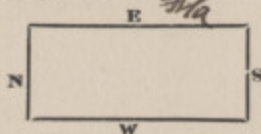
Garry Hand Funeral Home

Name of deceased Harry Hightman
 Date of death Aug 22-41 9:20 P.M.
 Cause of death Cancer of throat
 Place of death Nursing Home Waukegan, Ill.
 Residence Holtsville N.C. W.P.
 Age 61 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at No Service
 Date 193 M
 Account charged Mrs. Morrison
 Address 663 N. Orange Ave
 Account guaranteed Cash
 Address
 Embalming Yes 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
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Urn
 Single Grave No Relatives here
 Opening and Closing Grave Outgoing by
 Body Shipped to same & Friends here
 R. R. Ticket
 Cash advanced Body cremated
 Telegram S.A. Fr Sat 8-30-41
 Minister will call for ashes
 Casket Wagon See File
 Physician Dr. Tridell
 County or City Burial
 Automobiles
 Baggage or Express Train No.

75.00

Gary Hand Funeral Home

Name of deceased Mr. Oswald C. Lowe
 Date of death Aug - 27 - 41
 Cause of death Not given in Permit
 Place of death St. Petersburg Fla
 Residence St. Petersburg Fla
 Age 19 Y'rs 3 Mo's 2 Days
 Weight 145 Height 6 ft. in. Eyes
 Funeral at St. Petersburg
 Date 193 M
 Account charged Ralph G. Company F.H.
 Address St. Petersburg Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body covered
 Casket with Copper Lin. by date
 Style of Casket 5-P. In Urn
 No. of Casket 8-29-41-
 Outside Box
 Shipping Case or Vault Body cremated
 Handles 8-A.M. Sat 8-30-41
 Pillow Set
 Name Plate Ashes, Exposed to
 Cemetery Ralph G. Company
 Section Home St. Petersburg Fla
 I Other Graves
 X Grave on this date
 Cremation
 Urn wooden Case
 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.

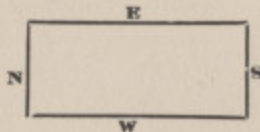


37.50

Garey Hand Funeral Home

Name of deceased Mrs Annis Wethington
 Date of death Aug - 28 - 41
 Cause of death not given on Permit
 Place of death Anders Springs Ga
 Residence Jellwood Fla
 Age 72 Y'rs 0 Mo's 30 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grand St. ME Church Jellwood
 Date Mon Sept 1 - 1941 0 30 M
 Account charged Mrs H. H. In Affee
 Address Lakeland Fla
 Account guaranteed small insurance
 Address _____
 Embalming _____
 Robe, Suit, Dress Body arrived on
 Underwear and Hose Box # 25
 Casket Sat Morning 8-30-41
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Tangerine
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc

Body Shipped to _____

R. R. Ticket 100⁰⁰ 1280

Cash advanced Not at Home

Telegram _____

Minister _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles S & S

Baggage or Express Train No. 46

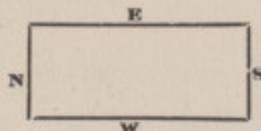
15⁰⁰
 122⁸⁰
 5⁰⁰
 15⁰⁰

Telephone 100 15780
120 2520
160.00

Garry Hand Funeral Home

Name of deceased *Billie Joe Reeves*
 Date of death *Sat. Aug 30-41* 5-PM
 Cause of death *Brachio Pneumonia*
 Place of death *Res*
 Residence *Opore*
 Age *6*- Y's *11* Mo's *15* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Church of God-at Opore*
 Date *Mon-9-15-41* 19*3* *3-P. M*
 Account charged *Edis Reeves*
 Address *Opore Fla*
 Account guaranteed *Crown Burial Ins*
 Address _____
 Embalming *Y Duss*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *4-0-H-L*
 Casket with Copper Lin _____
 Style of Casket *Set H. C*
 No. of Casket *103-Tampa*
 Outside Box *R-29*
 Shipping Case or Vault _____
 Handles *small*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Opore*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave *Y etc*

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister *Rev Burns*

Casket Wagon

Physician *Dr Sinclair*

County or City Burial

Automobiles *Cloud Car*

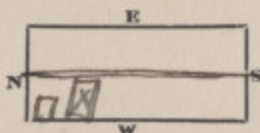
Baggage or Express Train No.

	%	92.50
<i>small insurance</i>		12.50
<i>Crown Funeral Co</i>		75.00
<i>Assurance only</i>		
<i>75.00</i>		
<i>Formally Paid</i>		
<i>POOR</i>		

Garey Hand Funeral Home

Name of deceased Augustus W. Hinson
 Date of death Sept Aug. 30-41- 4 PM
 Cause of death Suicide by shooting
 Place of death Res
 Residence 831- West Stetson
 Age 45 Yrs 7 Mo's 23 Days
 Weight 170 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Mon Sept-1- 1941 430 P M
 Account charged Mrs A W Hinson
 Address _____
 Account guaranteed Lamar Hinson Bro
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 in Box 95.00
 Casket with Copper Lin. ☒
 Style of Casket Ext. H. C
 No. of Casket 1341- Orleans
 Outside Box 4-2
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate ☒
 Cemetery Greenwood
 Section G. H 12- Lot 54

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave of 4 etc 15.00

Body Shipped to P. B. Car 5.00

R. R. Ticket Car Min 5.00

Cash advanced

Telegram

Minister Rev A Fred Lane 5.00

Casket Wagon (1)

Physician

County or City Burial

Automobiles SV 8 15.00

Baggage or Express Train No. 8

Burial in old acct 2-30-33 175.00

3750 due 375.00

Extra Labor Holiday 213.50

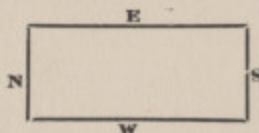
217.00

Garry Hand Funeral Home

Name of deceased Mr. Byron C. Holton
 Date of death Aug - 30 - 41
 Cause of death Daytona Beach Fla
 Place of death Daytona Beach Fla
 Residence Res -
 Age 32 Y'rs — Mo's 16 Days —
 Weight 90 Height 5 ft. 3 in. Eyes Brown
 Funeral at Chapel
 Date Wed Sept 3 - 3 1941 4 P M
 Account charged Grover Holton
 Address 26 Orlando Terrace Co -
 Account guaranteed Insurance Co
 Address —

Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6-3 Gr bronze
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault Body Casket
 Handles 8-A in Thrust 9-4-41
 Pillow Set —
 Name Plate will call for ashes
 Cemetery —
 Section — Lot —

I Other Graves



X Grave on this date

Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Missie
 R. R. Ticket —
 Cash advanced Baggett & McIntosh
 Telegram —
 Minister Rev. S. Lewis
 Casket Wagon & Daytona
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

75 00
~~125 00~~

50 00

5 00

50 00

5 00

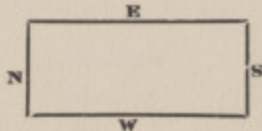
15 00

200 00

Spa Flowers
5 00

Garry Hand Funeral Home
 Sept-1-41
 Name of deceased Richard Thomas
 Date of death Mon Sept-1-41 12:10 AM
 Cause of death acute myocarditis
 Place of death O.S.H.
 Residence Conway
 Age 76 Yrs Mo's Days
 Weight 160 Height ft. in. Eyes
 Funeral at Chapel
 Date Wed Sept 3 1941 3 P. M
 Account charged Handwritten
 Address Conway
 Account guaranteed Estate
 Address
 Embalming & Dressing
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr-
 Casket with Copper Lining
 Style of Casket Det. H. C.
 No. of Casket 1312-2hrs
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Conway
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave & etc

Body Shipped to

R. R. Ticket

Cash advanced Spr. Flowers

Telegram

Minister Dean Johnson

Casket Wagon 1

Physician Dr. Anderson

County or City Burial

Automobiles S & S

Baggage or Express Train No. 8

35.00
 10.00
 1.00
 100.00

15.00

5.00

5.00

15.00

786.00

186.00

Garry Hand Funeral Home

Name of deceased Mrs. Lena Lipsey
 Date of death Mon. Sept 1-41-AM
 Cause of death Coronary Thrombosis
 Place of death Res.
 Residence 342 Carter St
 Age 67 Yrs 4 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed. Sept 3 1941 11 A M
 Account charged Phyllis Frolich
 Address 942 Spalding St Atlanta Ga
 Account guaranteed First Nat Bank
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress White 5.00
 Underwear and Hose _____ 1.00
 Casket 6-3-Embl Doe 75.00
 Casket with Copper Lin. _____
 Style of Casket Sp H.C
 No. of Casket 1326 Colony
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 I Other Graves E

N

Single
Grave

S

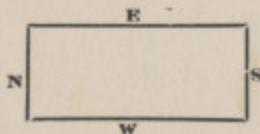
W
 X Grave on this date _____
 Cremation _____
 Urn Ant. Oak Box etc 10.00
 Single Grave White 25.00
 Opening and Closing Grave to City 9.00
 Body Shipped to 4. PM No. 104
 R. R. Ticket _____
 Cash advanced Auto 5.00
 Telegram _____
 Minister Rev. E. Lee Smith
 Casket Wagon _____
 Physician Dr. F. Gray
 County or City Burial _____
 Automobiles SYS 15.00
 Baggage or Express Train No. B

cash 170.00
C. Mo Note 8120.00

Garry Hand Funeral Home

Name of deceased Mrs. Edith Bridgen
 Date of death Tues- Sept- 2-41 A.M.
 Cause of death O. I. H.
 Place of death O. I. H.
 Residence Fairville
 Age 17 Yrs 3 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Sept 3 1941 5 P. M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming Yes Dress 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Gr. Cup 75.00
 Casket with Copper Lin. _____
 Style of Casket Lg. H. C.
 No. of Casket 1322 Colum
 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 anti 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Dr. Carl Hoffman
 County or City Burial _____
 Automobiles 15.00
 Baggage or Express Train No. _____

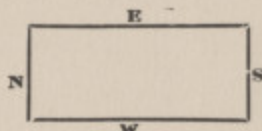
Payments

145.00

Garry Hand Funeral Home

Name of deceased Clasie Mae Vreeland
 Date of death Sept 3 - 49. m.
 Cause of death Acute Poisoning - taken Rock Poison
 Place of death Fla. Sant. Self administered
 Residence Orlando Fla. P.O. Box 1249
 Age 34 Y'rs 7 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Sept 5 1941 4 PM
 Account charged Chas H. Vreeland
 Address P.O. Box 1249 Orlando Fla
 Account guaranteed Insurance
 Address _____
 Embalming 9 Drumming
 Robe, Suit, Dress 4
 Underwear and Hose 4
 Casket 6-3-Emb Dr
 Casket with Copper Lin. 4
 Style of Casket Spr H. C.
 No. of Casket 1326
 Outside Box Reg
 Shipping Case or Vault -
 Handles Short
 Pillow Set yes
 Name Plate Shingle Creek
 Cemetery Shingle Creek
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc

Body Shipped to auto

R. R. Ticket auto minis

Cash advanced _____

Telegram _____

Minister Rev Crawford

Casket Wagon _____

Physician Dr. T. A. Neal

County or City Burial _____

Automobiles 8 x 8

Baggage or Express Train No. 8

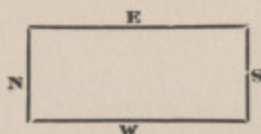
old acct - 1-12-27-60. 155.00
12-15-32-74
1-7-32 3350

\$167.50

Garey Hand Funeral Home

Name of deceased Mrs Elizabeth Sauer
 Date of death Sept 4 5:45 a.m.
 Cause of death Gen Peritonitis acute
 Place of death O. F. N. *affluencia*
 Residence Arvado Fla
 Age 64 Yrs 11 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date Sat- Sept 5 1941 9 A.M
 Account charged Mrs A. S. Sauer
 Address Arvado Fla
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Metal 23.50
 Casket with Copper Lin. ✓
 Style of Casket Stat 1/2-e
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate crucifix
 Cemetery Arvado Fla
 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 Father Bishop

Casket Wagon (1) 5.00

Physician Dr. D. M. Cavan

County or City Burial _____

Automobiles 5.15 15.00

Baggage or Express Train No. _____

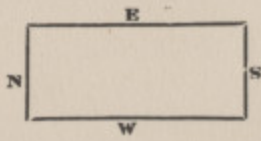
305.00

9.50

\$ 300.00

Name of deceased *Mr James Jay Freeman*
 Date of death *Sept - 2 - 1941*
 Cause of death _____
 Place of death *Per*
 Residence *St Petersburg*
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *St Petersburg*
 Date _____ 198 _____ M
 Account charged *John L Rhodes*
 Address *St Petersburg Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3- in B.C. Oct 1/2 -*
 Casket with Copper Lin. _____
 Style of Casket *Body covered*
 No. of Casket *2 R.M. in 9-5-41*
 Outside Box _____
 Shipping Case or Vault *Body cremated*
 Handles *2 R.M. in 9-5-41*
 Pillow Set _____
 Name Plate *John L Rhodes*
 Cemetery *St. Johns*
 Section *St Petersburg* Lot *Fla*

I Other Graves
wooden



X Grave on this date

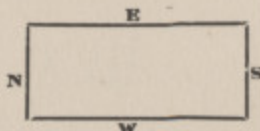
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Garey Hand Funeral Home

Name of deceased Frank Block
 Date of death Sat Sept 6-41 4 PM
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence 535 - N. Magnolia
 Age 60 Yrs 11 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rest
 Date _____ 193 M
 Account charged Albert Block
 Address 535 - N. Magnolia
 Account guaranteed _____
 Address _____
 Embalming Washing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Can 50.00
 Casket with Copper Lin. _____
 Style of Casket Sp. A.M.
 No. of Casket A.M. 5.00
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Rest
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Newark N.J.
 R. R. Ticket 3-3455
 Cash advanced 25-20 } \$128.85
 Telegram Sine
 Minister _____
 Casket Wagon (2) 10.00
 Physician Om
 County or City Burial 2
 Automobiles _____ 100.00
 Baggage or Express Train No. 92 1.00

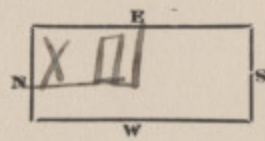
Sun 9-7-41

\$110.00
Tel 56
110.56

Garry Hand Funeral Home

Name of deceased Mrs Ethel H. Bellamy
 Date of death Sept 3-41
 Cause of death Coronary Occlusion
 Place of death Miami
 Residence Miami
 Age 61 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Sun Sept 2-1941 4-P.M
 Account charged Bellamy Sam
 Address _____
 Account guaranteed ok
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 66-metal \$49.00
 Casket with Copper Lin. _____
 Style of Casket Slate 1/2-C
 No. of Casket _____
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section V N.E. 1/4 Lot 44

I Other Graves



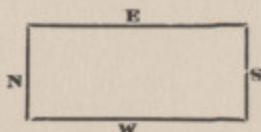
X Grave on this date

Cremation	_____	
Urn	_____	
Single Grave	<u>On Mini</u>	<u>5.00</u>
Opening and Closing Grave	<u>Y etc</u>	<u>15.00</u>
Body Shipped to	_____	
R. R. Ticket	_____	
Cash advanced	_____	
Telegram	_____	
Minister	<u>Dean J. Benson</u>	
Casket Wagon	<u>W. W. W. W.</u>	<u>15.00</u>
Physician	_____	
County or City Burial	_____	
Automobiles	<u>3 + 3</u>	<u>15.00</u>
Baggage or Express Train No.	_____	
<u>Body shipped to Intermall</u> <u>auto from there 9-4-41</u>		<u>50.00</u>

Barry Hand Funeral Home

Name of deceased *Mrs. J. Mahon 2nd*
 Date of death *Sat. Sept 6th 1931* *PM*
 Cause of death *Acute meningitis*
 Place of death *O. G. N.*
 Residence *Leicester Park*
 Age *14* Yrs Mo's *4* Days *22*
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Monday Sept 8* 193 *30* M
 Account charged *Jas J. Mahon Jr*
 Address *1323 Lancaster Ave*
 Account guaranteed _____
 Address _____
 Embalming *& Dressing* *35* --
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6 Metal* *350* --
 Casket with Copper Lin. *Inner*
 Style of Casket *State H.C.*
 No. of Casket *Graham 3rd*
 Outside Box *Req*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Peterkey Mich.*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Peterkey Mich*

R. R. Ticket *RR & P*

Cash advanced _____

Telegram _____

Minister *Dean Johnson*

Casket Wagon *(2)* *10.00*

Physician *Dr. Spencer Folson* *5.00*

County or City Burial *amb bur*

Automobiles _____

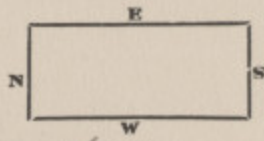
Baggage or Express Train No. *92*

mon-9-8-41

400.00

Name of deceased Mrs. Corine M. Kenney
 Date of death Sept 6-41 6:15 PM
 Cause of death _____
 Place of death Donath Nursing Home
 Residence 447 South Orange Ave
 Age 41 Y'rs — Mo's 1 Days 12
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon 9-8-41 4 P. M
 Account charged M. A. McKenney
 Address 63 - E. Pine St
 Account guaranteed Payments
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Simple Chg 35.00
 Casket with Copper Lin. _____
 Style of Casket West
 No. of Casket X
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

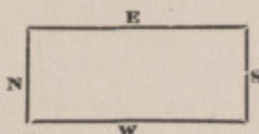
Cremation Cremation 50.00
 Urn wooden
 Single Grave Body Cremated
 Opening and Closing Grave 8-AM
 Body Shipped to Mon 9-9-41
 R. R. Ticket will call for when
 Cash advanced _____
 Telegram _____
 Minister M. Neir
 Casket Wagon 15 5.00
 Physician Dr. Spruiell
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 125.00

Cash 50.00
 Pr Mr 25.00

Garry Hand Funeral Home

Name of deceased Emma Jackson
 Date of death Sept 6 1944
 Cause of death Injured middle Meningeal artery
 Place of death N. F. H. 5
 Residence Orlando
 Age 61 Yrs 5 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel Mon-9-8-41
 Date Wed Jan 9 1944 9-8-5 P.M
 Account charged Marcus Jackson
 Address N. F. H. 5 Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress Embroid 25.00
 Underwear and Hose _____
 Casket 6-3 Sub-Ga Plush 175.00
 Casket with Copper Lin. Yes
 Style of Casket Qd. 1/2-E
 No. of Casket 1927-30
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes
 Name Plate WOODLAWN
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation P.B.C 5.00
 Urn Qut 5.00
 Single Grave _____ 15.00
 Opening and Closing Grave etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Bouters
 Casket Wagon (1) 5.00
 Physician Dr. Knowles
 County or City Burial _____
 Automobiles S&S 15.00
 Baggage or Express Train No. _____

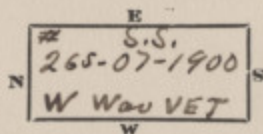
auto accident carry Ford
Road Profit Diner
Arthur Con

28000

Garry Hand Funeral Home

Name of deceased Chas J. Willoughby
 Date of death Sept 7 9 a.m.
 Cause of death Coronary Occlusion
 Place of death Residence
 Residence 522 Sunset Drive
 Age 48 Yrs 8 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date Sept 10 1941 3 P. M
 Account charged Wm Chas J. Willoughby
 Address 522 Sunset Drive
 Account guaranteed Insurance
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress Blue Pin Pt 6.00
 Underwear and Hose _____
 Casket 6-3-Gr Engr 75.00
 Casket with Copper Lin. _____
 Style of Casket Lgn H. Cap.
 No. of Casket 13 Olens
 Outside Box Q-19
 Shipping Case or Vault _____
 Handles Shat
 Pillow Set yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



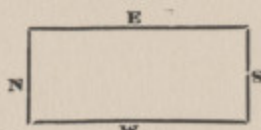
X Grave on this date

Cremation Aut 5.00
 Urn Aut Family 5.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Padgett.
 Casket Wagon (1) 5.00
 Physician Dr. Mitchell.
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. _____
Gov allow 100.00
Bal by Family
166.00

Gary Hand Funeral Home

Name of deceased Charles H. Adams
 Date of death Sept 6 -
 Cause of death Organic Heart Lesion
 Place of death Res
 Residence Sorrento, Fla
 Age 81 Y'rs 9 Mo's 22 Days
 Weight 175 Height 5 ft. 10 in. Eyes Gray
 Funeral at Sorrento Fla
 Date Sept 1941 M
 Account charged Rehbaum & Co.
 Address Int Lora Fla.
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by airtel Monday
 Outside Box 4:30 P.M.
 Shipping Case or Vault Sept 8-41
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Tues 8 a.m.
 Section Sept 9-41 Lot _____

I Other Graves



X Grave on this date

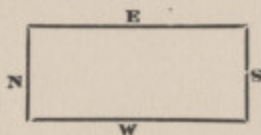
Cremation Ashes expressed
 Urn to - Jettie Rehbaum
 Single Grave + Co. Int Lora Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Garry Hand Funeral Home

Name of deceased Thos. Smallbone
 Date of death Mon Sept 8-41 AM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Oakland
 Age 81 Y'rs 6 Mo's 14 Days
 Weight 150 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Wed Sept 10 1941 11 A.M
 Account charged Frank Smallbone
 Address Oakland Fla
 Account guaranteed Intake
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6-Gr Cloth 200.00
 Casket with Copper Lin. ☒
 Style of Casket R. Ca Slate
 No. of Casket 48-Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles EA
 Pillow Set yes
 Name Plate
 Cemetery Oakland 4 P.M. Wed.
 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. S. Hunter

Casket Wagon 617 5.00

Physician Dr. Hunter

County or City Burial

Automobiles SVS 15.00

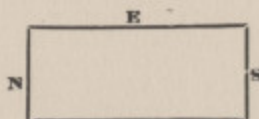
Baggage or Express Train No. 8

6-M. Note 270.00

Garry Hand Funeral Home

Name of deceased Clifford Wilson
 Date of death Sept 3 -
 Cause of death Edema of Glottis - Spic. sore throat
 Place of death Glendale California
 Residence Glendale Fla
 Age 34 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Graveside
 Date Wed Sept 10 1931 119 M
 Account charged C. H. Wilson
 Address Glendale Fla
 Account guaranteed Payor's
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr Emb Plur
 Casket with Copper Lin.
 Style of Casket Sp H.C
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Shingle Creek
 Section Lot

I Other Graves



X Grave on this date

Cremation Did Glendale Collife
 Urn Expr 333-00 & bring Body
 Single Grave Home Rd by family
 Opening and Closing Grave etc
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon (1)
 Physician Frank A. Hance - Corona
 County or City Burial Glendale Calif.
 Automobiles S & S
 Baggage or Express Train No.

15 00

5 --

15 00

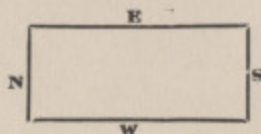
35 00

Garry Hand Funeral Home

Name of deceased Miss Lottie Melcher
 Date of death Sept 8-41
 Cause of death Cancer of uterus
 Place of death Per-
 Residence Honassasson Fla
 Age 67 Yrs 9 Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 193 M
 Account charged Carnad & Morris
 Address Fla Home Inverness Fla
 Account guaranteed Chk -
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Quiver
 Casket with Copper Lin 8-P.M.
 Style of Casket Lines - 9-9-41
 No. of Casket
 Outside Box Body Cremated 8-A.M.
 Shipping Case or Vault 9-10-41
 Handles
 Pillow Set Aches Expressed to
 Name Plate Carnad & Morris
 Cemetery Inverness 9-10-41
 Section in 340 P.M. Quiver

3750

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

Automobiles

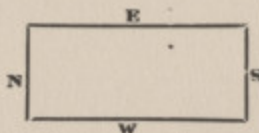
Baggage or Express Train No.

3750

Garry Hand Funeral Home

Name of deceased W. Kenneth Farrell
 Date of death Sept 10 - 2:40 a.m.
 Cause of death Hodgkin Disease
 Place of death Funeral Home - 1815 N. 1st Ave.
 Residence Jacksonville Fla N.P.
 Age 23 Y'rs 3 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Sept 13 1941 3 P.M.
 Account charged Mrs Albert Gale (Mother)
 Address 5035 main St. Jacksonville
 Account guaranteed Insurance Fla
 Address _____
 Embalming & dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Cope 125.00
 Casket with Copper Lin. _____
 Style of Casket Oct H. Cap
 No. of Casket 13 1/2 Sluier
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

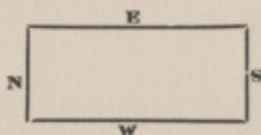
Cremation Single Grave bought
 Urn direct
 Single Grave _____
 Opening and Closing Grave Ed C. Mason
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician Dr. Fowler
 County or City Burial _____
 Automobiles 575 15.00
 Baggage or Express Train No. _____

180.00

Garry Hand Funeral Home

Name of deceased Robert W. Keen
 Date of death Wed. Sept 10-41 PM
 Cause of death Cerebral Hemorrhage Pennsylvania
 Place of death Bex
 Residence Apofka
 Age — Yrs 2 Mo's 13 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date Thurs. Sept 11 1941 4 P. M
 Account charged Geo W Keen
 Address Apofka
 Account guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 2-0 H X -
 Casket with Copper Lin. —
 Style of Casket Oct. H. T. L.
 No. of Casket 123 Tampa
 Outside Box 1729
 Shipping Case or Vault —
 Handles small
 Pillow Set yes
 Name Plate —
 Cemetery Crematorium
 Section — Lot —

I Other Graves



X Grave on this date

Cremation Crematorium
 Urn wood
 Single Grave —
 Opening and Closing Grave Body
 Body Shipped to Crematorium 8-11
 R. R. Ticket Fri 9-12-41
 Cash advanced —
 Telegram —
 Minister Dean Johnson
 Casket Wagon —
 Physician Dr. Daniel
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

25.00

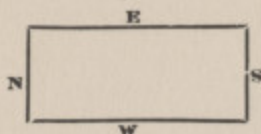
10.00

35.00

Garry Hand Funeral Home

Name of deceased: Mrs. Viola Dodson
 Date of death 4th Sept-12-41 8:35 AM
 Cause of death O. B. H.
 Place of death O. B. H.
 Residence County Home 4. yrs Jellwood
 Age 43 Y's 3 Mo's 25 Days
 Weight 102 Height 5 ft. 2 in. Eyes
 Funeral at Grave side
 Date Sun Sept-14 1941 3 P.M.
 Account charged E. M. Banks 8.20
 Address Jellwood
 Account guaranteed Insured Guy
 Address
 Embalming Yes 25.00
 Robe, Suit, Dress White 5.00
 Underwear and Hose
 Casket L-3-End over X 50.00
 Casket with Copper Lin. ☒
 Style of Casket Sp. H. G.
 No. of Casket 12 Tampa
 Outside Box Yes
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set Yes
 Name Plate
 Cemetery Toronto
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave Y etc 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles S Y S 15.00

Baggage or Express Train No. _____

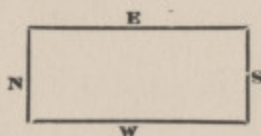
115.00
 12.50
162.50

Guy amt of Ins

Garry Hand Funeral Home

Name of deceased Mr Chas B. Trimbley
 Date of death Sept - 12 - 41
 Cause of death Tuberculosis
 Place of death Res - Fla
 Residence Ocala
 Age 82 Y'rs — Mo's 14 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Ocala
 Date — 193 — M
 Account charged Garry Hand
 Address Ocala
 Account guaranteed OK
 Address —
 Embalming Cremation 37.50
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6-3- Spr H.C. Co.
 Casket with Copper Lin. Body moved
 Style of Casket 10.30 AM
 No. of Casket Trin Sept-15-41
 Outside Box —
 Shipping Case or Vault Body
 Handles Cremated 8-14-41
 Pillow Set Trin - 9-16-41
 Name Plate —
 Cemetery will call for
 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

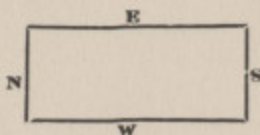
Automobiles

Baggage or Express Train No.

37.50

Name of deceased Capt Lawrence Thos Durant
 Date of death Sept - 6 - 41
 Cause of death Pul T. 131
 Place of death Tucson Arizona
 Residence Winter Park
 Age 53 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Sept 21 1941 4 P. M
 Account charged Mrs - Durant
 Address _____
 Account guaranteed _____
 Address Body was cremated at Tucson Ariz
 Embalming advised in plane
 Robe, Suit, Dress Mon Sept 15 - 41
 Underwear and Hose _____
 Casket Star in Chapel over
 Casket with Copper Lin. the Bronze Urn
 Style of Casket Fla
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

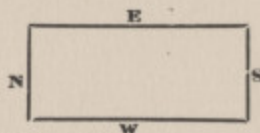
Cremation _____
 Urn Bronze Urn # 70-40 Music Cr
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Del of Thomas
 R. R. Ticket _____
 Cash advanced T. H. at Tucson 175.00
 Telegram 225.190. W of N-450
 Minister Dean Johnson
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No _____

Urn Placed in Vault will call for
88.45

Garry Hand Funeral Home

Name of deceased Edward L. Chapman
 Date of death Sept 17
 Cause of death Myocarditis
 Place of death Residence
 Residence Daytona Beach Fla
 Age 87 Y'rs 11 Mo's 17 Days
 Weight 155 Height 5 ft. 10 in. Eyes Blue
 Funeral at Daytona Beach Fla
 Date Sept 17 1941
 Account charged Budget - M. E. Intosh F.W.
 Address Daytona Beach Fla
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Arrived
 No. of Casket Wed 12:45 A.M.
 Outside Box Sept 17 - 1941
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Thurs 8 A.M.
 Cemetery Sept 18 - 1941
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Will Notify -
 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. _____

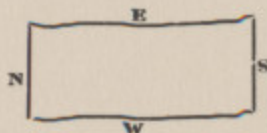
37.50

Garey Hand Funeral Home

Name of deceased Arnold King Fowler
 Date of death Sept-17-41 11:50 PM.
 Cause of death abscess at Lung
 Place of death at home
 Residence Lake Butler Fla
 Age 25 Y'rs 1 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Don
 Date _____ 193 _____ M
 Account charged Union Power
 Address Lake Butler Fla
 Account guaranteed _____
 Address _____
 Embalming 4.00 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin T.D.
 Style of Casket _____
 No. of Casket Came for the
 Outside Box body
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date



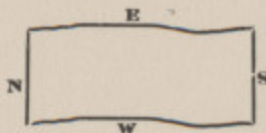
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50.00

Barry Hand Funeral Home

Name of deceased Allen Geo Gordon
 Date of death Sept 1-1941 - 1:15 PM
 Cause of death Cardio Respiratory Failure - Bronchitis
 Place of death Sanford
 Residence Sanford
 Age 22 Yrs 3 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sanford Fla
 Date Sept 1 1941 M
 Account charged Allen Geo Gordon
 Address Sanford Fla 1930 Palmers ave
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Evelson T.H.
 No. of Casket of Sanford came
 Outside Box for the body
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



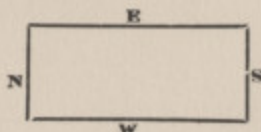
X Grave on this date

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

35.00

Name of deceased *Mr. H. M. H. White*
 Date of death *Sept-17-41*
 Cause of death *Pul T. B.*
 Place of death *Res-*
 Residence *Mt Sora*
 Age *55* Y'rs *2* Mo's *21* Days
 Weight *170* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at
 Date *193* M
 Account charged *Rehmann, C. O.*
 Address *Mt Sora, Md*
 Account guaranteed *Yes*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body covered*
 Casket with Copper Lin. *by anti*
 Style of Casket *3-P. In*
 No. of Casket *9-19-41*
 Outside Box
 Shipping Case or Vault *Body cremated*
 Handles *S-A-M 9-20-41*
 Pillow Set
 Name Plate *Info expressed to*
 Cemetery *Rehmann, C. O.*
 Section *Mt Sora, Md* 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

Automobiles

Baggage or Express Train No.

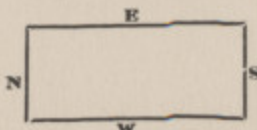
37.50

Garry Hand Funeral Home

Name of deceased Bald, John S Steel
 Date of death Feb 19-41 PM
 Cause of death _____
 Place of death Fla. about
 Residence Orlando R.F.D. #3
 Age 1 Y'rs 3 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Family Room
 Date Sat 9-20-41 1941 2 P. M
 Account charged J. Steel
 Address Orlando R.F.D. #3
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0 H-P. 12.50
 Casket with Copper Lin. _____
 Style of Casket Sgt. H. T. H.
 No. of Casket H. M.
 Outside Box R-19
 Shipping Case or Vault _____
 Handles small
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section A Lot 363

I Other Graves



X Grave on this date

Cremation cutts 2 times & etc 5.00

Urn _____

Single Grave _____ 4.50

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Book

Casket Wagon _____

Physician Dr. Andrews

County or City Burial _____

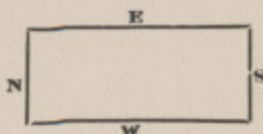
Automobiles _____

Baggage or Express Train No. 7

22.00

Name of deceased *Mrs. Kizzie Gause*
 Date of death *Sun Sept 21-41- 4-AM*
 Cause of death _____
 Place of death *O. G. H.*
 Residence *Conway*
 Age *38* Yrs *4* Mo's *7* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *grave side*
 Date *Tues Sept 23 1941 1 P. M*
 Account charged *R. H. Gause*
 Address *Conway, Fla.*
 Account guaranteed _____
 Address _____
 Embalming *Dressing* 35.00
 Robe, Suit, Dress *White* 5.00
 Underwear and Hose _____
 Casket *6-3- in Oak* 95.00
 Casket with Copper Lin. _____
 Style of Casket *Bel. H. C*
 No. of Casket *1341 Orleans*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Conway*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave *Te etc* 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced *and Ser* 5.00

Telegram _____

Minister *Rev Bantons* 5.00

Casket Wagon *1*

Physician *Dr Torace Hay*

County or City Burial _____

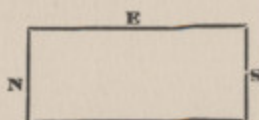
Automobiles *3 & 5* 15.00

Baggage or Express Train No. _____

\$ 175.00

Name of deceased *Mr. G. Frank Hucker*
 Date of death *Sun 9-21-41* *12:30 P.M.*
 Cause of death _____
 Place of death *Med Center Eustis*
 Residence *Rockville, Conn & Mt Gora*
 Age *76* Yrs *2* Mo's *5* Days _____
 Weight *200* Height *5 ft. 8* in. Eyes _____
 Funeral at *Dest* _____
 Date _____ 193 _____ M
 Account charged *Lionel G. Hucker Son*
 Address *Rockville Center N. Y.*
 Account guaranteed *Call* _____
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose *Shirt & Socks* *2.50*
 Casket *6-6-11 Bld C* *390.00*
 Casket with Copper Lin. _____
 Style of Casket *R.C. State Shain*
 No. of Casket *8108 - Shain*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext. Y. M. Fair*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Dest*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Interment
 Cremation *Patchogue L.I. N.Y.*
 Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Perm Stat N.Y.*

R. R. Ticket _____

Cash advanced *Expense 3480*

Telegram _____

Minister *C. H. K. Express Sta*

Casket Wagon *K. Curtis*

Physician _____

County or City Burial _____

Automobiles _____

~~Baggage~~ or Express Train No. *92 B*

69.60
1.13
3.00
15.00

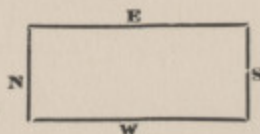
Mon - 9-22-41

52328

Gurey Hand Funeral Home

Name of deceased Robert Wm Orcutt.
 Date of death Sept 22nd 1934 1:15 P.M.
 Cause of death _____
 Place of death C. G. N.
 Residence Oulands R.F.H. 3-Box 87-C
 Age 66 Y's 7 Mo's 20 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Tuesday - Graveside
 Date Tues Sept 23 1934 4 P M
 Account charged Mrs. J. W. Orcutt.
 Address Oulands R.F.H. 3-Box 87-C
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey loc 75.00
 Casket with Copper Lin. _____
 Style of Casket Spr. W. Oak
 No. of Casket 72 - Tampa
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yls
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



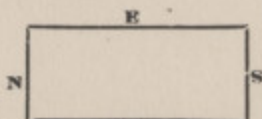
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Auto (min) 5.00
 Telegram _____
 Minister Rev M. E. Hair 5.00
 Casket Wagon C. H.
 Physician Dr. Kunderdt.
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. _____ \$150.00

Garry Hand Funeral Home

Name of deceased Anna M. Beach
 Date of death Sept 19
 Cause of death Cancer of mouth
 Place of death Res.
 Residence Int. Hona, Fla
 Age 76 Yrs 1 Mo's 7 Days
 Weight 165 Height 5 ft. 9 in. Eyes Gray
 Funeral at Int Hona Fla
 Date Sept 1941 M
 Account charged Rehbaum & Jellen
 Address Eustis, Fla.
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body Arrived
 No. of Casket by auto Monday
 Outside Box 40.00. Sept
 Shipping Case or Vault 22-1941
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Inter. S. H. M.
 Section Sept 20-1941 Lot _____

I Other Graves



X Grave on this date

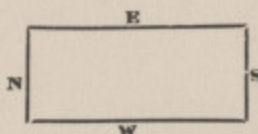
Cremation Asker expressed
 Urn to - Jellen &
 Single Grave Rehbaum & J.
 Opening and Closing Grave Eustis Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Garry Hand Funeral Home

Name of deceased Mr. Robt. H. Brecht
 Date of death Mon - Sept 22-41 1:15 PM
 Cause of death O.S.H. Cerebral Hemiplegia
 Place of death Madame Colorado Rt 3
 Residence 0487-C
 Age 66 Yrs 7 Mo's 20 Days
 Weight Height ft. in. Eyes
 Funeral at Grave Side
 Date Tues - Sept 23-41 1941 4 P M
 Account charged Mrs R H Brecht
 Address
 Account guaranteed
 Address
 Embalming Yes
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-12 Doe
 Casket with Copper Lin.
 Style of Casket La H. C
 No. of Casket 22 Tampa
 Outside Box 809
 Shipping Case or Vault
 Handles
 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 4 etc

Body Shipped to

R. R. Ticket

Cash advanced Auto Min

Telegram

Minister Rev M C Nair

Casket Wagon 12

Physician Dr. Kunkert

County or City Burial

Automobiles S & S

Baggage or Express Train No.

35.00

75.00

15.00

5.00

5.00

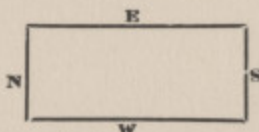
15.00

750.00

Garry Hand Funeral Home

Name of deceased Mrs. Emma Grueter
 Date of death Mon Sept 22-41 8 PM
 Cause of death Pul. Tuberculosis
 Place of death County T. B.
 Residence Colando Rt
 Age 62 Yrs 4 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Sept 24 1941 2 P M
 Account charged Albert Grueter
 Address Colando Lockhart Box 111
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Spr
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Cumtair
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cumtair
 Urn _____
 Single Grave Body Cremated
 Opening and Closing Grave 8-4 PM
 Body Shipped to Thurs 9-25-41
 R. R. Ticket wife call for ashes
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1)
 Physician Dr. S. M. Brown
 County or City Burial _____
 Automobiles Ant. Son
 Baggage or Express Train No. _____

35.00
5.00
50.00

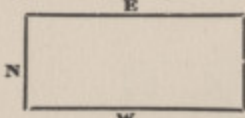
50.00

5.00

5.00

\$ 150.00

Garry Hand Funeral Home

Name of deceased Mrs. Ida E. M. Miller
 Date of death May 22-41 PM
 Cause of death Cerebral Hemorrhage
 Place of death Res.
 Residence Madison Deland At 3-
 Age 77 Yrs 4 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Deat
 Date _____ 193 _____ M
 Account charged R. D. M. Miller Son
 Address Deland At 3-
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress Wing APR 14-695
 Underwear and Hose ✓
 Casket 6-3- In Box
 Casket with Copper Lin. ✓
 Style of Casket Det. H. E
 No. of Casket 2501- Orleans
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate ✓
 Cemetery Deat
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Temp. by Act.
 R. R. Ticket _____
 Cash advanced Ray took Body to the
 Telegram Blount T. Moore
 Minister _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. B

35.00
 10.00
 125.00

25.00

5.00

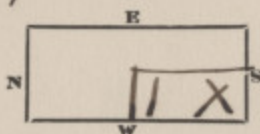
20000

Barry Hand Funeral Home

Name of deceased Mr Frank Turrisi
 Date of death Mon Sept-22-41 PM
 Cause of death _____
 Place of death O. G. H.
 Residence 17 - East Ester Street
 Age 51 Y'rs 5 Mo's 14 Days _____
 Weight 200 Height 5 ft. 7 in. Eyes _____
 Funeral at Chapel
 Date Sept 24 Wed 1941 4 P M
 Account charged Betty Turrisi Hd
 Address 17 - E. Ester St Orlando
 Account guaranteed _____
 Address _____
 Embalming Yes
 Robe, Suit, Dress shirt, 150 socks 50
 Underwear and Hose _____
 Casket 6-3 In Oak
 Casket with Copper Lin. _____
 Style of Casket Sgt. H. C
 No. of Casket 72 Tampa
 Outside Box 9-19
 Shipping Case or Vault ☒
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section B- SW 1/4 Lot 108

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 2 auto 10.00

Cash advanced _____

Telegram Amt Son 5.00

Minister Father Bishop 5.00

Casket Wagon 4 Gray 5.00

Physician _____

County or City Burial _____

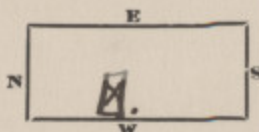
Automobiles S & S 15.00

Baggage or Express Train No. _____

762.00

Name of deceased Mrs George Ann McAdams
 Date of death Sept 23 - 11:55 AM
 Cause of death Cerebral Hemiplegia
 Place of death P. Y. A
 Residence Winter Garden Fla
 Age 47 Yrs 11 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at DePue Church Winter Garden
 Date Thurs Sept 25 - 1924 8:30 P M
 Account charged Mrs McAdams
 Address Winter Garden Fla
 Account guaranteed Same as above
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress Blue 8:00 J. & J. Ward
 Underwear and Hose ✓
 Casket 6-3-Gr. Maple 95.00
 Casket with Copper Lin. ✓
 Style of Casket Det. H. C.
 No. of Casket 1972 - Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Winter Garden
 Section A Lot 3

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 Mr Daniel 5.00

Casket Wagon _____

Physician Robt Lindert & Dr. 10.00

County or City Burial _____

Automobiles 5 & 5

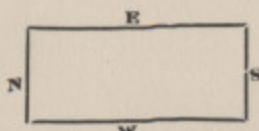
Baggage or Express Train No. 2

765.00

Garry Hand Funeral Home

Name of deceased Lamar Kelly
 Date of death Sept 22 11 P.M.
 Cause of death Septicemic meningitis
 Place of death P. J. N.
 Residence Cross City Fla.
 Age 3 Y'rs 6 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Cross City Fla.
 Date Sept 1941 M
 Account charged Charlie Kelly
 Address Cross City Fla.
 Account guaranteed Western Union
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress Suit etc 3.00
 Underwear and Hose _____
 Casket 3/4 White Plush 40.00
 Casket with Copper Lin. _____
 Style of Casket Oct N. Top
 No. of Casket 103-Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cross City Fla.
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Tammy Carne for
 Urn Body by auto
 Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Destinations

Casket Wagon _____ (1) 5.00

Physician Dr. Walker

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

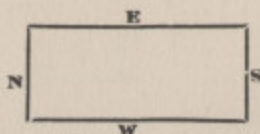
\$ 73.00

\$ H. Kelly used 8740
14.40 returned to
Mr Kelly the Father

Garry Hand Funeral Home

Name of deceased Mrs. Christina O. Larson
 Date of death Tues. Sept-23-41
 Cause of death Generalized Peritonitis
 Place of death S.D.
 Residence Lockhart
 Age 81 Y'rs 1 Mo's 13 Days
 Weight 160 Height 5 ft. 3 in. Eyes
 Funeral at Chapel
 Date Fri. 9-26- 1941 2 P. M
 Account charged Mrs. John G. Larson
 Address Lockhart
 Account guaranteed
 Address
 Embalming Yes
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket See order 6-34-41
 Casket with Copper Lin.
 Style of Casket Best
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Yes
 Pillow Set Yes
 Name Plate ☒
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation Cremation

Urn

Single Grave Body cremated

Opening and Closing Grave 8 A M

Body Shipped to Sat 9-27-41

R. R. Ticket

Cash advanced will call for cash

Telegram

Minister

Casket Wagon (1)

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

35.00

60.00

80.00

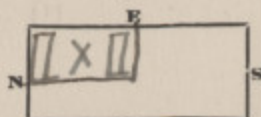
5.00

150.00

Garry Hand Funeral Home

Name of deceased Helen Cord Askue
 Date of death Sept 23-1941 9:30 a.m.
 Cause of death _____
 Place of death Residence
 Residence 212 - E. Concord
 Age 46 Y'rs 5 Mo's 2 Days _____
 Weight 125 Height 5 ft. — in. Eyes _____
 Funeral at Chapel
 Date Sat Sept 27 1941 4:00 M
 Account charged Miss
 Address _____
 Account guaranteed _____
 Address _____
 Embalming 1 Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 4-3 Sil Plush 175.00
 Casket with Copper Lin. _____
 Style of Casket Oct 1/2 C
 No. of Casket 1927- Shun
 Outside Box ✓
 Shipping Case or Vault air Seal 125.00
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section V N.E. 1/4 Lot 58

I Other Graves



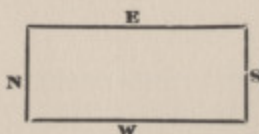
X Grave on this date

Cremation 1- Car No 6k
 Urn 1- car 35.00
 Single Grave P.B. Car 35.00
 Opening and Closing Grave etc 15.00
 Body Shipped to Car from 5.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Powell Tucker
 Casket Wagon (1) 5.00
 Physician Dr. Mitchell
 County or City Burial _____
 Automobiles 545 15.00
 Baggage or Express Train No. _____
385.00

Garry Hand Funeral Home

Name of deceased Reginald S. Provier
 Date of death Sept 25 - 7:30 P.M.
 Cause of death _____
 Place of death O. G. H.
 Residence Custis, Fla.
 Age 79 Y'rs 7 Mo's 26 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Sept 27 1941 2 P. M
 Account charged Mrs C. K. Henson
 Address 15 N. Westmoreland St.
 Account guaranteed _____
 Address _____
 Embalming Dismissing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4 1/2 Pine 85.00
 Casket with Copper Lin. _____
 Style of Casket Oct N. Cap.
 No. of Casket Tampa 1932
 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

Urn wooden 5.00

Single Grave Body Cremated

Opening and Closing Grave 8 A.M.

Body Shipped to den 9-28-41

R. R. Ticket _____

Cash advanced will call for papers

Telegram _____

Minister Rev Sims of Custis Fla

Casket Wagon (1) 5.00

Physician Dr. Louis Orr.

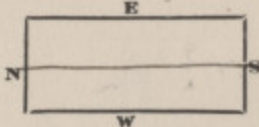
County or City Burial _____

Automobiles _____

Baggage or Express Train No. Fla

175.00

Garry Hand Funeral Home

Name of deceased Grace Patricia Lott.
 Date of death Sept 25 8 P.M.
 Cause of death _____
 Place of death O. G. N.
 Residence Arlands R.F.D. 3 - Box 47
 Age _____ Yrs _____ Mo's _____ Days 9
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Sept 26 1944 4 P.M.
 Account charged Archie N. Lott
 Address Arlands Rd 3 - Box 47
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 - 0 H R 12.50
 Casket with Copper Lin. _____
 Style of Casket Spr
 No. of Casket Wm
 Outside Box R-13
 Shipping Case or Vault ☒
 Handles Small
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section J W 1/2 Lot 122
 I Other Graves 
 X Grave on this date _____
 Cremation \$450
 Urn _____
 Single Grave Ad to my mother's ~~4.50~~
 Opening and Closing Grave etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Bolton
 Casket Wagon _____
 Physician Dr.
 County or City Burial _____
 Automobiles Auto & Son 2.50
 Baggage or Express Train No. _____

15.00

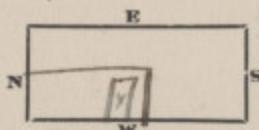
Garry Hand Funeral Home

Name of deceased *Rayntey M. Kenzie Jackson*
 Date of death *Sept 25* 19*41* *11:30 a.m.*
 Cause of death *suicide by gas*
 Place of death *Res*
 Residence *540 W. Amelia Ave*
 Age *29* Y's *4* Mo's *17* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tues Sept 30* 19*41* *3:30 P M*
 Account charged *Mrs Rayntey Jackson*
 Address *540 - W. Amelia Ave*
 Account guaranteed *Rayntey*
 Address *Pruning Co.*
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-6 In Cloth* *135.00*
 Casket with Copper Lin. *✓*
 Style of Casket *State of O*
 No. of Casket *4001- Orleans*
 Outside Box *1-9*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *Ext*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *9 NW 1/4* Lot *80*

I Other Graves

Lot Bought Lina
12th

X Grave on this date

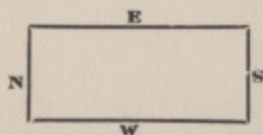


Cremation *Del Bur - Front Gate* *10.00*
 Urn *P.B. Corv* *5.00*
 Single Grave *Car Drive* *5.00*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Powell Tucker*
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Duncan M. Lewis*
 County or City Burial _____
 Automobiles *S v S* *15.00*
 Baggage or Express Train No. *2*

21000

Name of deceased *Miss Mary M. Manus*
 Date of death *Sept 26* *12:20 a.m.*
 Cause of death *Cerebral Thrombosis*
 Place of death *1257 Gene St - Winter Park*
 Residence *129. Monmouth & Trenton N.J.*
 Age *70* Yrs *7* Mo's *2* Days *1*
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Destination*
 Date *Sept* *1941* M
 Account charged *Miss Catherine M. Manus*
 Address *1257 Gene St Winter Park*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *Orchid #1292* *22.50*
 Underwear and Hose *Yes*
 Casket *6-6 Solid Walnut* *38.00* *325.00*
 Casket with Copper Lin. *Yes*
 Style of Casket *R.C. State 1/2 C*
 No. of Casket *Tenn*
 Outside Box *Reg*
 Shipping Case or Vault *Yes*
 Handles *Ext. Hairs*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Trenton N.J.*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Trenton N.J.*

R. R. Ticket *R.R.* *69.20*

Cash advanced _____

Telegram *(1)* *1.13*

Minister *Levi*

Casket Wagon *(2)* *10.00*

Physician *Dr. Ruth Hart*

County or City Burial *8*

Automobiles *462.83*

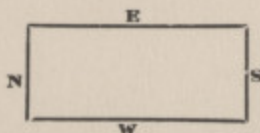
Baggage or Express Train No. *92*

Fri Sept-26-41

Garey Hand Funeral Home

Name of deceased Henry John Wehman
 Date of death Sept-26-41 8:30 P.M.
 Cause of death Intestinal Obstruction. Carcinoma
 Place of death G. H.
 Residence S. Ky & 17-st. Orlando
 Age 60 Yrs 7 Mo's 11 Days
 Weight 150 Height 5 ft. 6 in. Eyes
 Funeral at Deat
 Date 193 M
 Account charged Mrs. H. J. Wehman
 Address S. Ky & 17-st
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6 x 3 x 6 95.00
 Casket with Copper Lin.
 Style of Casket Set H. G.
 No. of Casket 1972 Temp. 9
 Outside Box Reg
 Shipping Case or Vault
 Handles Set
 Pillow Set yes
 Name Plate
 Cemetery Evergreen Brooklyn N.Y.
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn Burial Brooklyn N.Y.

Single Grave

Opening and Closing Grave

Body Shipped to Pen Sta N.Y.

R. R. Ticket 3480 1915

Cash advanced

Telegram

Minister

Casket Wagon (2)

Physician Dr. Chappel

County or City Burial

Automobiles

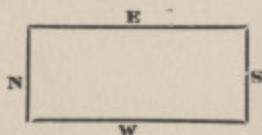
Baggage or Express Train No. 92

Sum 9-28-41 city book
193.95
53.95
140.00

Barry Hand Funeral Home

Name of deceased Shirley
 Date of death Sept 27 41
 Cause of death _____
 Place of death Hospital Army Base
 Residence _____
 Age ✓ Y'rs ✓ Mo's ✓ Days _____
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date _____ 193____ M____
 Account charged No Chg
 Address _____
 Account guaranteed ✓
 Address _____
 Embalming _____
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. ✓
 Style of Casket ✓
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery ✓
 Section ✓ Lot _____

I Other Graves



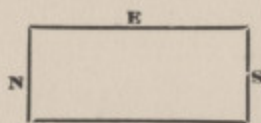
X Grave on this date

Cremation Cremation
 Urn 8-A M. Sun 9-28-41
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Corago Army Base
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Garry Hand Funeral Home

Name of deceased Lie Jackson Hartley
 Date of death Sun Sept 28 41 1:00 PM
 Cause of death Cerebral Embolism
 Place of death Res
 Residence Longwood
 Age 79 Yrs 7 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Tues Sept 30 1941 4:30 P. M
 Account charged James R. J. Hartley Jr
 Address Longwood
 Account guaranteed Estate
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress Blk B.C.
 Underwear and Hose _____
 Casket 6-6 Metal Sis Fin
 Casket with Copper Lin. _____
 Style of Casket Stat. H. C
 No. of Casket Helma
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Longwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Family Car No Chg
 Urn _____

Single Grave _____
 Opening and Closing Grave Teste 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Pur - From Longwood
 Casket Wagon (1) 5.00
 Physician Dr. Noted
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

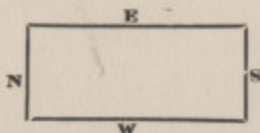
325.00

Garey Hand Funeral Home

Name of deceased Joseph A. Garen
 Date of death Mon Sept 28-41 1 PM
 Cause of death Cancer of Prostate
 Place of death Co of Son Mrs Thompson
 Residence Franklin
 Age 89 Y'rs — Mo's 25 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Deat
 Date — ¹⁹³
 Account charged Mrs Garen ^M
 Address —
 Account guaranteed Payments
 Address —
 Embalming Yes
 Robe, Suit, Dress J.R. # 862 Blue
 Underwear and Hose —
 Casket 6-6 Metal Sid Tin
 Casket with Copper Lin. —
 Style of Casket Stat 1/2 - 2
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 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 1810-955-955-1720

Cash advanced

Telegram

Minister

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

Mon Sept 29-41

ex lat

354 40

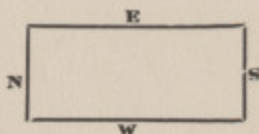
54 40

300.00
xy

Garry Hand Funeral Home

Name of deceased Chas. O'Connell McLaughlin
 Date of death Mon Sept 29-41 12:01 PM
 Cause of death Coronary Occlusion
 Place of death D. H.
 Residence 23 - East Liv Ave
 Age 76 Yrs 8 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West Augusta Ga
 Date Oct _____ 1941 M
 Account charged Mrs
 Address _____
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6-6 in Cloth 175.00
 Casket with Copper Lin. _____
 Style of Casket R. C. in Slate
 No. of Casket 6000 Orleans
 Outside Box Yes
 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 Augusta Ga

R. R. Ticket Pass

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon (2) 10.00

Physician _____

County or City Burial Orleans 5.00

Automobiles _____

Baggage or Express Train No. 76 8

Mon Night 9-29-41

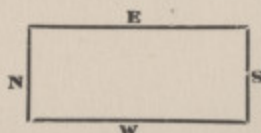
225.00

Retired S.A.L. Empl.

Garry Hand Funeral Home

Name of deceased *Weyman Marion Wilson*
 Date of death *Mon Sept 29-41* *1-AM*
 Cause of death *Primary Bacterial Pneumonia*
 Place of death *W. P. Park*
 Residence *1335 Wisconsin Ave W. Park*
 Age *1* Y'rs *5* Mo's *11* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tues Sept 30* 19*41* *2 P. M*
 Account charged *Weyman Wilson*
 Address *1335 W. P. Ave W. P.*
 Account guaranteed *Insurance & Payments*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *3-0* *W 2 S*
 Casket with Copper Lin. *5*
 Style of Casket *Spr H. T*
 No. of Casket *27-Terry-9*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *small*
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves



X Grave on this date

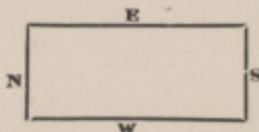
Cremation

Urn *Baby Home*
 Single Grave *Single Home* *12.50*
 Opening and Closing Grave *4.50*
 Body Shipped to *Del Br Trust* *2.50*
 R. R. Ticket *Oregon* *2.50*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Sinclair*
 County or City Burial _____
 Automobiles *Auto* *5.00*
 Baggage or Express Train No. _____
Ino / ~ 50.00
Gulf -
Bal 25.00 wks
72.00

Garry Hand Funeral Home

Name of deceased N. S. Bennett
 Date of death Sept 29 - 41 - 10 A.M.
 Cause of death Burns 2nd degree
 Place of death At.
 Residence Taft
 Age 7 Yrs 6 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Wed Oct 1 - 1941 10 P.M.
 Account charged N. S. Bennett
 Address Taft
 Account guaranteed insurance Gulf
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress White suit 2.95
 Underwear and Hose _____
 Casket 5-0 W.T. 70.00
 Casket with Copper Lin. _____
 Style of Casket Oct. N. Cap.
 No. of Casket 103 Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Oak Ridge Cemetery
 Section _____ Lot _____

I Other Graves



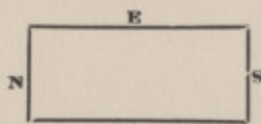
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Sperry Flowers 4.00
 Telegram _____
 Minister By Family
 Casket Wagon _____
 Physician C. E. Kuffell
 County or City Burial _____
 Automobiles SYS 15.00
 Baggage or Express Train No. _____
small main 12.95
o/o 12.95
129.00

Garry Hand Funeral Home

Name of deceased Carrie Baly Lemmer
 Date of death Sept 29 8 a.m.
 Cause of death Cancer
 Place of death Res - Melbourne Fla
 Residence Melbourne Fla
 Age 53 Yrs 5 Mo's 12 Days
 Weight 125 Height 5 ft. 6 in. Eyes Grey
 Funeral at No Service
 Date 1941 M
 Account charged C. M. Lemmer
 Address Melbourne Fla 105 Lincoln ave
 Account guaranteed Cash
 Address _____
 Embalming Case of Body 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Cremation 50 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket C.W. to Melbourne 40 00
 Outside Box Service Charge 10 00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 a.m. Tuesday
 Cemetery Sept 30 - 1941
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Will call for ashes
 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. _____

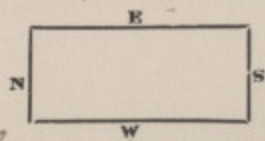
125.00

Name of deceased *Robert Oliver Weisel*
Date of death *Sept 26*
Cause of death *Not given on permit*
Place of death *St Petersburg Fla*
Residence *St Petersburg Fla*
Age *70* Yrs Mo's Days
Weight Height ft. in. Eyes
Funeral at *St Petersburg Fla*
Date *Sept 1941* M
Account charged *John S. Rhodes F.H.*
Address *St. Petersburg Fla*
Account guaranteed *Check*
Address

Embalming
Robe, Suit, Dress
Underwear and Hose *Calmatas* 37.50
Casket
Casket with Copper Lin.
Style of Casket
No. of Casket *Body arrived*
Outside Box *by auto Monday*
Shipping Case or Vault *3:30 P.M.*
Handles *Sept 29 - 1941*
Pillow Set
Name Plate
Cemetery *Body Cremated*
Section *Monday 4 P.M., Lot Sept 29-41*

I Other Graves

wooden Box



X Grave on this date

Cremation *Ashes expressed to*
Urn *John S. Rhodes F.H.*
Single Grave *St Petersburg Fla*
Opening and Closing Grave

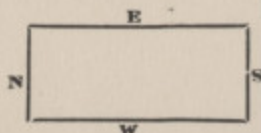
Body Shipped to
R. R. Ticket
Cash advanced
Telegram
Minister
Casket Wagon
Physician
County or City Burial
Automobiles
Baggage or Express Train No.

~~37.50~~
37.50

Garry Hand Funeral Home

Name of deceased Mr Andrew J Lovell
 Date of death Mon Sept 29 - 10:30 PM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Apopka
 Age 25 Yrs 2 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Wed - Oct 1 1941 3:30 PM
 Account charged _____
 Address _____
 Account guaranteed Balance
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress Black 6.00
 Underwear and Hose _____
 Casket 6-3-31 Oak 75.00
 Casket with Copper Lin. ☒
 Style of Casket Spr H. Q
 No. of Casket 1326 Belmont
 Outside Box Yes
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Apopka Old Cemetery
 Section _____ Lot _____

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 Rev John Martin

Casket Wagon _____

Physician Dr M Bude

County or City Burial _____

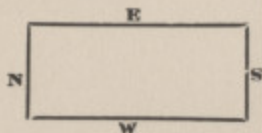
Automobiles S V S 15.00

Baggage or Express Train No. 8

746.00

Name of deceased Mrs Jessie C Stanford
 Date of death Sept 30-41 3-AM
 Cause of death Cardiac decompensation
 Place of death Res
 Residence Oakland
 Age 73 Y'rs 9 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Thurs Oct-2- 1941 4P.M
 Account charged Mrs Harry W Stanford
 Address Oakland
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Doe 95.00
 Casket with Copper Lin. ✓
 Style of Casket Rect. H Cap
 No. of Casket 1972 - Temp. 2
 Outside Box R-9
 Shipping Case or Vault ✓
 Handles Ed
 Pillow Set yes
 Name Plate _____
 Cemetery Oakland
 Section _____ Lot _____

I Other Graves



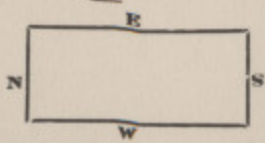
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Do it 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 8 Y S 15.00
 Baggage or Express Train No. _____

C. S. Service at Chapel 165.00
3-P.M. Mrs. Wescott
other Service at Grave Side
4-P.M. Rev L. S. Hunter

Name of deceased Mr. Carl Fred Gray
 Date of death Sept 27-41
 Cause of death Not given on Permit
 Place of death Not
 Residence New Smyrna
 Age 80 Y'rs 2 Mo's 26 Days
 Weight 184 Height 6 ft. - in. Eyes -
 Funeral at -
 Date - 193 M
 Account charged Robinson Tavern
 Address New Smyrna
 Account guaranteed OK
 Address -
 Embalming Emmaline
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket Body arrived
 Casket with Copper Lin. 11 A M
 Style of Casket Box 9-30-41
 No. of Casket -
 Outside Box Body embalmed
 Shipping Case or Vault 8 A M
 Handles Had-10-1-41
 Pillow Set -
 Name Plate Express Ashes to
 Cemetery Robinson Tavern
 Section New Smyrna 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 -
 Automobiles -
 Baggage or Express Train No. -

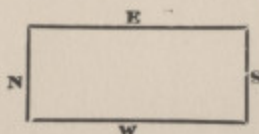
3750

3750

Garry Hand Funeral Home

Name of deceased Baby Stephenson
 Date of death Sept 30-41
 Cause of death Still Born
 Place of death Army Base Apple
 Residence _____
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming Cremated
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Cremated 8 AM
 Casket with Copper Lin. Oct-1-41
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



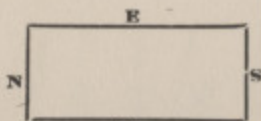
X Grave on this date

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

Garry Hand Funeral Home

Name of deceased Infant Whitaker
 Date of death Sept 1-41- 7-AM
 Cause of death Pneumonia
 Place of death by H.
 Residence 6. Can one
 Age 1 Y'rs 1 Mo's 1 Days
 Weight 1 Height 1 ft. 1 in. Eyes 1
 Funeral at 193 M
 Date 193 M
 Account charged Carl Whitaker
 Address 6. Can one
 Account guaranteed Cash
 Address 1
 Embalming Conservative 5
 Robe, Suit, Dress 1
 Underwear and Hose 1
 Casket 1
 Casket with Copper Lin. 1
 Style of Casket 1
 No. of Casket 1
 Outside Box 1
 Shipping Case or Vault 1
 Handles 1
 Pillow Set 1
 Name Plate 1
 Cemetery 1
 Section 1 Lot 1

I Other Graves



X Grave on this date

Cremation 8-AM 10-2-41
 Urn None if not called for
 Single Grave in floor of
 Opening and Closing Grave Scatter
 Body Shipped to Greenwood
 R. R. Ticket 1
 Cash advanced 1
 Telegram 1
 Minister 1
 Casket Wagon 1
 Physician Dr. Collins
 County or City Burial 1
 Automobiles 1
 Baggage or Express Train No. 5

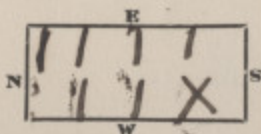
Garry Hand Funeral Home

Name of deceased *Mrs. Nellie M. Spinkman*
 Date of death *Wed. Oct. 1-41* *PM*
 Cause of death *Pulmonary Edema*
 Place of death *Res.*
 Residence *Pin. Coast*
 Age *76* Y'rs *2* Mo's *21* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tue Oct 3* 19*41* *3 P. M*
 Account charged *R. M. Spinkman*
 Address *Pin. Coast Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-8 in. Oak C.* 125.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct. H. C.*
 No. of Casket *3638* *Orleans*
 Outside Box *Red*
 Shipping Case or Vault ☒
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Greenwood*
 Section *A* Lot *156*

I Other Graves

on New Mary
Log

X Grave on this date



Cremation *P.B. e* 5.00
 Urn *Can. m. i.* 0.00
 Single Grave *Family Can No. 649*
 Opening and Closing Grave *TV 1/4* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Rev. J. A. Smith*
 Casket Wagon *(1)* 5.00
 Physician _____
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. _____

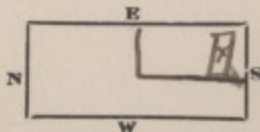
255.00

250.00

Garry Hand Funeral Home

Name of deceased *Mr. Simon F. Everett*
Date of death *Thurs. Oct. 2-41* *P.M.*
Cause of death *Bile bilir both legs*
Place of death *Res -*
Residence *1432 W. Chester St. Winter Park*
Age *79* Y's *1* Mo's *18* Days
Weight *170* Height *5* ft. *8* in. Eyes
Funeral at *Chapel* *10-5-41-10 A.M.*
Date *Sat Oct 4 1941* *M*
Account charged *Mrs. S. F. Everett*
Address *1432 W. Chester St*
Account guaranteed *Estate (Checks)*
Address
Embalming & Dressing *35.00*
Robe, Suit, Dress
Underwear and Hose
Casket *6-6-62 cloth* *135.00*
Casket with Copper Lin.
Style of Casket *State H. Cap*
No. of Casket *4001 Orleans*
Outside Box *Reg*
Shipping Case or Vault
Handles
Pillow Set
Name Plate
Cemetery *Greenwood*
Section *D. S. E. 7* Lot *85*

I Other Graves



X Grave on this date

Cremation Can't be Chg.

Urn

Single Grave *Sub Bx 14 etc.* 10. 10

Opening and Closing Grave Auto P.B. 5.11

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Rev Cheung
Casket Wagon (1) 500

Casket Wagon	(1)	7	3
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Physician Lt. J. Redding

County or City Burial

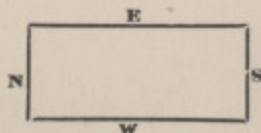
Automobiles S y S 1500

Baggage or Express Train No.

205.00

Name of deceased Baby Powell
 Date of death Set Oct-4-41 10-A M
 Cause of death Cumulative Stomach
 Place of death O.G.H.
 Residence Orlando - Rt. 2 -
 Age ✓ Yrs ✓ Mo's ✓ Days ✓
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at ✓
 Date ✓ 193 _____ M
 Account charged G. F. Powell
 Address Orlando Rt. 2 -
 Account guaranteed Cash -
 Address _____
 Embalming Cumulative 5.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. Body Cumulative
 Style of Casket S. A. and Son
 No. of Casket Oct-5-41-
 Outside Box _____
 Shipping Case or Vault Asks
 Handles will call for
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



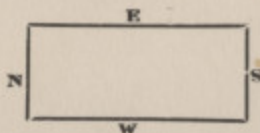
X Grave on this date

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

Barry Hand Funeral Home

Name of deceased Mrs. Olive H. Thomas
 Date of death Oct- 3- 41-
 Cause of death Central Hemorrhage
 Place of death Daytona Beach
 Residence Daytona Beach
 Age 95 Y'rs 7 Mo's 2 Days
 Weight 120 Height 5 ft. 11 in. Eyes Blue
 Funeral at Daytona Beach
 Date 193
 Account charged Baggett + In^c Lintock
 Address OK
 Account guaranteed OK
 Address OK
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrived
 Casket with Copper Lin. 430 A.M.
 Style of Casket Set- 10-4-41
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 8 A.M.
 Handles Oct- 5- 41-
 Pillow Set Ashes expressed to
 Name Plate Baggett + In^c Lintock
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn M-32- Sqr Bize 31.50
 Single Grave
 Opening and Closing Grave Englaving
 Body Shipped to
 R. R. Ticket Bradford N.Y.
 Cash advanced March - 1st 1846
 Telegram OLIVE WOLCOTT THOMAS
 Minister Daytona Beach Fla
 Casket Wagon October 3rd 1941
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

city ok

69.00
37.50

Mail statement B & H

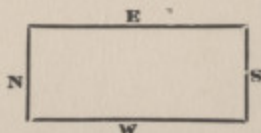
31.50

8 25.00 less 10%

Garry Hand Funeral Home

Name of deceased Baby Mock
 Date of death Oct-4-41 11-PM
 Cause of death Pneumonia Still Born
 Place of death Home
 Residence 306 West Charlotte
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date 193 M
 Account charged Joseph - Mock
 Address Payonmto
 Account guaranteed Payonmto
 Address Payonmto
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

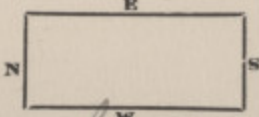
Cremation Baby Cremated
 Urn 8 A. M. 10-5-41
 Single Grave will call for
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Brooks
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

only cash

5.00

5.00
3.00
2.00

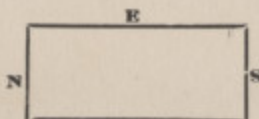
Garry Hand Funeral Home

Name of deceased Joe Jackson Poland
 Date of death Wed. Oct 3 41 PM
 Cause of death Internal Hemorrhage
 Place of death Poland
 Residence Poland
 Age about 50 Yrs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 VB-X 14.50
 Casket with Copper Lin. _____
 Style of Casket Wm
 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 Stark & Strong
 Urn got the call
 Single Grave we got the body
 Opening and Closing Grave 530 PM
 Body Shipped to Sat-10-4-41
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Duckworth
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 1450

Garry Hand Funeral Home

Name of deceased Hallace O Neal
 Date of death Sept. 10-4-41
 Cause of death Edema of brain
 Place of death O. J. H. J.
 Residence Williston
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged Wagon T. Home
 Address Osola Fla
 Account guaranteed _____
 Address _____
 Embalming Yate
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Mr. Myers
 Urn Osola
 Single Grave Body
 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. _____

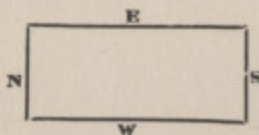
25

25

Garry Hand Funeral Home

Name of deceased Baby Niblack
 Date of death Oct 5 - 41 PM
 Cause of death Still Born
 Place of death @ JCH
 Residence Orlando, Fla 2
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date Oct 6 193 M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0- 14.50
 Casket with Copper Lin. _____
 Style of Casket Spv
 No. of Casket H 9m
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves



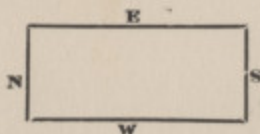
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Brame
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 14 50

Garry Hand Funeral Home

Name of deceased *Betty Hutchinson*
 Date of death *Oct 4-41*
 Cause of death *No Medical aid*
 Place of death *Res*
 Residence *Winn Park*
 Age *1* Yrs *1* Mo's *1* Days
 Weight *10* Height *4* ft. *10* in. Eyes *Blue*
 Funeral at _____
 Date _____ 193____ M____
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-*
 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 *Med. Wagon*
 Physician *Elyde Simons L. Reg*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

1450

1450

Garey Hand Funeral Home

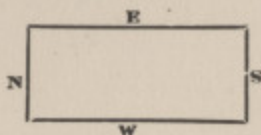
Name of deceased Loretta B. Lloyde
 Date of death Oct 7th 1941 12:15 a.m.
 Cause of death Cerebro Vascular
 Place of death 8757 Willey Nursing Home
 Residence 4 Garland St
 Age 76 Y'rs 4 Mo's 16 Days
 Weight 150 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Wed Oct 8 1941 5 P.M.
 Account charged Mrs Alice F. Reed
 Address 38 Fairview Ave Arlington Mass
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3 1/2 in Oak 25.00
 Casket with Copper Lin. _____
 Style of Casket Oct H. C.
 No. of Casket 1972 9
 Outside Box ✓
 Shipping Case or Vault Body Cremated
 Handles Thurs 8 a.m.
 Pillow Set Oct 9 - 1941
 Name Plate ✓
 Cemetery ✓
 Section _____ Lot _____
 I Other Graves E
N S
 X Grave on this date W
 Cremation Will Call for Ashes
 Urn Large Bronze In M 32 35.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Cremation 50.00
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Beulah Wescott C.S. 5.00
 Casket Wagon (1) 5.00
 Physician Dr. Crisler
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. D

205.00

Garry Hand Funeral Home

Name of deceased Almeda Shuler
 Date of death Oct 7 - 1 P.M.
 Cause of death Pulmonary Tuberculosis
 Place of death State T.B. Hospital
 Residence Horsford Fla
 Age 26 Y'rs 9 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home
 Date Oct 8 1944 M
 Account charged Alto C. Shuler
 Address Horsford Fla.
 Account guaranteed Cash
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Pine + Box 35.00
 Casket with Copper Lin. ☒
 Style of Casket Sp. F. T.
 No. of Casket Nm
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Reg -
 Pillow Set _____
 Name Plate _____
 Cemetery Horsford Fla
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Dest by

R. R. Ticket Family Auto

Cash advanced Truck

Telegram _____

Minister Leest

Casket Wagon 611

Physician Dr. Thor C. Black 5.00

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 27500

Garey Hand Funeral Home

Name of deceased *Miss Ella Thorne Gibson*
 Date of death *Thurs Oct 9-41-* *AM*
 Cause of death _____
 Place of death *Res - Elm st*
 Residence *1016 Elm st*
 Age *88* Y'rs *3* Mo's *10* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Fri Oct - 10 - 1941* *3 P M*
 Account charged *Jack Bingham*
 Address *1016 Elm st*
 Account guaranteed _____
 Address _____
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3- In Maple* *75.00*
 Casket with Copper Lin. ☒
 Style of Casket *Sp. H. C*
 No. of Casket *72 - Maple*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Reg*
 Pillow Set *Yes*
 Name Plate ☒
 Cemetery *W. H. H. Co.*
 Section *on the corner lot* Lot _____
 I Other Graves N S
W
 X Grave on this date _____
 Cremation *Auto No Chg*
 Urn *auto* *5.00*
 Single Grave _____
 Opening and Closing Grave *To life* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister *Rev Shelly -*
 Casket Wagon *(1)* *5.00*
 Physician *Dr. E. E. E. E.*
 County or City Burial _____
 Automobiles *8 V S* *15.00*
 Baggage or Express Train No. _____

150.00