

10-9-1941

Memoranda Book 147: Carey Hand Funeral Home records, October 9, 1941 to December 6, 1941

Carey Hand Funeral Home

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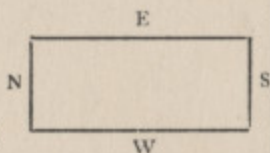
Carey Hand Funeral Home, "Memoranda Book 147: Carey Hand Funeral Home records, October 9, 1941 to December 6, 1941" (1941). *Carey Hand Funeral Home Records*. 147.

<https://stars.library.ucf.edu/cfm-ch-records/147>

Carey Hand Funeral Home

Name of deceased Mr. J. Milton Trone
 Date of death Fri Oct-10-41 8 M
 Cause of death Acute dilatation of heart
 Place of death Res
 Residence Hindsmore
 Age 80 Y'rs. 10 Mo's. 8 Days
 Weight 180 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Mon Oct 13, 1941 11-A M
 Account charged Mrs. J. M. Trone
 Address Hindsmore, Va
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-6 Metal by Trone 400.00
 Casket with Copper Lin.
 Style of Casket State H.C.F.
 No. of Casket Harrison
 Outside Box Reg
 Shipping Case or Vault
 Handles Est
 Pillow Set Geo. Trone & W
 Name Plate Mon & Date
 Cemetery Scott
 Section Lot

I Other Graves



X Grave on this date

Cremation 3095-3182-3182 94 59
 Single Grave
 Opening and Closing Grave
 Body Shipped to York Penn
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev John Cloche
 Music Organ
 Casket Wagon (2) 10.00
 Physician Dr. Scott - 0000
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92

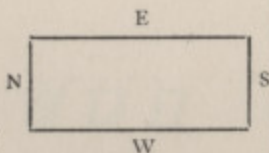
Mon-10-13-41

539 59

Carey Hand Funeral Home

Name of deceased Mrs. Elnora W. Woods
 Date of death Tues. Oct-10-41 P. M.
 Cause of death Cancer & Septic Infection
 Place of death In City Hospital
 Residence 805 Woodward Ave. Orlando
 Age 79 Yrs 7 Mo's 13 Days
 Weight 160 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Sun Oct 12 - 1941 3 P. M.
 Account charged Mrs. -
 Address
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress White 10.00
 Underwear and Hose ✓
 Casket 6-3 G. Doe 150.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-1/2 e-
 No. of Casket 1391 Shiner
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set Yes
 Name Plate
 Cemetery Cumatani
 Section Lot

I Other Graves



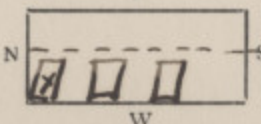
X Grave on this date

Cremation Cumatani 50.00
 Urn wooden
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Cumatani
 R. R. Ticket 8-9 m Monday
 Cash advanced Oct-13-41
 Autos
 Telegram will call for
 Minister Rev. C. H. Finon
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr. J. Healy
 County or City Burial
 Automobiles
 Baggage or Express Train No.

250.00

Carey Hand Funeral Home

Name of deceased Mr HARRY KESTER
 Date of death probably Oct-7-41 land here
 Cause of death Sat Mon Oct-11-41-
 Place of death Residence
 Residence 15-Bershing Place
 Age 67 Y'rs 9 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday Oct 13 1941 3 P.M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming fluid time 3d case of my 35.00
 Robe, Suit, Dress 2 shirt top 3.50
 Underwear and Hose _____
 Casket 6-3 in cloth 115.00
 Casket with Copper Lin. metal cpr 50.00
 Style of Casket Oct. H. C.
 No. of Casket 1972 Tampa
 Outside Box Req.
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes.
 Name Plate _____
 Cemetery Greenwood
 Section W W 1/2 Lot 21
 Let in W
Dyer
 I Other Graves _____
 Head of Grave East
 X Grave on this date _____

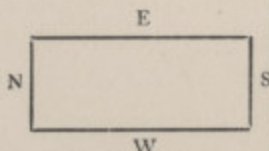


Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave 10.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram 17 1.50
 Minister Rev Turner.
 Music _____
 Casket Wagon 12 Duckworth 5.00
 Physician Judge Duckworth
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 225.00

Cary Hand Funeral Home

Name of deceased Florence A. Merrifew
 Date of death Oct 13- 7:45 a.m. M
 Cause of death Coronary Occlusion
 Place of death Residence
 Residence 935- Pine Grove ave
 Age 58 Y'rs 8 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Oct 15- 1941 4 P. M
 Account charged Aschig & Merrifew
 Address 935- Pine Grove ave. Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming 1 Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 1/3 Solid Plush 175 00
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch Oct
 No. of Casket 1927 Shires
 Outside Box Ken
 Shipping Case or Vault _____
 Handles 2x6
 Pillow Set 4x6
 Name Plate _____
 Cemetery Green new york
 Section _____ Lot _____

I Other Graves



X Grave on this date

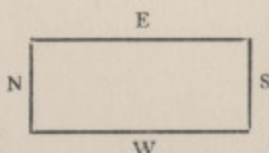
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Brighton, N.Y.
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister. Dean Johnson
 Music _____
 Casket Wagon C 2 10 00
 Physician Dr. Carson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 8

220.00

Carey Hand Funeral Home

Name of deceased Jas C. Maddox
 Date of death Oct 15 - 1941 2 P. M.
 Cause of death Peri nephritis abscess - Pneumonia
 Place of death C. B. N.
 Residence Fern Creek Drive
 Age 2 Yrs 4 Mo's 14 Days
 Weight Height ft. in. Eyes
 Funeral at West -
 Date Thurs Oct 16 1941 M
 Account charged J. W. Maddox
 Address Fern Creek Drive
 Account guaranteed Payments
 Address
 Embalming Yes
 Robe, Suit, Dress
 Underwear and Hose Family S. P. & Co.
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Madison Fla.
 Section Lot

I Other Graves



X Grave on this date

Cremation Family took
 Urn Baby in linen
 Single Grave Open Car
 Opening and Closing Grave to Madison
 Body Shipped to Fla for Burial
 R. R. Ticket
 Cash advanced We have permit
 Autos for same
 Telegram
 Minister West
 Music
 Casket Wagon
 Physician Dr. Sinclair
 County or City Burial
 Automobiles
 Baggage or Express Train No.

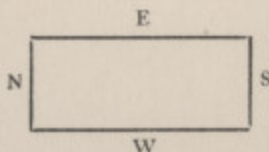
35.00

35.00

Carey Hand Funeral Home

Name of deceased Herbert Alvin Bailey
 Date of death Oct 15 - 1:20 P.m. M
 Cause of death _____
 Place of death O. G. H.
 Residence Winter Garden Fla
 Age 8 Y'rs. 6 Mo's. 27 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Friday Oct 17 1941 11 A.M.
 Account charged Carey Bailey
 Address Winter Garden Fla
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing white 35.00
 Robe, Suit, Dress white 9.60
 Underwear and Hose _____
 Casket 5-0 x Plunk 86.00
 Casket with Copper Lin. _____
 Style of Casket Oct. Fringe 7 ft.
 No. of Casket 150 - Tampa
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Spout
 Pillow Set Yr
 Name Plate _____
 Cemetery Acacia
 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 _____

Autos _____

Telegram _____

Minister Rev J. E. Daniels

Music _____

Casket Wagon _____

Physician Dr. Lawson

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. 7

Cash %

Pa-10-17-41

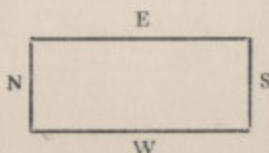
759.60

150.00

Carey Hand Funeral Home

Name of deceased *Mrs. Jennie Harris*
 Date of death *Thurs Oct-16-41* *7 A* M
 Cause of death _____
 Place of death *County Home*
 Residence *County Home*
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3 C & B* 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *A. M*
 Outside Box *B-19*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *County Home*
 Section _____ Lot _____

I Other Graves



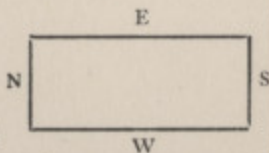
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 14.50

Carey Hand Funeral Home *Col -*

Name of deceased *John Muldrow*
 Date of death *Oct - 15 - 41* M
 Cause of death *Heart trouble*
 Place of death *Ogden*
 Residence *Ogden*
 Age *65* Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Home*
 Date 194 M
 Account charged *County*
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3 Oak* 14.50
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *County Home*
 Section Lot

I Other Graves



X Grave on this date

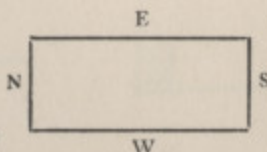
Cremation *Stark & Strong first*
 Urn *Burial 10-17-41 4-10-41*
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr.*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

1450

Carey Hand Funeral Home

Name of deceased Clavin B. Garber
 Date of death Tue. Oct-17-41 10:17 P.M.
 Cause of death P. T. O.
 Place of death State, T. B. Sant
 Residence Miami
 Age 24 Y'rs. 7 Mo's. 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami
 Date _____ 194 _____ M
 Account charged J. M. Garber
 Address 405 - NW 59 St. Miami Fla
 Account guaranteed Cash & Payments
 Address _____
 Embalming Yes
 Robe, Suit, Dress Blue stripe \$4.00
 Underwear and Hose _____
 Casket 6-3- In Doe
 Casket with Copper Lin. _____
 Style of Casket See H. C
 No. of Casket 72 Tampa
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery West
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Vanorsdel
 Urn Fl. Home
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Miami Fla
 R. R. Ticket _____
 Cash advanced Express
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
~~Baggage~~ Express Train No. 92

10-18-41

in cash

Bal 30-Da

74810
6000
\$8810

Carey Hand Funeral Home

Name of deceased *Mrs. Ethelene Tomlinny*
 Date of death *Sat. Oct. 18-41* *4 P. M.*
 Cause of death *Pyelitis fatalis*
 Place of death *C.H.*
 Residence *414 Piedmont*
 Age *40* Yrs *9* Mo's *24* Days
 Weight *180* Height *5 ft. 5 in.* Eyes
 Funeral at *Chapel*
 Date *Sun Oct 19 1941* *4 P. M.*
 Account charged *Walter J. Tomlinny*
 Address *414 Piedmont*
 Account guaranteed
 Address
 Embalming *9 Sun* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hosiery *5*
 Casket *6-3-55 Comb Plank* *175.00*
 Casket with Copper Lin. ☒
 Style of Casket *Oct. H.C.*
 No. of Casket *3000 Orleans*
 Outside Box *Rtg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *J S.E. 1/4* Lot *12*

I Other Graves

X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Autos

Telegram

Minister

Music

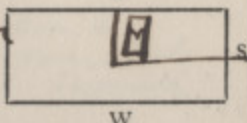
Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.



35.00

5.00

15.00

5.00

5.00

15.00

255.00

5.00

250.00

35.00

285.00

400.00

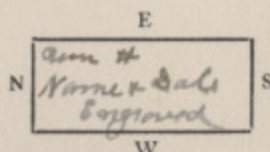
\$185.00

10-18-41
ag bk

Carey Hand Funeral Home

Name of deceased *Mr. Elmer G. Rand*
 Date of death *Sat. Oct-18-41- 1145 A.M.*
 Cause of death *Coronary Occlusion*
 Place of death *Res.*
 Residence *S. Twin Creek - Conway Lake*
 Age *57* Y'rs *9* Mo's *26* Days
 Weight *190* Height *6* ft. — in. Eyes
 Funeral at *Chapel*
 Date *Mon Oct 20 1941 3 P.M.*
 Account charged *Mrs. Mary A. Rand*
 Address *Atlanta, Ga. Rt 5*
 Account guaranteed *State*
 Address
 Embalming *& Dressing*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6 Oak*
 Casket with Copper Lin. ☒
 Style of Casket *State H. Cap*
 No. of Casket *434- Lin*
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Conover*
 Section Lot

I Other Graves



X Grave on this date

Cremation *Cremation*
 Urn *Orange Room*
 Single Grave *# M-40*
 Opening and Closing Grave
 Body Shipped to *Body Cremated*
 R. R. Ticket *8-11 in. Tues.*
 Cash advanced *Oct 21-41*
 Autos *will call for casket*
 Telegram
 Minister *Dean Johnson*
 Music *Organ*
 Casket Wagon *(1)*
 Physician *Dr. Day*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

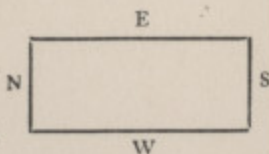
380.00

Carey Hand Funeral Home

Chad

Name of deceased Ernest M. Donald
 Date of death Oct-17- 3 P. M
 Cause of death Cardiac Failure
 Place of death Home
 Residence 445 - Wilbur Ave W. Park
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at Home
 Date Oct-19-41 194 11 M
 Account charged County
 Address.....
 Account guaranteed.....
 Address.....
 Embalming.....
 Robe, Suit, Dress.....
 Underwear and Hose.....
 Casket 6-3-Par 14.50
 Casket with Copper Lin.....
 Style of Casket N M
 No. of Casket.....
 Outside Box Yes
 Shipping Case or Vault.....
 Handles.....
 Pillow Set.....
 Name Plate.....
 Cemetery County Home
 Section..... Lot.....

I Other Graves



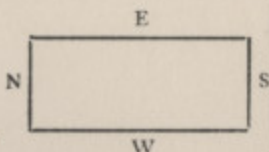
X Grave on this date

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

Carey Hand Funeral Home

Name of deceased Richard Peter O'Connor
 Date of death Sun - Oct-19-41 9:30 P. M
 Cause of death Myocardial Infarction
 Place of death St. Mary's
 Residence 31- N. Mill St
 Age 68 Yrs. 9 Mo's. 9 Days
 Weight 160 Height 5 ft. 7 in. Eyes Blue
 Funeral at Chapel
 Date Wed - Oct-22 1941 2 P. M
 Account charged Mrs. R. P. O'Connor
 Address 31- N. Mill St -
 Account guaranteed State
 Address St. Mary's
 Embalming Yes 35.00
 Robe, Suit, Dress Yes
 Underwear and Hosiery Yes 3.95
 Casket 6-6 Metal Silver 325.00
 Casket with Copper Lin. Yes
 Style of Casket State H. Cap.
 No. of Casket Walden
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Name & Date
 Cemetery Woodlawn
 Section E. Lot 399

I Other Graves



X Grave on this date

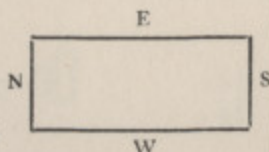
Cremation Cen P. B. 5.00
 Urn Cen Iron 5.00
 Single Grave Yes
 Opening and Closing Grave Yes 15.00
 Body Shipped to Yes
 R. R. Ticket Yes
 Cash advanced Yes
 Autos Yes
 Telegram Yes
 Minister Dean Johnson
 Music Organ
 Casket Wagon Yes 5.00
 Physician Dr. O'Connor
 County or City Burial Yes
 Automobiles Yes 15.00
 Baggage or Express Train No. Yes

755.00

Carey Hand Funeral Home

Name of deceased Corps. Orel E Cox
 Date of death Oct - 17 / 41 M
 Cause of death not given on Permit
 Place of death Camp Lee, Petersburg, Va
 Residence Opelika
 Age 26 Yrs 4 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Tues - 10 - 21 - 1941 10:30 A M
 Account charged Cox
 Address Opelika
 Account guaranteed Gov. Assurance
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Med. H.C.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Spat
 Pillow Set Yes
 Name Plate _____
 Cemetery Opelika
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Tx No 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon C11 5.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

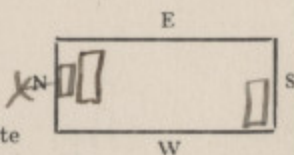
Body arriving on Oct 2
092 - Mon 10-20-41

35.00

Carey Hand Funeral Home

Name of deceased *Maria Ann Jackson*
 Date of death *Oct 19-41* M
 Cause of death *not given on Permit*
 Place of death *West Palm Beach*
 Residence *W. P. Beach*
 Age *2* Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Grove Side*
 Date *Nov 10-20* 194*1* *4 P.* M
 Account charged *Amos E Jackson*
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *4-0- Pink Plush*
 Casket with Copper Lin.
 Style of Casket *Oct 21. 1941*
 No. of Casket
 Outside Box *11-18*
 Shipping Case or Vault
 Handles *Short*
 Pillow Set *yes*
 Name Plate
 Cemetery
 Section *V-1* Lot *43*

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave *It etc*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev S. L. M. Conley*
 Music
 Casket Wagon *41*
 Physician
 County or City Burial
 Automobiles *S. V. S.*
 Baggage or Express Train No.

15.00

5.00

15.00

35.00

Curry Hand Funeral Home

Name of deceased *Mr John Partridge*
 Date of death *Oct 16-41-* M
 Cause of death *Cerebral Thrombosis*
 Place of death *Rest Home*
 Residence *Curtis Fla*
 Age *77* Y'rs *7* Mo's *12* Days
 Weight *145* Height *5* ft *9* in. Eyes
 Funeral at
 Date *1941* M
 Account charged *Rehmann Co*
 Address *Int Dora Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket *Body covered*
 Casket with Copper Lin *4 outside*
 Style of Casket *5-R-41*
 No. of Casket *See 10-19-41*
 Outside Box
 Shipping Case or Vault *Body*
 Handles *Cremated 8 AM*
 Pillow Set *See 10-20-41*
 Name Plate
 Cemetery
 Section Lot

wooden

E

I Other Graves

N

S

X Grave on this date

W

Cremation *Ashes Express*
 Urn *X Rehmann Co Home*
 Single Grave *Int Dora Fla*
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

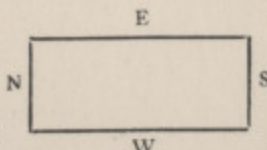
37.50

Curry Hand Funeral Home

Name of deceased Jessie Mae Brown
 Date of death Oct 20 1:20 P. M
 Cause of death Cardiac Malfunction
 Place of death C. G. N.
 Residence Islands Rt 19-Box 217
 Age Yrs Mo's 19 Days
 Weight Height ft in Eyes
 Funeral at West
 Date Oct 1941 M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0 - Case & Box
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Mascott Fla
 Section Lot

14.50

I Other Graves



X Grave on this date

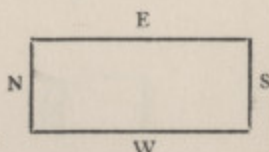
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Mascott Fla
 R. R. Ticket By auto
 Cash advanced
 Autos Family took Baby in
 Telegram Wife Ch to Mascott
 Minister West
 Music
 Casket Wagon
 Physician Dr. Sinclair
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Father (Alton Brown) \$ 14.50

Carey Hand Funeral Home

Name of deceased Joseph KAFEN
 Date of death Oct 22 - 11:45 A.M.
 Cause of death Stroke by A.C. # 91 -
 Place of death N.Y. Crossing near Tappan
 Residence New York -
 Age 52 Y'rs 7 Mo's 15 Days
 Weight 145 Height 5 ft. 7 in. Eyes
 Funeral at West
 Date 194 M
 Account charged Mrs. Pauline Kafen
 Address 12 - E. 86 St. N.Y.
 Account guaranteed OK
 Address
 Embalming X
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6 - 2 Case
 Casket with Copper Lin.
 Style of Casket See Mon
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set
 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
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music ant
 Casket Wagon (2)
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92

50.00
10.00
35.00
10.00

10.00

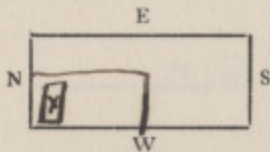
Total 10-24-41 part RR 715.00
34.80
149.80

Carey Hand Funeral Home

Name of deceased Mary S. Lloyd
 Date of death Oct 21 8 P.M. M
 Cause of death Hypertension Cardio Renal
 Place of death County Home Hospital
 Residence Islands R.F. #5
 Age 76 Yrs 1 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Oct 23 1941 20. M
 Account charged Austini Lloyd
 Address Beel ave
 Account guaranteed Insurance
 Address _____

Embalming & Dressing ✓ 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓ 75.00
 Casket 6-3 Ex. Cope
 Casket with Copper Lin. ✓
 Style of Casket Sgt. H. C
 No. of Casket 22 Temp. a
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ex
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section 5-N.W. 1/4 Lot 27

I Other Graves
Bought Direct
Mason



X Grave on this date

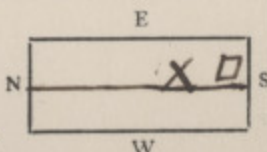
Cremation Burial & Labor
 Urn Ad to m mason-
 Single Grave _____
 Opening and Closing Grave That etc 15.00
 Body Shipped to _____
 R. R. Ticket Car for Minister 5.00
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Advent
 Music Organ
 Casket Wagon _____
 Physician Dr. Andrews
 County or City Burial _____
 Automobiles SAS 15.00
 Baggage or Express Train No. _____

725.00

Carey Hand Funeral Home

Name of deceased *Mrs. Kathryn Sharkey*
 Date of death *Wed Oct 22-41* *12:15 P.M.*
 Cause of death *Pericarditis*
 Place of death *Lockhart, Fla.*
 Residence *Lockhart, Fla.*
 Age *60* Y'rs *5* Mo's *23* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Friday Oct 24 1941* *4 P.M.*
 Account charged *Louis Sharkey*
 Address *Lockhart Fla.*
 Account guaranteed *Insurance*
 Address _____
 Embalming *& Dressing* 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6/3 XX Grey Cloth* 125 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box *Reg.*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section *B* *E 1/2* Lot *101*

I Other Graves



X Grave on this date

Cremation *2 Autos* 10 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc* 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Fred Turner*
 Music _____
 Casket Wagon *1 + Amb 1-* 10 00
 Physician *Dr. Mathers*
 County or City Burial _____
 Automobiles *SVS* 15 00
 Baggage or Express Train No. *46*

210.00

Carey Hand Funeral Home

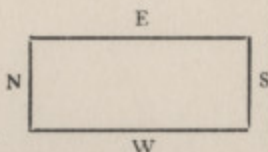
Name of deceased Harvey R Ellsworth
 Date of death Tue Oct 24-41 8 P M
 Cause of death heart
 Place of death 209
 Residence Major arcade B. Church
 Age 74 Yrs 4 Mo's 30 Days
 Weight 170 Height 5 ft 7 in. Eyes
 Funeral at Chapel
 Date Sat Oct 25-1941
 Account charged Mrs Alice Ellsworth
 Address 209 Major arcade B. Church
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 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 wooden Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 50.00
 Urn wooden
 Single Grave Body cremated
 Opening and Closing Grave 8-4.00
 Body Shipped to Sun Oct 26-41
 R. R. Ticket
 Cash advanced will call for phone
 Autos
 Telegram
 Minister Dean Johnson
 Music Quartet of Friends
 Casket Wagon
 Physician E. G. Buchanan (Cor)
 County or City Burial
 Automobiles
 Baggage or Express Train No.

735.00

Carey Hand Funeral Home

Name of deceased Mrs. Eleanor Detrick
 Date of death Oct-22-41 M
 Cause of death Cancer of Liver
 Place of death Res
 Residence Dr. Land 9th
 Age 72 Yrs. Mo's. Days.
 Weight 100 Height 5 ft. 8 in. Eyes.
 Funeral at Dr. Land
 Date 194 M
 Account charged Allen & Symmesville
 Address Dr. Land 9th
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body covered
 Casket with Copper Lin. 4 parts
 Style of Casket 7 OP. 3rd
 No. of Casket 10-24-41-
 Outside Box
 Shipping Case or Vault Body cremated
 Handles 8-11 m Sat-10-25-41
 Pillow Set
 Name Plate
 Cemetery
 Section. Lot.

I Other Graves



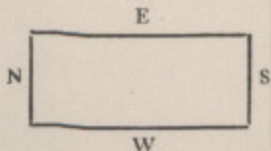
X Grave on this date

Cremation
 Urn wooden
 Single Grave Casket Express
 Opening and Closing Grave
 Body Shipped to Allen & Symmesville
 R. R. Ticket Dr. Land 9th
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Hugh E. Ingram Jr
 Date of death Oct - 23 - 41 M
 Cause of death _____
 Place of death Hospital in Jacksonville
 Residence Rockledge Fla
 Age 4 Y'rs 11 Mo's 17 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged J. E. Koon T. Home
 Address Cocoa
 Account guaranteed OK
 Address _____
 Embalming Optional 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. 11.50 T. H.
 Style of Casket Lat 10-25-41
 No. of Casket _____
 Outside Box Will call for paper
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
wooden
 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 _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____



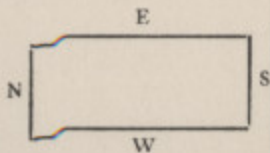
37.50
18.75

18.75

Carey Hand Funeral Home

Name of deceased Fuller David Collicutt
Date of death Oct-25-41 AM
Cause of death Inf. Cont
Place of death Ky or Orlando
Residence 1601 Sam
Age 75 Y's 3 Mo's 17 Days
Weight 175 Height 5 ft. 10 in. Eyes Blue
Funeral at Chapel
Date Mon Oct 27 1941 3 P M
Account charged Mrs F. D. Collicutt
Address 1601- Ky Ave South
Account guaranteed Clair C. Taylor
Address Channing
Embalming Yes 35.00
Robe, Suit, Dress ✓
Underwear and Hose ✓
Casket 6-3- Hi Top 120.00
Casket with Copper Lin. Yes
Style of Casket Set H C
No. of Casket 2501- Orleans
Outside Box Reg
Shipping Case or Vault ✓
Handles Yes
Pillow Set Yes
Name Plate ✓
Cemetery Woodlawn
Section 1 Lot 1

I Other Graves



X Grave on this date

Cremation	0	00
Urn	5	00
Single Grave	15	00
Opening and Closing Grave		
Body Shipped to		
R. R. Ticket		
Cash advanced		
Autos		
Telegram		
Minister		
Music		
Casket Wagon		
Physician		
County or City Burial		
Automobiles		
Baggage or Express Train No.		

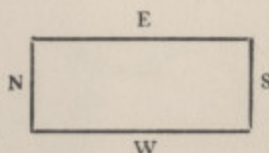
Payment -

200.00

Curry Hand Funeral Home

Name of deceased *Mrs. Martha Hildwein*
 Date of death *Sat Oct-25-41* *6:55 P. M*
 Cause of death _____
 Place of death *Og H.*
 Residence *New York 3435 Fresh Ave Bronx*
 Age *64* Y's *5* Mo's *7* Days _____
 Weight *165* Height *5* ft. *5* in. Eyes _____
 Funeral at *Best*
 Date _____ 194 _____ M
 Account charged *C. C. Hildwein*
 Address _____
 Account guaranteed *OK*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-1/2 Pine* *175.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct-1/2-C*
 No. of Casket *1391-Silver*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *✓*
 Cemetery *Best*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Crematorium* *Yes*
 R. R. Ticket *2845-1450.73* *43.68*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *(2)* *10.00*
 Physician *Dr. G. G. Gloom*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *#26368*

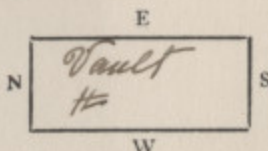
Curry Hand Funeral Home

Name of deceased Chas F. Matha-Smith
 Date of death Oct 27 194 P. M
 Cause of death cancer of prostate
 Place of death Residence
 Residence Oakland, Fla.
 Age 27 Y's 11 Mo's 7 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at
 Date 194 M
 Account charged Mrs. Grace Matha-Smith
 Address Oakland, Fla.
 Account guaranteed Estate
 Address
 Embalming Yes
 Robe, Suit, Dress Yes
 Underwear and Hose
 Casket 6-6- State N. Cal.
 Casket with Copper Lin. Station Church
 Style of Casket State N. Cal.
 No. of Casket Station Tampa
 Outside Box
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate Name & Date
 Cemetery Forest Mausoleum in
 Section The Home Place Lot

35.00
15.00

935.00

I Other Graves



X Grave on this date

Cremation
 Urn Will notify when Mausoleum
 Single Grave is completed
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr. J. M. Cuper
 County or City Burial
 Automobiles S & S
 Baggage or Express Train No.

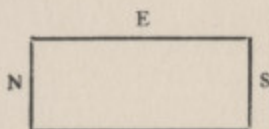
15.00

1000.00

Carey Hand Funeral Home

Name of deceased *Percival Manchester*
 Date of death *Oct 28* M
 Cause of death *not given as permit*
 Place of death *Orlando Fla*
 Residence *Winter Haven Fla*
 Age *71* Y's *9* Mo's *8* Days
 Weight *180* Height *6* ft. *11* in. Eyes *—*
 Funeral at *Winter Haven Fla*
 Date *Oct* 194*1* M
 Account charged *Att - Laughlin F.H.*
 Address *Winter Haven Fla*
 Account guaranteed *Check*
 Address _____
 Embalming _____
 Robe, Suit, Dress *Calmadori* 37.50
 Underwear and Hose _____
 Casket # *31* *Brass Lin* 25.00
 Casket with Copper Lin. *Eng* 5.00
 Style of Casket *Body covered*
 No. of Casket *by auto*
 Outside Box *Pres. 10:30am*
 Shipping Case or Vault *Oct 28-41*
 Handles _____
 Pillow Set _____
 Name Plate *Body cremated*
 Cemetery *West 18 a.m.*
 Section *Oct 29-41* Lot _____

I Other Graves



X Grave on this date

Cremation *Will Notify*
 Urn _____
 Single Grave *Large State Walnut*
 Opening and Closing Grave *Casket*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

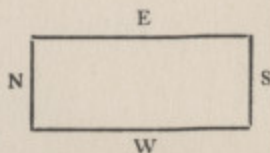
or by tele

67.50
35.50
\$30.00

Curry Hand Funeral Home

Name of deceased *Mrs. Rachel L. Clarkson*
 Date of death *Thurs Oct 28-41 8-P.M*
 Cause of death *Natural*
 Place of death *New Jersey*
 Residence *Naughton*
 Age *64* Yrs. *6* Mo's. *13* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral *Chapel*
 Date *Thurs Oct 30 1941 11 A.M*
 Account charged *Charles D.*
 Address _____
 Account guaranteed *OK*
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Yes Cashier* 60.00
 Casket with Copper Lin _____
 Style of Casket *Art N. Cap*
 No. of Casket *1972 Tampa*
 Outside Box _____
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

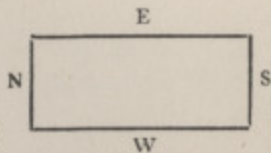
Cremation *Body Cremated* 50.00
 Urn *Friday 8 A.M. Oct 31-41*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Amb* 5.00
 R. R. Ticket _____
 Cash advanced *Will call for ashes*
 Autos _____
 Telegram _____
 Minister *Rev. Constable.*
 Music _____
 Casket Wagon _____ 5.00
 Physician *Dr. John Heitz*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 155.00

Carey Hand Funeral Home *Burial*

Name of deceased *Margaret Cynshaw*
 Date of death *Wed Oct 29-41* *6:30 PM*
 Cause of death *Pneumonia*
 Place of death *Home*
 Residence *Yonkers Ave W. Park*
 Age *Y's* *Mo's 1* Days *5*
 Weight *Height* ft. *in.* Eyes *in.*
 Funeral at *Family Room*
 Date *Wed Oct 29 1941* *4 PM*
 Account charged *Trace Cynshaw*
 Address *Orlando Fla*
 Account guaranteed *Cash*
 Address
 Embalming *Cremation* *5.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket *Body Cremated*
 Outside Box *Thurs 8 a.m.*
 Shipping Case or Vault *Oct 30-41*
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation *Will call*
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev Lois Frank*
 Music
 Casket Wagon
 Physician *Rev. Sinclair*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased	Elyde H. Garrett		
Date of death	Oct 24 -	7 a.	M
Cause of death	T. B. of lungs		
Place of death	State T. B. Hospital		
Residence	Marianna Fla		
Age	40 Y'rs	6	Mo's 25 Days
Weight		Height	ft. in. Eyes
Funeral at	West -		
Date	Oct	1941	M
Account charged	Mrs Elyde H. Garrett		
Address	Marianna Fla		
Account guaranteed	Elyde - Bonifay and Co		
Address			
Embalming	✓ Dressing		35.00
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.	Bonifay and Co.		
Style of Casket	from Bonifay Fla		
No. of Casket	Came with the		
Outside Box	Body -		
Shipping Case or Vault			
Handles			
Pillow Set			
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 *Florida, Ala*
R. R. Ticket
Cash advanced
Autos
Telegram
Minister *West*
Music
Casket Wagon
Physician *Dr. E. J. Teagarden*
County or City Burial
Automobiles
Baggage or Express Train No.

1000

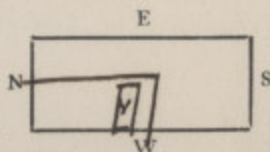
4500

Carey Hand Funeral Home

Name of deceased Miss F. Harold
 Date of death Oct 29 M
 Cause of death Intestinal Obstruction - Appendicitis
 Place of death Fla. Sanit.
 Residence 715 Terrace Blvd. Orlando Fla
 Age 36 Yrs 2 Mo's 10 Days
 Weight 120 Height 5 ft. 1 in. Eyes
 Funeral at Episcopal Church
 Date Friday Oct 31 1941 11 A M
 Account charged W. J. Harold
 Address 715 Terrace Blvd. Orlando
 Account guaranteed Est.
 Address
 Embalming 1 dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 9/8 Solid Walnut 185.00
 Casket with Copper Lin.
 Style of Casket French
 No. of Casket Shuler 1927
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles Yes
 Pillow Set Yes
 Name Plate ☒
 Cemetery Greenwood
 Section S NW 1/4 Lot 33

I Other Graves

Shad Grove
East



X Grave on this date

Cremation Family Car - no chg
 Urn P. B. Car 5.00
 Single Grave Minister Car 5.00
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Dean Johnson
 Music By Church
 Casket Wagon 5.00
 Physician Dr. Sutter
 County or City Burial
 Automobiles 5.15 15.00
 Baggage or Express Train No.

265.00

Carey Hand Funeral Home

Name of deceased Wilhelmina Reynolds
 Date of death Oct 26-41 M
 Cause of death Heart Attack
 Place of death Marion, Ill.
 Residence Marion, Ill.
 Age 73 Yrs. Mo's 29 Days
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Marion, Ill.
 Date Oct 26 1941 M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body arrived
 Style of Casket by A O Z Trans
 No. of Casket 1- P. M 10-30-41
 Outside Box _____
 Shipping Case or Vault Body
 Handles ornamented 8-AM
 Pillow Set Yes Oct 31-41
 Name Plate _____
 Cemetery will call for
 Section _____ Loc. _____
Place in Vault # 9 with
other 2 - urns - E
 I Other Graves _____

NS

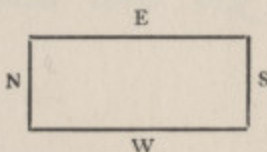
X Grave on this date
W

Cremation Estimate 50.00
 Urn Orange #
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music Prayer
 Casket Wagon _____
 Physician P. W. Gasaway (Crown)
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mrs Minnie Ola Norton
 Date of death Thurs Oct 30-41 11:40 A.M.
 Cause of death Coronary Myocarditis
 Place of death St. Jackson
 Residence St. Jackson
 Age 49 Y'rs Mo's Days 9
 Weight 115 Height 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date Jan Nov 2 1941 4 P. M.
 Account charged C. H. G.
 Address
 Account guaranteed Payments
 Address
 Embalming Yes 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Coffin
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section Lot

I Other Graves



X Grave on this date

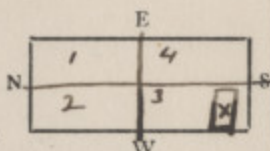
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. Major Walsh
 Music Salvation Army
 Casket Wagon
 Physician Dr. L. L. Orr
 County or City Burial
 Automobiles
 Baggage or Express Train No.

15.00

Carey Hand Funeral Home

Name of deceased Fred Eicher
 Date of death Lat Nov 1-41 5:30 P.M.
 Cause of death _____
 Place of death Res
 Residence Johnny Highway 16-M-E.
 Age 77 Y'rs 2 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home Side
 Date Sun - Nov 2 1941 3 P.M.
 Account charged Mrs Fred Eicher
 Address Orlando R.F. D-4-
 Account guaranteed small insurance
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Pine & Box
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 22-Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Gravels
 Section 26- Lot 3

I Other Graves



X Grave on this date

Cremation Burial Lot
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr Kasbourn
 County or City Burial _____
 Automobiles S & S
 Baggage or Express Train No. _____

75.00

10.00

15.00

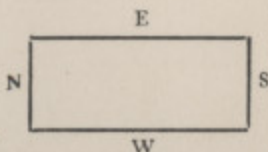
15.00

115.00

Carey Hand Funeral Home

Name of deceased *Infant of Mr & Mrs C. Z. Hood*
 Date of death *Nov 3-41- 2:30 P. M*
 Cause of death *Still born*
 Place of death *Home*
 Residence *Apofia*
 Age ☒ Yrs ☒ Mo's ☒ Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged to *C. Z. Hood*
 Address *Apofia*
 Account guaranteed *Cash*
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-4-P* 10 00
 Casket with Copper Lin. _____
 Style of Casket *Sp. H. M.*
 No. of Casket *14 m*
 Outside Box *Blg*
 Shipping Case or Vault _____
 Handles *small*
 Pillow Set _____
 Name Plate _____
 Cemetery *Apofia*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Bought Casket*
 Urn *done there own work*
 Single Grave *have permit*
 Opening and Closing Grave *for same*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician *Dr. M. B. Bude*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

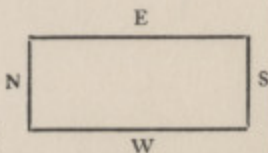
10. 00

Carey Hand Funeral Home

Name of deceased *Miss Conyl E. Olds*
 Date of death *Oct 29 1941* M
 Cause of death *Not given in Permit*
 Place of death *St Petersburg*
 Residence *Fla*
 Age *23* Y'rs *6* Mo's *3* Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 1941 M
 Account charged *Ralph Cooksey*
 Address *F. N. St Petersburg Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose *Body unisex*
 Casket *11 30 A.M. 11-3-41*
 Casket with Copper Lin.
 Style of Casket *Body Cremated*
 No. of Casket *8-A.M. Tues 11-4*
 Outside Box
 Shipping Case or Vault
 Handles *Express Boxes to*
 Pillow Set *Cooksey F. Home*
 Name Plate *St Petersburg Fla*
 Cemetery
 Section Lot

I Other Graves

wood



X Grave on this date

Cremation

Urn *wood*

Single Grave

Opening and Closing Grave

Body Shipped to

R. R. Ticket

Cash advanced

Autos

Telegram

Minister

Music

Casket Wagon

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

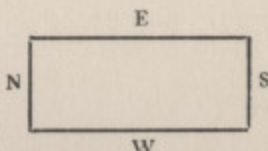
37.50

Carry Hand Funeral Home

Name of deceased Mr. Geo W. Best
 Date of death Nov-1-41 M
 Cause of death Coronary Thrombosis
 Place of death Best
 Residence Wissamin
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at
 Date 194..... M
 Account charged Guissom F. Home
 Address Wissamin W. A.
 Account guaranteed
 Address
 Embalming Cremation 3750
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin Body Lin
 Style of Casket 1020 A/M
 No. of Casket 11-4-41 by Ant.
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated
 Pillow Set 8-A Ins. Bed
 Name Plate 11-3-41
 Cemetery
 Section..... Lot.....

wooden

I Other Graves



X Grave on this date

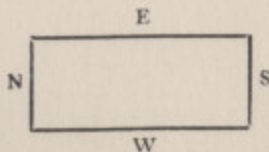
Cremation Cypress Ashes
 Urn Guissom Funeral Home
 Single Grave Wissamin
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750

Carey Hand Funeral Home

Name of deceased John Virginia Brown
 Date of death Nov 5 1941 4:35 P.M.
 Cause of death Myocardial Infarction
 Place of death C. G. H.
 Residence Ft. Mc Coy Fla.
 Age 31 Yrs. 24 Mo's. 24 Days.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at allst
 Date Thurs Nov 6 1941 M
 Account charged J. W. Brown
 Address Ft. Mc Coy Fla.
 Account guaranteed _____
 Address _____
 Embalming & dressing 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2/3 White Laminated 17.50
 Casket with Copper Lin. _____
 Style of Casket Top N. Top
 No. of Casket 72 Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set Yes
 Name Plate None
 Cemetery Ft. Mc Coy Fla.
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Family took Body
 Urn by auto to Ft. Mc Coy
 Single Grave Fla. for burial
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister W. L. Harrison
 Music _____
 Casket Wagon 611 5 00
 Physician Dr. Driscoll
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

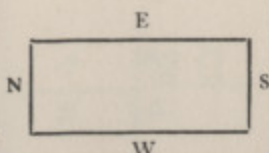
347.50
4750

Curry Hand Funeral Home

Name of deceased Era Jennings
 Date of death Nov 4 3 1941 11:00 A.M.
 Cause of death Massive Hemorrhage
 Place of death County Home
 Residence Taft, Fla.
 Age 60 Y'rs 11 Mo's 20 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Tran-side Chapel
 Date Wed Nov 5 1941 11:00 A.M.
 Account charged County
 Address _____
 Account guaranteed County
 Address _____

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

I Other Graves



X Grave on this date

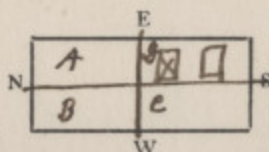
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Rogers
 Music _____
 Casket Wagon _____
 Physician Dr. W. J. Karbaumer
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

Name of deceased Mrs. Nellie Maynard
 Date of death Nov 1st 1941 10 A. M.
 Cause of death Hypertensive heart disease
 Place of death Asheville, N.C.
 Residence Orlando, Fla.
 Age 71 Yrs. 9 Mo's. 4 Days.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed. Nov 5th 1941 4 P. M.
 Account charged Carl B. Terry
 Address Taft Fla.
 Account guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-5-04-11 Cap
 Casket with Copper Liner Emb Plank
 Style of Casket _____
 No. of Casket _____
 Outside Box Examine at Asheville
 Shipping Case or Vault B110-2
 Handles Yes -
 Pillow Set Yes -
 Name Plate _____
 Cemetery Palma Cemetery
 Section D Lot 11

I Other Graves



X Grave on this date

Cremation	(2) Autos	10.00
Urn		
Single Grave		
Opening and Closing Grave		15.00
Body Shipped to		
R. R. Ticket		
Cash advanced	Express	37.50
Autos		5.00
Telegram	Long D Phree	
Minister	Rev. Cline	
Music	Organ Only	5.00
Casket Wagon	(4)	
Physician	At Asheville, N.C.	
County or City Burial		
Automobiles	Car	15.00
Baggage or Express Train No.		

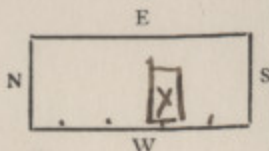
87.50

Attorney Thorneal Orlando
 Adm. Carl B Terry Taft

Carey Hand Funeral Home

Name of deceased James R. Gresham
 Date of death Nov 6 6:45 P. M
 Cause of death Cancer of Stomach
 Place of death Fla. Sanit.
 Residence 1003 S. Mills St
 Age 61 Y's 8 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat 1941 20 M
 Account charged Mrs Jas R. Gresham
 Address 1003 S. Mills St
 Account guaranteed Estate
 Address _____
 Embalming ☒ Dissection 35 00
 Robe, Suit, Dress Suit 1 50
 Underwear and Hose Sock 35
 Casket 6/6 Grey Cloth 200 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa #48
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section 12 Lot _____

I Other Graves



X Grave on this date

Cremation 2 - P. B. Cars 10. 00
 Urn 1 - G. Car 5. 00
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. J. Fred Turner
 Music Organ 5. 00
 Casket Wagon _____
 Physician Dr. T. D. Neal
 County or City Burial _____
 Automobiles S. V. S. 15 00
 Baggage or Express Train No. _____

286 85

Carey Hand Funeral Home

Name of deceased *Mrs. Teresa O'Dowd*
 Date of death *Fri Nov-7-41* *5:40 P. M.*
 Cause of death _____
 Place of death *Ogden*
 Residence *223- W. Yale*
 Age *68* Yrs. *9* Mo's. *3* Days _____
 Weight *185* Height *5* ft. *6* in. Eyes _____
 Funeral at *St. James Catholic Church*
 Date *Mon Nov-10- 1941* *9-11 A. M.*
 Account charged *Christine O'Dowd*
 Address *223- W. Yale*
 Account guaranteed _____
 Address _____
 Embalming *Dressing* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket *6-3 Dr. Br Plush* 185.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct 12-0*
 No. of Casket *1927- Shiner*
 Outside Box *R-9*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *Crucifix*
 Cemetery *Woodlawn*
 Section _____ Lot _____

I Other Graves E
N S
W

X Grave on this date _____
 Cremation *P. B. Car* 5.00
 Urn *Car min* 5.00
 Single Grave _____
 Opening and Closing Grave *To etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Father Bishop*
 Music *By Church*
 Casket Wagon *C. J.* 5.00
 Physician *Dr. Tulson*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. _____

Prayer 7:30 P. M.
Sun 11-9-41

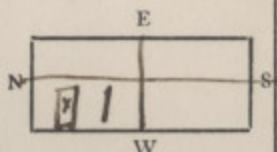
265.00

Carry Hand Funeral Home

Name of deceased *Mrs Margaret Thompson*
 Date of death *Nov 3-41* M
 Cause of death *Heart Disease*
 Place of death *Cleveland Ohio*
 Residence _____
 Age *85* Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Grave Side*
 Date *Sat Nov 8* 194*1* *4:00* P.M.
 Account charged *Mrs John Marshall*
 Address *Cleveland Ohio 14004*
 Account guaranteed *Bardwell*
 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 *Palmer Cemetery W. Park*
 Section *B* Lot *51*

I Other Graves



X Grave on this date

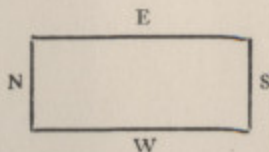
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *T & etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Dean Johnson*
 Music _____
 Casket Wagon *(1)* *5.00*
 Physician _____
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. _____
Body moved H & K *35.00*
75 Sat A.M.

Carey Hand Funeral Home

Healey Shorrock

Name of deceased Mr. Healey H. Shorrock
 Date of death Thurs 11-6-41 P. M.
 Cause of death Heart attack
 Place of death Auto 14-M-5 E. of Orlando
 Residence Clascoma Fla Waccama Rd
 Age 54 Yrs 10 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Nov 12 1941 12 A M
 Account charged Mrs. H. W. Shorrock
 Address Clascoma Fla
 Account guaranteed estate
 Address _____
 Embalming J. Dussing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Service Chg 60.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Thurs 8 a.m.
 Shipping Case or Vault Nov 13-41
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Crematorium
 Section _____ Lot _____

I Other Graves



X Grave on this date

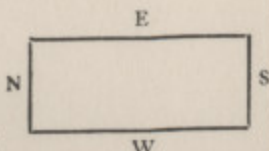
Cremation Cremation 50.00
 Urn _____
 Single Grave Will call for
 Opening and Closing Grave ashes
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Rutter
 Music _____
 Casket Wagon 5.00
 Physician E. G. Duckworth Coroner
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

150.00

Carey Hand Funeral Home

Name of deceased Mr. Arthur Hazel
 Date of death Nov-9-41
 Cause of death Auto Accident
 Place of death W. G. Rd. Cedar Vista
 Residence Winter Garden
 Age 30 Y'rs 2 Mo's 4 Days
 Weight 160 Height 5 ft. 8 in. Eyes
 Funeral at M. C. Church W. Garden
 Date Tues Nov-11-1941 3 P.M.
 Account charged John H. Hazel Father
 Address Winter Garden
 Account guaranteed Insurance
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-6-8 Birch 235.00
 Casket with Copper Lin.
 Style of Casket R. Cor. Slat 1/2 C
 No. of Casket 2-48-1 comp. a
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Woodlawn
 Section Lot

I Other Graves



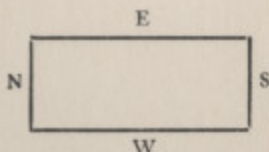
X Grave on this date

Cremation Cor
 Urn Cor
 Single Grave
 Opening and Closing Grave Tree 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. Shuler Peet
 Music By Church
 Casket Wagon 41 5.00
 Physician Duckworth
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 305.00

Carey Hand Funeral Home

Name of deceased *Mr Walter Erickson*
 Date of death *Jan Nov-9-41* M
 Cause of death *Eng. T. B.*
 Place of death *State T. B. Hosp*
 Residence *Holmes*
 Age *58* Yrs *7* Mo's *14* Days
 Weight *160* Height *5* ft *8* in. Eyes
 Funeral at *West*
 Date *194* M
 Account charged *Swanney Home*
 Address *210 Oak St*
 Account guaranteed *BK*
 Address
 Embalming *X*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Yant*
 Style of Casket *T. B. of Eric Oak*
 No. of Casket *Same for body*
 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
 Autos
 Telegram
 Minister
 Music
 Casket Wagon *(1)*
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

35.00



5.00

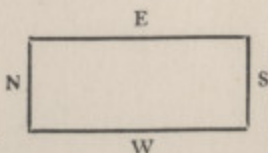
40.00

Carey Hand Funeral Home

Name of deceased Charles E. Watman
 Date of death Nov-9-41 M
 Cause of death Not given on Permit
 Place of death Holly Hill
 Residence Wey Hill Fla
 Age 80 Y'rs 2 Mo's 16 Days
 Weight 125 Height 5 ft 4 in. Eyes
 Funeral at
 Date 1941 M
 Account charged Hagg & Brooks
 Address Daytona Beach Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body
 Style of Casket Unlined L 30 P.M.
 No. of Casket Sum Nov 9-41
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 7-PM 11-9-41
 Pillow Set
 Name Plate Charles E. Watman
 Cemetery Hagg & Brooks
 Section Daytona Beach

I Other Graves

Wooden



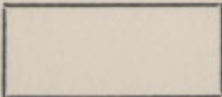
X Grave on this date

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

37.50

Carey Hand Funeral Home

Name of deceased *William B. Malloy*
 Date of death *Sun Nov - 9 - 41 - P.* M
 Cause of death
 Place of death *H. Palm Beach at Rest*
 Residence *Marion Nursing Home*
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Nov 12 1941* *2 - P.* M
 Account charged _____
 Address _____
 Account guaranteed *Estate*
 Address _____
 Embalming *at Tanager - H. P. Beach*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 Gr Cloth* 150.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct Top*
 No. of Casket *1941 - Shiner*
 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 *P. B. Car* 5.00
 Urn *Car mini* 5.00
 Single Grave _____
 Opening and Closing Grave *T & S* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced *Ferguson T. Home* 35.00
 Autos _____
 Telegram _____
 Minister *Rev A. Fred Turner*
 Music _____
 Casket Wagon *X H. P. Beach* 50.00
 Physician _____
 County or City Burial _____
 Automobiles *9 x 5* 10.00
 Baggage or Express Train No. *16*

275.00

Carry Hand Funeral Home

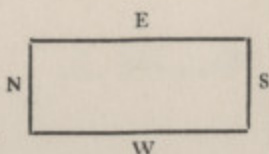
Name of deceased *Miss Mary T. Kinsworth*
 Date of death *Sept 25 - 41* M
 Cause of death *Long time of vasculitis*
 Place of death *At*
 Residence *Daytona Beach Fla*
 Age *22* Yrs *8* Mo's *19* Days
 Weight *125* Height *5* ft *10* in Eyes *Blue*
 Funeral at _____
 Date _____ 194*1* M
 Account charged *Baggett & Healy*
 Address _____
 Account guaranteed *OK*
 Address _____
 Embalming *Examination* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body covered*
 Casket with Copper Lin. *3-P.M*
 Style of Casket *men 11-10-41*
 No. of Casket _____
 Outside Box *Body cremated*
 Shipping Case or Vault *8-2 N-11-11-41*
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves
wooden Box E
N S
W
 X Grave on this date _____
 Cremation *Cash Express to Greenwood Cemetery*
 Urn _____
 Single Grave *Long Branch*
 Opening and Closing Grave _____
 Body Shipped to *New Jersey*
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Mr Lloyd Talley*
 Date of death *Nov- 8- 1941* M
 Cause of death *Coronary Occlusion*
 Place of death *Res*
 Residence *Cushnall Fla*
 Age *71* Y'rs *9* Mo's *24* Days
 Weight *165* Height *6* ft *3* in. Eyes
 Funeral at
 Date *1941* M
 Account charged *Carey Hand Funeral Home*
 Address *Cushnall Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body inspect*
 Casket with Copper Lin. *by auto*
 Style of Casket *530 Op. In*
 No. of Casket *men - 11-10-41*
 Outside Box
 Shipping Case or Vault *Body*
 Handles *Cremated 8 A.M.*
 Pillow Set *Tues Nov-11-41*
 Name Plate
 Cemetery *will call for order*
 Section Lot

I Other Graves



X Grave on this date

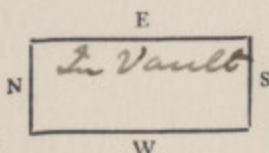
Cremation
 Urn *wooden*
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Ralph C. Dawson
 Date of death Nov 11 - 8 P. M. M
 Cause of death _____
 Place of death Residence
 Residence 117 Annie St.
 Age 3 Yrs 11 Mo's 17 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs 13 1941 3 P M
 Account charged W. W. Dawson
 Address 117 Annie St. Orlando
 Account guaranteed _____
 Address _____
 Embalming Yes 35 00
 Robe, Suit, Dress _____ 19 50
 Underwear and Hosiery White Pants
 Casket 5/6 White Brush 100 00
 Casket with Copper Lin. _____
 Style of Casket Act Hinge Top
 No. of Casket 160 Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Yes
 Pillow Set Yes
 Name Plate No
 Cemetery _____
 Section _____ Lot _____

I Other Graves



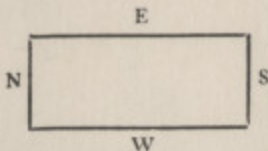
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister A. Fred Turner
 Music Organ
 Casket Wagon 46 5 00
 Physician Dr. C. M. L. L. L.
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased William S. Oliver
 Date of death Nov 12 10:15 P. M
 Cause of death Heart Disease - Arterio Sclerosis
 Place of death C. Y. N.
 Residence 222 E. Concord Ave
 Age 77 Y's 7 Mo's 12 Days
 Weight 160 Height 5 ft. 9 in. Eyes
 Funeral at Destination
 Date Nov 1941 M
 Account charged Mrs. W. S. Oliver
 Address 222 E. Concord Ave
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6- State Coffin Dept 35.00
 Casket with Copper Lin. Inner
 Style of Casket from State
 No. of Casket National
 Outside Box Reg-
 Shipping Case or Vault ✓
 Handles Ext - Sel
 Pillow Set yes - Sel
 Name Plate Name Engraved
 Cemetery Destination
 Section Lot

I Other Graves



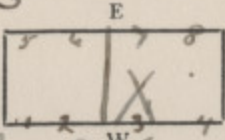
X Grave on this date

Cremation Central Washington
 Urn from
 Single Grave 8196 E. L. Paid
 Opening and Closing Grave
 Body Shipped to Pittsburg Pa
 R. R. Ticket Washington Pa.
 Cash advanced Express Baggage 30.38
 Autos
 Telegram
 Minister sent
 Music
 Casket Wagon (2) 10.00
 Physician Spencer Folsom
 County or City Burial
 Automobiles
 Baggage or Express Train No. 93

Phone 11-13-41

3575.38

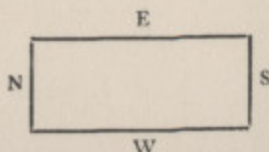
Carey Hand Funeral Home

Name of deceased Mrs. Amelia Emma Bien
 Date of death Nov 14 - 45 7 M
 Cause of death Tractor - Skull - auto accident
 Place of death 2-M. S. E. 1/4 Hg. Highway #
 Residence Orlando 1636 Hillcrest
 Age Yrs. Mo's Days
 Weight 145 Height 5 ft 3 in. Eyes
 Funeral at Chapel
 Date Nov 17 1941 3 - P M
 Account charged Max - Ben son
 Address 222 - N. Hwy ave
 Account guaranteed Estates
 Address
 Embalming Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose Archie
 Casket 6-3 Oct 1/2 - C Liago Clark 350.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2 - C
 No. of Casket 2 6 3 7 1/2 - C
 Outside Box
 Shipping Case or Vault Marble 125.00
 Handles Est -
 Pillow Set yes - Flash Ch. Saffers
 Name Plate
 Cemetery Greenwood
 Section V S - 1/2 - Lot 10
space 3
 I Other Graves 
 X Grave on this date 137.50
 Cremation Burial Lot Direct
 Urn
 Single Grave
~~Opening and Closing Grave~~ 10.00
 Body Shipped to P. B. Car 5.00
 R. R. Ticket Car min 5.00
 Cash advanced 2 - anti 10.00
 Autos
 Telegram
 Minister Dean Johnson 5.00
 Music yes 5.00
 Casket Wagon
 Physician Dr. M. R. De Alpha
 County or City Burial
 Automobiles S. E. S 15.00
 Baggage or Express Train No.
565.00

Carey Hand Funeral Home

Name of deceased Dr. Louis W. Malintza
 Date of death Oct-Nov 13-41 P M
 Cause of death Coronary Occlusion
 Place of death Reas
 Residence Lillian Dr. Near S. Loring St
 Age 23 Yrs 8 Mo's 19 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Nov 11-18-41 1941 10 A M
 Account charged Miss Emma Malintza
 Address Lillian Dr. 45- Orlando Fla
 Account guaranteed Catalo
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 in. Box 60.00
 Casket with Copper Lin.
 Style of Casket Oct N. Cap
 No. of Casket Body Cremated
 Outside Box Box 8-A On 11-19-41
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



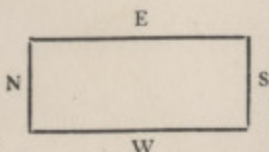
X Grave on this date

Cremation Cremation 50.00
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to will call for
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. Trapp
 Music
 Casket Wagon Yes 3.00
 Physician Dr. Grace Day
 County or City Burial
 Automobiles
 Baggage or Express Train No. 75000

Carey Hand Funeral Home

Name of deceased Mrs. James Thompson
Date of death Sat Nov-15-41- P.M.
Cause of death Sudden myocarditis
Place of death Res
Residence Dubuque Iowa
Age 31 Yrs 4 Mo's 1 Days
Weight 135 Height 5 ft 7 in Eyes
Funeral at Des Moines
Date 1941 M
Account charged Mrs Emma Johnson
Address
Account guaranteed H & C Co Cash
Address F. D. Hammond Conn
Embalmg & Dressing 35.00
Robe, Suit, Dress
Underwear and Hose
Casket 6-3-3 Pine 150.00
Casket with Copper Lin.
Style of Casket Oct. St. Cap
No. of Casket 1311 - Shaver
Outside Box Red
Shipping Case or Vault
Handles Ext
Pillow Set
Name Plate
Cemetery Des Moines
Section Lot

I Other Graves



X Grave on this date

Cremation
Urn
Single Grave
Opening and Closing Grave
Body Shipped to *Stamford Conn*
R. R. Ticket *3670* *3670-184*
Cash advanced *3150-158*
Autos
Telegram *Lat Phone & etc*
Minister
Music
Casket Wagon *2*
Physician *Dr. J. M. Swan*
County or City Burial
Automobiles
Baggage or Express Train No. *92* *8*

Mem-11-17-41

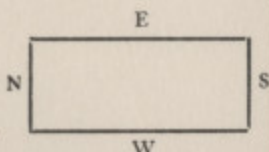
308.32

Extr. Ticket and Pass
Collected by J. F. M.

Carey Hand Funeral Home

Name of deceased *Mrs. Thos S Neal*
 Date of death *Mon Nov-17-41* *A* M
 Cause of death
 Place of death *O G St.*
 Residence *Richmond Va*
 Age *76* Y'rs *5* Mo's *20* Days
 Weight *185* Height *5* ft *9* in. Eyes
 Funeral at *Best*
 Date *1941* M
 Account charged *Mrs. Thos S Neal*
 Address *601 S. 1st St. Richmond Va*
 Account guaranteed *Best*
 Address
 Embalming *& Duro* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 Gr. Oak - E.* *350.00*
 Casket with Copper Lin.
 Style of Casket *State H. Cap*
 No. of Casket *7218* *Shiner*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes Towel*
 Name Plate *Neal & Sale*
 Cemetery *Best*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Richmond Va*
 R. R. Ticket *by Taxi*
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon *(2)* *10.00*
 Physician *J. L. McQuinn*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

Mon Nov-17-41-

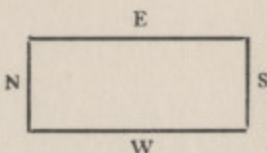
395.00

Paid Ck

Carey Hand Funeral Home

Name of deceased *Mrs. Mary B. Keiser*
 Date of death *Nov-17-41* 9:15 A.M.
 Cause of death *Cerebral Hemorrhage*
 Place of death *1107 - 1st St -*
 Residence *Isle of Seely 9th Park -*
 Age *66* Yrs *7* Mo's *23* Days
 Weight *125* Height *5* ft. *5* in. Eyes
 Funeral at *Res -*
 Date *Tues. Nov-18* 1941 *4:30 P.M.*
 Account charged *David M. Keiser*
 Address *130 Wall St N.Y. City N.Y.*
 Account guaranteed *same*
 Address
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-3-6-6th* 250.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct. H. Cap*
 No. of Casket *2638 Shiner*
 Outside Box *R-9*
 Shipping Case or Vault ✓
 Handles *Ext -*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Dist*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave *2*
 Opening and Closing Grave *2*
 Body Shipped to *Funeral Home*
 R. R. Ticket *Bought Direct*
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Chidister*
 Music
 Casket Wagon *(2)* 10.00
 Physician *Dr. Ruth Hart*
 County or City Burial
 Automobiles *S. V. S.* 15.00
 Baggage or Express Train No. *3*

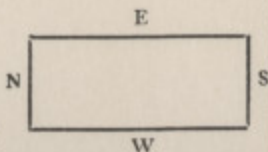
370.00

Ship Body on NCL #92
Sat. 22-41

Carey Hand Funeral Home

Name of deceased *Mrs Margaret M. Mannis*
 Date of death *Mon Nov 17 - 11-50 A. M.*
 Cause of death *Gravels Pneumonia*
 Place of death *St. Paul*
 Residence *Golden Red Rd. St. Paul*
 Age *77* Yrs *5* Mo's *13* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Wed - 11-19 - 1941* *2:30 P. M.*
 Account charged *G. & M. Mannis*
 Address *2012 Nev Ave. Orlando*
 Account guaranteed
 Address
 Embalming *Addressing* *15.00*
 Robe, Suit, Dress *Pants* *10.00*
 Underwear and Hose
 Casket *6-6 Metal Sep Fin* *245.00*
 Casket with Copper Lin.
 Style of Casket *State 1/2-C*
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault *Lin Seal* *125.00*
 Handles
 Pillow Set
 Name Plate
 Cemetery *Woodlawn*
 Section Lot

I Other Graves



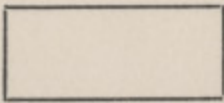
X Grave on this date

Cremation *Family Can Watch*
 Urn *Can F. B.* *5.00*
 Single Grave *Can open* *5.00*
 Opening and Closing Grave *1.00* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Father Bishop*
 Music *Organ* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. Lyon*
 County or City Burial
 Automobiles *S. & S* *15.00*
 Baggage or Express Train No. *16*
460.00

Carey Hand Funeral Home

Name of deceased *Mr. Frank N. Adams*
 Date of death *Mon. Nov. 17 - 1941*
 Cause of death *Gun Shot Wound - accidental*
 Place of death *Green Lake Lodge*
 Residence *Alhambra, R. F. D.*
 Age *52* Y'rs. *9* Mo's. *13* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed. Nov. 19, 1941* *4 P. M.*
 Account charged *Mrs. Frank N. Adams*
 Address *Alhambra, R. F. D.*
 Account guaranteed *Insurance Co. of America*
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress *Suit*
 Underwear and Hose _____
 Casket *6/3 Grey Cope* 75.00
 Casket with Copper Lin. _____
 Style of Casket *Sgt. N. Cap*
 No. of Casket *72 Tampa*
 Outside Box *Req*
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Arla Vista*
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



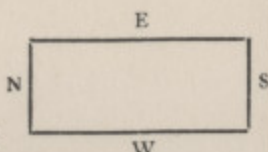
Cremation *P. B. Car* 5.00
 Urn _____
 Single Grave *Burial Plot* 10.00
 Opening and Closing Grave *etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Sam Green*
 Music _____
 Casket Wagon *CH* 5.00
 Physician *D. S. Bucknall* *Cor*
 County or City Burial _____
 Automobiles *5.45* 15.00
 Baggage or Express Train No. _____

C. W. to Rev 160.00
~~5.00~~
160.00

Carey Hand Funeral Home

Name of deceased *Mrs. Annis A. Pettishall*
 Date of death *Nov 19-41- 11-25 P. M*
 Cause of death *Cerebral Apoplexy*
 Place of death *Res*
 Residence *1817 Attarda Ave*
 Age *71* Y'rs *3* Mo's *—* Days *—*
 Weight *100* Height *5* ft *5* in. Eyes *—*
 Funeral at *Chapel*
 Date *Fri Nov 21- 1941 2 P. M*
 Account charged *Mr. J. H. Ayer*
 Address *1817 Attarda Ave Orlando*
 Account guaranteed *Insurance*
 Address *—*
 Embalming *Yes* 35%
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *4-3 Oct 1/2 - E. Sil Plank* 195.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct 1/2 - E*
 No. of Casket *1927 - Shiner*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate ☒
 Cemetery *Dust*
 Section *—* Lot *—*

I Other Graves



X Grave on this date

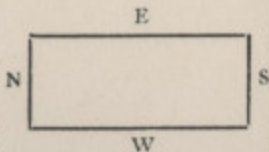
Cremation ☐
 Urn ☐
 Single Grave ☐
 Opening and Closing Grave ☐
 Body Shipped to *Milledgeville Ga*
 R. R. Ticket *1240* *640 640* 25 20
 Cash advanced ☐
 Autos ☐
 Telegram ☐
 Minister *Rev. Powell Tucker*
 Music *Gagan*
 Casket Wagon *Q1* 10 00
 Physician *Dr. Economy*
 County or City Burial ☐
 Automobiles ☐
 Baggage or ~~Express~~ Train No. *92* *8*

Fri 11-21-41 265.20

Carey Hand Funeral Home

Name of deceased *Mrs. Mary Francis Sutley*
 Date of death *Thurs. Nov 20-41-7:40 AM*
 Cause of death *Old*
 Place of death *Orlando Fla*
 Residence *Orlando St 3- Orla Vista*
 Age *20* Yrs *5* Mo's *9* Days
 Weight *140* Height *5* ft *10* in. Eyes *Blue*
 Funeral at *Chapel*
 Date *Fri. Nov 21* 1941 *3:30 P.M.*
 Account charged *Frederic M. Smith*
 Address *Orlando Fla*
 Account guaranteed *Yes* *Per*
 Address *Orlando Fla*
 Embalming *Yes*
 Robe, Suit, Dress *Yes*
 Underwear and Hosiery *Yes*
 Casket *6-3- In temple*
 Casket with Copper Lin. *Yes*
 Style of Casket *Oct. H.C.*
 No. of Casket *1972 Tampa*
 Outside Box *Reg-*
 Shipping Case or Vault *Yes*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *Oak Ridge*
 Cemetery *Oak Ridge*
 Section *Lot*

I Other Graves



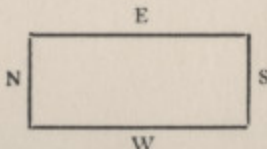
X Grave on this date

Cremation *Car Min* *5.00*
 Urn *P.B. Car* *5.00*
 Single Grave *15.00*
 Opening and Closing Grave *T & etc*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Thompson*
 Music *Organ* *5.00*
 Casket Wagon
 Physician *Hal Beadall*
 County or City Burial
 Automobiles *3.15* *15.00*
 Baggage or Express Train No. *775.00*

Carey Hand Funeral Home

Name of deceased Mrs. Cora M. Workman
 Date of death Thurs. Nov - 20 - 41 10 A.M.
 Cause of death Arteriosclerotic heart disease
 Place of death Cornith Nursing Home
 Residence Ocala, Fla.
 Age 75 Yrs. 4 Mo's. Days 14
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat. Nov 22, 1941 11 A.M.
 Account charged Mrs. James
 Address Ocala, Fla.
 Account guaranteed Estate
 Address _____
 Embalming Yes
 Robe, Suit, Dress Orchid 35.00
 Underwear and Hosiery Yes 10.00
 Casket 6-3-45 tan 2.00
 Casket with Copper Lin. Yes w. 1.00
 Style of Casket Box
 No. of Casket 72 - 1000
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Crematorium
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Crematorium 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Body Cremated
 R. R. Ticket 8 - A. M. Sun
 Cash advanced Nov 23 - 41
 Autos _____
 Telegram will call for
 Minister (C.S.) Paul Mauro
 Music Ed Reader 5.00
 Casket Wagon _____
 Physician M. M. Mallory
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Clothing

160.00

+ 2.00

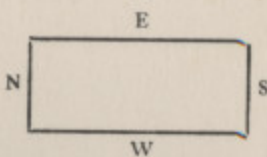
\$162.00

Carey Hand Funeral Home

Name of deceased Mrs. Bess C. Baldwin
 Date of death Nov. 18-41 M
 Cause of death Circulatory Failure
 Place of death Res.
 Residence Rockledge Fla.
 Age 20 Y'rs 5 Mo's 16 Days
 Weight 145 Height 5 ft. 8 in. Eyes
 Funeral at
 Date 1941 M
 Account charged The Carey H. Home
 Address Cocoa Fla.
 Account guaranteed OK
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body covered
 No. of Casket 4
 Outside Box 4 P.M. Thurs
 Shipping Case or Vault Nov 20-41
 Handles Body cremated 8 A.M.
 Pillow Set Nov 21-41
 Name Plate
 Cemetery will call for
 Section Lot

37.50

I Other Graves



X Grave on this date

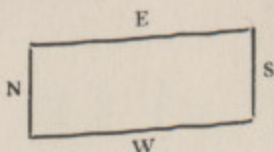
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.60

Carry Hand Funeral Home

Name of deceased Dr. Indus B. Groubeck M
 Date of death Mar. 18-41
 Cause of death Coronary
 Place of death P.O.
 Residence Daytona Beach
 Age 65 Yrs 11 Mo's 15 Days
 Weight 185 Height 5 ft 9 in. Eyes
 Funeral at Daytona Beach M
 Date 194
 Account charged Harley & Crooks
 Address Daytona Beach Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body buried by
 Casket with Copper Lin. auto
 Style of Casket 530 P.M.
 No. of Casket Mar 20-41
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated 8 P.M.
 Pillow Set Mar 11-21-41
 Name Plate Express
 Cemetery Harley & Crooks
 Section Daytona Beach

I Other Graves



X Grave on this date

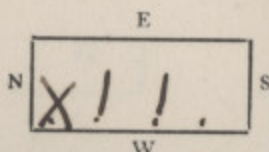
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 3750

rd

Carey Hand Funeral Home

Name of deceased *Mrs. Nellie J. McKinney*
 Date of death *Nov. 21-41* *3-55-AM*
 Cause of death _____
 Place of death *Res*
 Residence *111 - East Jackson*
 Age *79* Y'rs. *7* Mo's. *29* Days _____
 Weight *100* Height *5* ft. *6* in. Eyes _____
 Funeral at *Pres Church*
 Date *Dec-11-22-41* 194 *3-P. M*
 Account charged *Mrs. Clyde M. McKinney*
 Address _____
 Account guaranteed *Estate*
 Address _____
 Embalming *& Dressing*
 Robe, Suit, Dress *A.R. Co.*
 Underwear and Hose *Do*
 Casket *6-9-9-2-2*
 Casket with Copper Lin. *Yes*
 Style of Casket *Oct. H. C.*
 No. of Casket *1311-3*
 Outside Box *Yes*
 Shipping Case or Vault *Yes*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *L-2* Lot *33*

I Other Graves



X Grave on this date

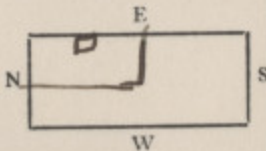
Cremation *One Auto to City*
 Urn *P. Dr. Case*
 Single Grave *Car mpr*
 Opening and Closing Grave *Tr etc*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Lindsay McKinn*
 Music _____
 Casket Wagon *Do*
 Physician *Dr. G. Hammer*
 County or City Burial _____
 Automobiles *8-8*
 Baggage or Express Train No. *18*

245.00

Carey Hand Funeral Home

Name of deceased Baby Judy K. Glick
 Date of death Fri. Nov 21-41 1130 M A
 Cause of death Premature Birth
 Place of death At Home
 Residence 500 Piedmont
 Age ✓ Y'rs ✓ Mo's ✓ Days 2 Hrs
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at Home
 Date 1941 M ✓
 Account charged A. S. F. Glick
 Address 500 Piedmont
 Account guaranteed Payments
 Address ✓
 Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 2-0 th 2 12.50
 Casket with Copper Lin. ✓
 Style of Casket Box
 No. of Casket 1
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section 4-NE 1/4 Lot 27

I Other Graves



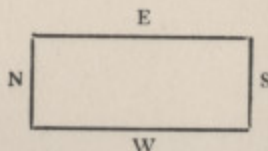
X Grave on this date

Cremation ✓
 Urn ✓
 Single Grave ✓
 Opening and Closing Grave ✓
 Body Shipped to ✓
 R. R. Ticket Out & Serv 450
 Cash advanced ✓ 5.00
 Autos ✓
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon ✓
 Physician Dr. J. Ridding
 County or City Burial
 Automobiles ✓
 Baggage or Express Train No. ✓ 2200

Carey Hand Funeral Home

Name of deceased Red Anglesy Glades
 Date of death Nov 18-41 M
 Cause of death General Ansaage
 Place of death Res
 Residence Sanford Fla
 Age 72 Y'rs 4 Mo's 23 Days
 Weight 127 Height 5 ft. 4 in. Eyes shu
 Funeral at Sanford
 Date 1941 M
 Account charged Suckson F. Home
 Address Sanford Fla
 Account guaranteed Bk
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body
 Style of Casket Quonset
 No. of Casket 430 P. 7th
 Outside Box 11-21-41
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

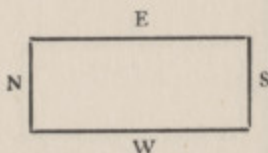
Cremation Body Cremated
 Urn S-A. On 11-22-41
 Single Grave
 Opening and Closing Grave after
 Body Shipped to Expressed
 R. R. Ticket Suckson F. Home
 Cash advanced
 Autos Sanford Fla
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Louis Stern
 Date of death Nov 19 M
 Cause of death auto accident
 Place of death Charleston S.C.
 Residence Le Land, Fla
 Age 65 Y's. Mo's. Days
 Weight. Height. ft. in. Eyes.
 Funeral at
 Date 194 M
 Account charged
 Address
 Account guaranteed
 Address
 Embalming Body arrived by Express
 Robe, Suit, Dress 130.00
 Underwear and Hose Sat-11-22-41
 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
 Single Grave Body cremated
 Opening and Closing Grave 8-AM
 Body Shipped to Sat Dec-4-41
 R. R. Ticket
 Cash advanced Other Section
 Autos Greenwood Cemetery
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

50.00

50.00

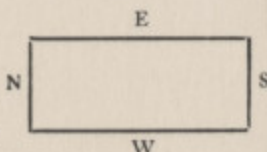
Carey Hand Funeral Home

Name of deceased Marcie A. Hutson
 Date of death Nov 22 6 9 M
 Cause of death Gloignial Cancer
 Place of death G. G. H.
 Residence Apopka Fla
 Age 55 Yrs. 3 Mo's. 8 Days
 Weight 165 Height 5 ft. 5 in. Eyes
 Funeral at Methodist Church - Apopka
 Date Nov 25 1941 3:30 P.M
 Account charged
 Address
 Account guaranteed Estate
 Address
 Embalming Yes
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Sit Push
 Casket with Copper Lin.
 Style of Casket Oct 1/2 - Couch
 No. of Casket 1937 Shain
 Outside Box Req -
 Shipping Case or Vault
 Handles Ext -
 Pillow Set Yes
 Name Plate
 Cemetery Apopka New
 Section Lot

35.00

175.00

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
 Autos
 Telegram
 Minister Rev Jack Harris
 Music By Church
 Casket Wagon 41
 Physician Dr. Folsom
 County or City Burial
 Automobiles SVS
 Baggage or Express Train No.

15.00

5.00

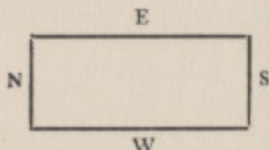
15.00

245.00

Carey Hand Funeral Home

Name of deceased Charles H. Hogue
 Date of death Nov - 21 - 41 M
 Cause of death Not given on Permit
 Place of death Melbourne Fla
 Residence Melbourne
 Age 82 Y'rs 11 Mo's 25 Days
 Weight 135 Height 5 ft. 0 in. Eyes
 Funeral at Melbourne
 Date 194 M
 Account charged Crowley F. Home
 Address Melbourne Fla
 Account guaranteed let -
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Guard
 Casket with Copper Lin. 41
 Style of Casket 6 P. On 11-22-41
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 8-9 in
 Handles Sim Nov 28-41
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

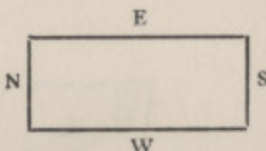
Cremation
 Urn wooden
 Single Grave Express Ashes to
 Opening and Closing Grave
 Body Shipped to Crowley
 R. R. Ticket F. Home
 Cash advanced Melbourne
 Autos Fla
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

CONOLEY Carey Hand Funeral Home

Name of deceased Mrs. Luc. Maude Conda
 Date of death Sun Nov-23-41 5:20 P.M.
 Cause of death _____
 Place of death Res
 Residence 930 Kuhl ave
 Age 63 Y'rs 9 Mo's 13 Days _____
 Weight 100 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Tues Nov-25- 1941 4 P.M.
 Account charged Mr. E. B. Conoley
 Address 930 Kuhl ave
 Account guaranteed Catote
 Address _____
 Embalming & Dressing # 35.00
 Robe, Suit, Dress Blue Suits 21.50
 Underwear and Hose 3.00
 Casket 6-6 Metal Silver Lin 420.00
 Casket with Copper Lin. Silver
 Style of Casket State N.C.
 No. of Casket _____
 Outside Box Req
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes 18.75
 Name Plate Name & Date 1941
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

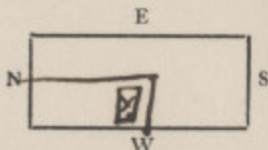
Cremation Family Car N. City 5.00
 Urn P. B. V. 5.00
 Single Grave Car Mini 10.00
 Opening and Closing Grave 1st etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Mrs. Beck & Brothers 5.00
 Music Yes 5.00
 Casket Wagon (1) 5.00
 Physician Dr. M. E. Swan
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

\$534.75

Carey Hand Funeral Home

Name of deceased *Mr. Glenn H. Downie*
 Date of death *Sun Nov-23-41* *8:30* *M*
 Cause of death *admission disease*
 Place of death *res*
 Residence *1410 E. Osceola*
 Age *58* Yrs *2* Mo's *9* Days
 Weight *100* Height *5* ft *5* in. Eyes
 Funeral at *Chapel*
 Date *Tues- Nov 25-1941* *2 P.* *M*
 Account charged *Mrs. Glenn Downie*
 Address *1410 S. Osceola St*
 Account guaranteed *Estate*
 Address
 Embalming *Dressing*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-8- Eng Casket*
 Casket with Copper Lin. ☒
 Style of Casket *Oct. H. C.*
 No. of Casket *1972* *Tampa*
 Outside Box *9-9*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section *B* *NW 1/4* Lot *106*

I Other Graves



X Grave on this date

Cremation *F. Car* *No Chg*
 Urn *P. Car*
 Single Grave *Car min*
 Opening and Closing Grave *T + etc*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Monis Book & Bowties*
 Music *Organ*
 Casket Wagon *42*
 Physician *Dr. J. Ford*
 County or City Burial
 Automobiles *B. & S.*
 Baggage or Express Train No.

5.00
5.00
15.00

5.00

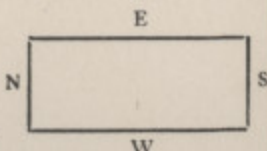
15.00

775.00

Carey Hand Funeral Home

Name of deceased *Mr. John J. Tomilson*
 Date of death *Nov-23-41* *7:00* P. M.
 Cause of death *Pulmonary Tub*
 Place of death *St. 9th N. 1st*
 Residence *Biddick Fla*
 Age *52* Y'rs. *10* Mo's. *29* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Day*
 Date _____ 194____ M
 Account charged *Mr. John J. Tomilson*
 Address *Biddick Fla Rt 1-Box 85*
 Account guaranteed *68-*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose *✓*
 Casket *6-3- in Maple* *95.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct No 2*
 No. of Casket *1972-9 amp. 1*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Best*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Adell Ga*
 R. R. Ticket _____
 Cash advanced *Express* *17.00*
 Autos _____
 Telegram *(1)* *40*
 Minister _____
 Music _____
 Casket Wagon *(2)* *10.00*
 Physician *Dr. J. C. Black*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92*

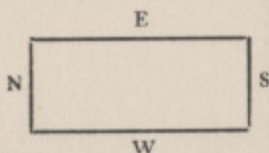
Nov-11-25-41

757.40

Cary Hand Funeral Home

Name of deceased *Mrs. Charlotte L. Pickman*
 Date of death *Nov 18-41* M
 Cause of death *anigona Factoris*
 Place of death *Rt 10*
 Residence *St Petersburg Fla*
 Age *69* Y'rs *1* Mo's *17* Days
 Weight *100* Height *5 ft 4 1/2 in* Eyes
 Funeral at
 Date *194* M
 Account charged *Ralph Bickney*
 Address *St Petersburg Fla*
 Account guaranteed
 Address
 Embalming *Cremated* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body 800*
 Casket with Copper Lin. *Fl Auto*
 Style of Casket *S-T-M*
 No. of Casket *Two Nov-25-41*
 Outside Box
 Shipping Case or Vault *Body 800*
 Handles *Cremated*
 Pillow Set *Qm 11-25-41*
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn *wooden*
 Single Grave *Express to*
 Opening and Closing Grave
 Body Shipped to *Mrs. Harry Lester*
 R. R. Ticket *Lakewood*
 Cash advanced *K. J. Perry*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

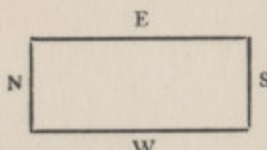
Pa

37.50

Carey Hand Funeral Home

Name of deceased *Mr. Edward F. Howe*
 Date of death *Nov-26-41* M
 Cause of death *D.G.H.*
 Place of death *D.G.H.*
 Residence *Kial Dale Pine Castle*
 Age *57* Yrs. *1* Mo's. *22* Days
 Weight *156* Height *5* ft. *7* in. Eyes *✓*
 Funeral at *Chapel*
 Date *Fri Nov 28* 1941 *11-A* M
 Account charged *Franklin F. Howe*
 Address *1721-211 St. Bay Side L.I.N.Y.*
 Account guaranteed *Estote*
 Address _____
 Embalming *✓* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-41* *135.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Octagon*
 No. of Casket *1311-Linear*
 Outside Box *✓*
 Shipping Case or Vault *✓*
 Handles *Est*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Cremation*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Cremation* *50.00*
 Urn *See Bronze # M-32* *35.00*
 Single Grave *None + Dale Eng*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos *Auto Nov 11-22* *5.00*
 Telegram _____
 Minister *Rev. M. H. Harris*
 Music _____
 Casket Wagon *(1)* *5.00*
 Physician *Dr. S. Tolson*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body Cremated 8-AM

Sat 11-29-41

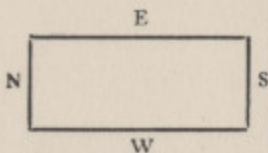
will call for ashes

265.00

Carey Hand Funeral Home

Name of deceased *Mrs. Concetta Geraci*
 Date of death *Nv- 27-41* *5 A M*
 Cause of death _____
 Place of death *Res.* _____
 Residence *1200 East Concord*
 Age *81* Y'rs. _____ Mo's. _____ Days _____
 Weight *125* Height _____ ft. _____ in. Eyes _____
 Funeral at *Catholic Church*
 Date *Oct Nov 29* 1941 *9-A M*
 Account charged *Somenich Geraci*
 Address *1200 East Concord*
 Account guaranteed *Payment*
 Address *2010 E. 10th*
 Embalming *Yes* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *4-3-9-6-1* 75.00
 Casket with Copper Liner _____
 Style of Casket *Sp. H. C.*
 No. of Casket *72 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *G* Lot _____

I Other Graves



X Grave on this date

Cremation *Car P. B* 5.00
 Urn *Cap. Mini* 25.00
 Single Grave *White* 15.00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Father Bishop*
 Music *By Church*
 Casket Wagon _____
 Physician *Dr. Beardsall*
 County or City Burial _____
 Automobiles *S. V. S.* 15.00
 Baggage or Express Train No. _____

Total 775.00
in cash 25.00
 Balance 150.00

Carey Hand Funeral Home

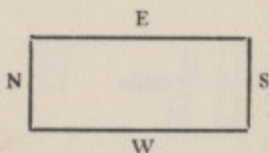
Name of deceased Albert Mehde
 Date of death Nov 27-41- 5-A M
 Cause of death G. I. St.
 Place of death Laekhart
 Residence Laekhart
 Age 73 Y'rs 6 Mo's 25 Days
 Weight 160 Height 5 ft 8 in. Eyes
 Funeral at Laekhart
 Date Set Nov 29 1941 3 P. M
 Account charged Mrs. Anna De Horson
 Address Laekhart Fla.
 Account guaranteed
 Address
 Embalming Yes 35 "
 Robe, Suit, Dress
 Underwear and Hose
 Casket Wm. B. G. 45 "
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Palmdale
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremation 30 "
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to Body Cremated
 R. R. Ticket 8-4 7th St.
 Cash advanced Nov 30-41-
 Autos
 Telegram will call for ashes
 Minister
 Music
 Casket Wagon 1 5 "
 Physician Dr. Lois Orr
 County or City Burial
 Automobiles
 Baggage or Express Train No.

735.00

Carey Hand Funeral Home

Name of deceased *Mrs Theodore P. Bates*
 Date of death *Nov 28* *2:10 P. M*
 Cause of death *Res -*
 Place of death *Res -*
 Residence *909 Cordova Court*
 Age *68* Y'rs *3* Mo's *3* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Nov 30 Sunday 1941* *3 P. M*
 Account charged *Mrs Grace T. Bates*
 Address *909 - Cordova Ct -*
 Account guaranteed *Cash*
 Address
 Embalming *J. Shilling*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6/3 Grey Pine*
 Casket with Copper Lin.
 Style of Casket *Oct H.C.*
 No. of Casket *Tampa # 72*
 Outside Box
 Shipping Case or Vault
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section Lot

I Other Graves



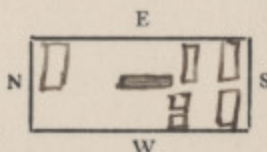
X Grave on this date

Cremation *Body Cremated* *50 00*
 Urn *8 a.m. Monday Dec 1*
 Single Grave *1941*
 Opening and Closing Grave
 Body Shipped to *Ashes scattered in*
 R. R. Ticket *Greenwood Cemetery*
 Cash advanced
 Autos *Amb 2 trips* *10 00*
 Telegram
 Minister
 Music
 Casket Wagon *(1)* *5 00*
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. *\$175.00*

Carey Hand Funeral Home

Name of deceased Baby Ferguson
 Date of death Nov 28 1910 a. M.
 Cause of death _____
 Place of death Fla. Sant
 Residence 526 Piedmont ave
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Sat Nov 29 194 1 2 P. M.
 Account charged Wm Ferguson
 Address 526 Piedmont St
 Account guaranteed J. G. Tyner
 Address Chillicothe Fla
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2/0 White Plush 27 50
 Casket with Copper Lin. _____
 Style of Casket Oct
 No. of Casket Tampa 103
 Outside Box _____
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section 2 Lot 81

I Other Graves



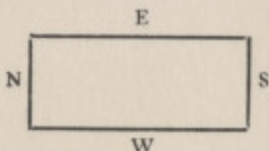
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 4 50
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Auto 5 00
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
 Total 37.00

Carey Hand Funeral Home

Name of deceased Aline H. Garselson
 Date of death Nov. 28 9:30 a.m. M
 Cause of death Myocardial heart failure
 Place of death O. F. H.
 Residence 436 S. Escala
 Age 68 Y'rs. Mo's. Days.
 Weight 145 Height 5 ft. 5 in. Eyes.
 Funeral at West-
 Date 194 M
 Account charged Mrs. Jas. Pittman
 Address
 Account guaranteed Estab.
 Address
 Embalming Y. Juss 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6- Metal G. H. Fin 595.00
 Casket with Copper Lin. Same
 Style of Casket Imp. State H. Cx.
 No. of Casket 10000
 Outside Box Reg.
 Shipping Case or Vault ✓
 Handles Exp. 18.73
 Pillow Set Yes 14.41
 Name Plate Name + Date
 Cemetery Westview
 Section Lot

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave

Body Shipped to Birmingham Ala 28.40

R. R. Ticket 41

Cash advanced Ex. car 7.11

Autos

Telegram

Minister West-

Music

Casket Wagon 2 trips 10.00

Physician Dr. S. Folger

County or City Burial

Automobiles

Baggage or Express Train No. 92

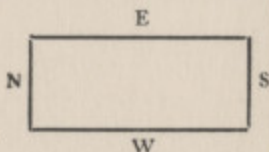
Sat-11-29-41

675.51

Cary Hand Funeral Home

Name of deceased *Mrs. Belle Fost* *Monis*
 Date of death *Nov-29-41* *5-A* M
 Cause of death _____
 Place of death *Yes*
 Residence *Jellwood*
 Age *71* Y'rs *4* Mo's *17* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *M. E. Church Jellwood*
 Date *Tue Dec. 2* 1941 *2 P.* M
 Account charged *A. Lee French Adm*
 Address *Int. Sl. & Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *Thursing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-7 1/2 Box* *175.00*
 Casket with Copper Lin. _____
 Style of Casket *Oct-1/2-C*
 No. of Casket *1391* *Shiner*
 Outside Box *9-19*
 Shipping Case or Vault ☒
 Handles *Box*
 Pillow Set *Yes*
 Name Plate ☒
 Cemetery *Tongue*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Tr. ch* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *U. & Res* *5.00*
 Physician *Dr. Taper & Quates*
 County or City Burial _____
 Automobiles *S. & S* *15.00*
 Baggage or Express Train No. *245.00*
245.00

Carey Hand Funeral Home

Mooney

Name of deceased Mr John Henry Mooney
 Date of death Nov 29-41 AM
 Cause of death Cardio Pulmal Disease
 Place of death Res -
 Residence 213 East Concord
 Age 88 Y'rs 10 Mo's 9 Days
 Weight 200 Height 6 ft. 2 in. Eyes
 Funeral at Chapel
 Date Mon Dec 1 1941 3:00 M
 Account charged Mrs Mary Mooney
 Address E. Concord Ave
 Account guaranteed Estate
 Address
 Embalming Yes 85.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Walnut 325.00
 Casket with Copper Lin. ✓
 Style of Casket State of Calif
 No. of Casket
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cumturi
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cumturi 50.00
 Urn
 Single Grave ✓ Body Cumturi
 Opening and Closing Grave 8-AM
 Body Shipped to ✓ Nov 12-2-41-
 R. R. Ticket ✓
 Cash advanced ✓ will call for
 Autos ✓
 Telegram ✓
 Minister Rev Angus Book
 Music Organ Piano
 Casket Wagon (1) 5.00
 Physician Dr Redding
 County or City Burial
 Automobiles Amc Car 5.00
 Baggage or Express Train No.
720.00

Carry Hand Funeral Home

Name of deceased Chas. Allen Ridley
 Date of death Oct Nov-29-41 10 A M
 Cause of death Bullet wound at Eye - through Head
 Place of death Near Army Air Base
 Residence Nashville Tenn
 Age 30 Y's 6 Mo's 20 Days
 Weight 5-7 Height 170 ft. in. Eyes
 Funeral at Dist Nashville Tenn
 Date Monday Dec 2 1941 4 P M
 Account charged Gov Allowance
 Address
 Account guaranteed
 Address
 Embalming Yes
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3-42 Doe
 Casket with Copper Lin. ☒
 Style of Casket 6 of St. Cap
 No. of Casket 2500
 Outside Box Reg
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery Dist
 Section Lot

I Other Graves

X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave

Body Shipped to Nashville Tenn

R. R. Ticket Army

Cash advanced

Autos

Telegram

Minister From the Post

Music

Casket Wagon (2)

Physician Dr

County or City Burial

Automobiles

Baggage or Express Train No.

Body Post Dis - from
Back Hsp

35.00

55.00

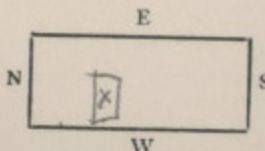
10.00

100.00

Carey Hand Funeral Home

Name of deceased *Am John A. Wald*
 Date of death *Nov 30-41* *6:30 AM*
 Cause of death *1639 Belmont*
 Place of death *Belmont*
 Residence _____
 Age *63* Yrs *10* Mo's *24* Days _____
 Weight *170* Height *5* ft. *0* in. Eyes _____
 Funeral at *Chapel*
 Date *Wed-12-3-* 1941 *3 P. M*
 Account charged *Mrs John A Wald*
 Address *1639 Belmont*
 Account guaranteed *Insurance*
 Address _____
 Embalming *Y Dress*
 Robe, Suit, Dress *Grey Suit* *112.80*
 Underwear and Hose _____ *12.50*
 Casket *6-6- Metal Set Fin* *250.00*
 Casket with Copper Lin. _____
 Style of Casket *Flat 12-e*
 No. of Casket *Dennis Walker*
 Outside Box *Yes*
 Shipping Case or Vault *AIR Seal* *125.00*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *A* Lot *12*

I Other Graves



X Grave on this date

Cremation *Car P. O.* *5.00*
 Urn *Car Mr* *5.00*
 Single Grave *1-anti* *5.00*
 Opening and Closing Grave *1-anti* *10.00*
 Body Shipped to *1-anti N. York* *5.00*
 R. R. Ticket *1 auto*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Ed Turner*
 Music *yes* *5.00*
 Casket Wagon *1* *5.00*
 Physician *Dr. Malloy*
 County or City Burial _____
 Automobiles *S. V. S.* *15.00*
 Baggage or Express Train No. _____

477.50

Carey Hand Funeral Home

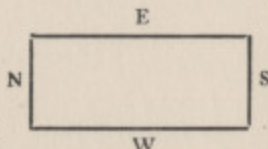
Name of deceased Miss Katharine L.H. Taylor
 Date of death Nov-28-41 M
 Cause of death Chronic Myocarditis
 Place of death Res
 Residence St Cloud
 Age 50 Yrs 3 Mo's 12 Days
 Weight 150 Height 5 ft 6 in. Eyes
 Funeral at St Cloud
 Date 1941 M
 Account charged Epstein & Higginson
 Address
 Account guaranteed OK
 Address
 Embalming Cremation
 Robe, Suit, Dress 37,50
 Underwear and Hosiery
 Casket Flat Top
 Casket with Copper Lin.
 Style of Casket Body covered
 No. of Casket 41
 Outside Box 1230 PM
 Shipping Case or Vault Mon Dec 1-41
 Handles
 Pillow Set Body Covered
 Name Plate 1-PM-12-1-41
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn wood
 Single Grave
 Opening and Closing Grave Other
 Body Shipped to
 R. R. Ticket Epstein & Higginson
 Cash advanced To Home
 Autos C. Church St
 Telegram Orlando
 Minister 12-2-41
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased John H. List
 Date of death Mon Dec-1-41 8 P. M
 Cause of death Uremia
 Place of death Res
 Residence Interden Ave W. Park
 Age 80 Y'rs 5 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res
 Date Tues Dec-2nd 1941 11 A M
 Account charged Mrs. August S. List
 Address Winton Park Fla
 Account guaranteed Cash
 Address _____
 Embalming Care of Body 15.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Low Chg 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

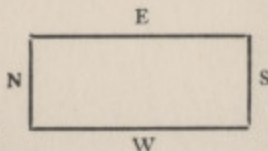
Cremation Cremation 80.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated W. Park
 R. R. Ticket Wed-12-3-41
 Cash advanced _____
 Autos will call for
 Telegram _____
 Minister Rev. C. H. Simpson
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 4

725.00

Carry Hand Funeral Home

Name of deceased *Mr Chas Joseph Smith*
 Date of death *Tues Dec 2 1941* *8:30 AM*
 Cause of death *Exhaustion*
 Place of death *O. G. H.*
 Residence *828 N. Summerlin*
 Age *86* Y'rs *6* Mo's *5* Days
 Weight Height ft. in. Eyes
 Funeral at *Boeing Chapel 7:00 PM 12-2-41*
 Date *Sumner 11 Out* 1941 M
 Account charged *Mrs I A Shaghness*
 Address *1708 Summit Ave St Paul Minn*
 Account guaranteed *OK*
 Address
 Embalming *J. Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6 Metal Oxy Lin* 437.50
 Casket with Copper Lin. ✓
 Style of Casket *State St. Cap.*
 No. of Casket *Sanborn*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Reg*
 Pillow Set *Yes*
 Name Plate *Crucifix*
 Cemetery *Cabrey St. Paul*
 Section *49* *Blk-13* Lot *14*

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket *R.* 207.61
 Cash advanced
 Autos
 Telegram
 Minister *Walter Bishop*
 Music *Organ*
 Casket Wagon *(3)* 10.00
 Physician *Dr. Carl Hoffner*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92* *St. P.*

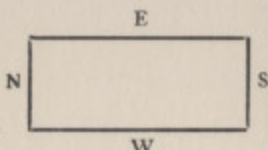
Wed. 12-3-41

690.61

Carry Hand Funeral Home

Name of deceased C. Edgar Wiscott
 Date of death Thurs Dec - 2 - 41 M
 Cause of death _____
 Place of death The Plant
 Residence Grandt, Ont-
 Age 70 Y'rs 9 Mo's — Days _____
 Weight 150 Height 6 ft. — in. Eyes _____
 Funeral at Chapel
 Date Thurs Dec 4 1941 A M
 Account charged Mrs Rutha Wiscott
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-34
 Casket with Copper Lin. _____
 Style of Casket Cet-
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



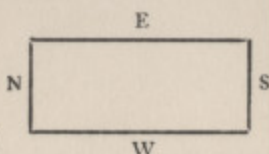
X Grave on this date

Cremation Cremation
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Body Cremated
 R. R. Ticket 8-9m
 Cash advanced Thurs Dec - 6 - 41
 Autos _____
 Telegram _____
 Minister Will Call for Papers
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carry Hand Funeral Home

Name of deceased Willie Lee Pullens
 Date of death Dec. 2-41 2:35 P.M.
 Cause of death _____
 Place of death Res
 Residence Peace
 Age 31 Y'rs. 3 Mo's. 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at grave side
 Date Thurs Dec - 4 1941 4 P. M
 Account charged Mrs. Frances Pullens
 Address Peace
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose 2
 Casket 6-3 by 12 75.00
 Casket with Copper Lin. ✓
 Style of Casket Gen. H. Cal.
 No. of Casket 22 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

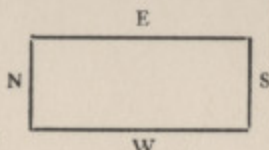
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Yes 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon 11 5.00
 Physician Dr. Scott
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. 28

145.00

Carey Hand Funeral Home

Name of deceased Infant Gabel
 Date of death Wed Dec 3-41 M
 Cause of death Still Born
 Place of death 09th
 Residence _____
 Age ✓ Y'rs ✓ Mo's ✓ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 1 M
 Account charged Mrs. P. M. Gathams
 Address _____
 Account guaranteed Cash
 Address _____
 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



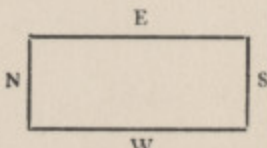
X Grave on this date

Cremation Body Cremated
 Urn _____
 Single Grave _____
 Opening and Closing Grave 8 A M
 Body Shipped to Phos 12-4-41
 R. R. Ticket _____
 Cash advanced _____
 Autos ashes to be scattered
 Telegram in Greenwood
 Minister if not call for 6 N 12
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 500

Carey Hand Funeral Home

Name of deceased Samuel S. Green
 Date of death Dec - 1 - 41 M
 Cause of death Myocardial
 Place of death Bar
 Residence Barrow
 Age 95 Y'rs 1 Mo's 1 Days 18
 Weight Height ft. in. Eyes
 Funeral at Barrow Fla.
 Date Dec 1941 M
 Account charged H. P. Whedden F. H.
 Address Barrow Fla.
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket Body covered
 Casket with Copper Lin. 4 figures
 Style of Casket
 No. of Casket 1 76
 Outside Box Yes 2-A m
 Shipping Case or Vault
 Handles Bronze Decorated
 Pillow Set 8-A
 Name Plate 12-5-41
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

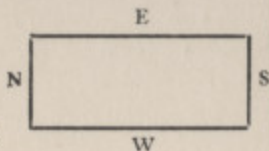
Cremation
 Urn wooden
 Single Grave Open Express
 Opening and Closing Grave N
 Body Shipped to
 R. R. Ticket Whedden F. H.
 Cash advanced
 Autos Barrow Fla.
 Telegram
 Minister
 Music Mount Holy Comm.
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Mrs. Mary Helsted Linn
 Date of death Dec. 3-41 A M
 Cause of death Cholera Myocarditis
 Place of death At home
 Residence 625 East Livingston
 Age Yrs. Mo's. Days.
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Tue Dec. 5 - 1941 10 A M
 Account charged Mrs. Linn's
 Address 625 E. Livingston
 Account guaranteed At home
 Address
 Embalming Yes
 Robe, Suit, Dress Yes
 Underwear and Hose Yes
 Casket 6-3 in. Dole
 Casket with Copper Lin. Yes
 Style of Casket Oct. H. C
 No. of Casket 1311- Shrin
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery At home
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to White Plains N.Y.
 R. R. Ticket 225-11
 Cash advanced
 Autos
 Telegram 118 118
 Minister Mrs. Caroline Parsons
 Music
 Casket Wagon (2)
 Physician Dr. J. S. McEwen
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92

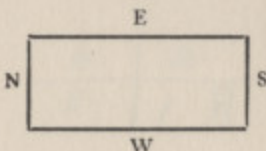
Tue 12-5-41

217.16

Carey Hand Funeral Home

Name of deceased *Mrs. Elmer J. Summersett*
 Date of death *Wed - Dec 3 - 41* M
 Cause of death *Hemorrhage*
 Place of death *B.H.*
 Residence *Ola Vista*
 Age *62* Y'rs *7* Mo's *12* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *West*
 Date *Dec 6 - 1941* A.M.
 Account charged *Joe Chancey*
 Address *Ola Vista Fla*
 Account guaranteed *Payments*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *clothing* *25.00*
 Underwear and Hose _____ *25.00*
 Casket *6-6-Gr Box*
 Casket with Copper Lin. *Yes*
 Style of Casket *Sp. Tilt Top*
 No. of Casket *H m*
 Outside Box *Yes*
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set _____
 Name Plate *Yes*
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Hartford Ala*
 R. R. Ticket *by auto truck*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *Yes* *5.00*
 Physician *Dr. Frank Gray*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Cr Park

60.00

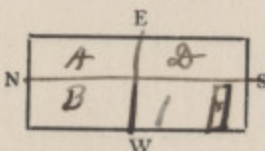
5.00

55.00

Carey Hand Funeral Home

Name of deceased *Mr John R Kennedy*
 Date of death *Dec - 4-41* *11:15 A.M.*
 Cause of death _____
 Place of death *Res*
 Residence *One mi. S.W. of De Land*
 Age *74* Y'rs. *10* Mo's. *14* Days.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sat Dec 6* 1941 *10:30 A.M.*
 Account charged *Trust Officer*
 Address *Barnett Bank De Land Fla*
 Account guaranteed *Catalo*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *6-6 in. Cloth* *250.00*
 Casket with Copper Lin. _____
 Style of Casket *Style D. C*
 No. of Casket *48 - Tampa*
 Outside Box _____
 Shipping Case or Vault *air seal* *125.00*
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Galton Cemetery W. Park*
 Section *C -* Lot *17*

I Other Graves



X Grave on this date

Cremation *Cash & Min* *10.00*
 Urn *None* *2.50*
 Single Grave _____
 Opening and Closing Grave *Yes* *15.00*
 Body Shipped to *Car P. B.* *5.00*
 R. R. Ticket *Car Min* *5.00*
 Cash advanced *Family Car*
 Autos _____
 Telegram _____
 Minister *Rev. Le Roy Brasher*
 Music *Yes*
 Casket Wagon *W. D. Res* *15.00*
 Physician *Dr*
 County or City Burial _____
 Automobiles *S. Y. S.* *15.00*
 Baggage or Express Train No. _____

L. A. Perkins Jr
Barnett Nat Bank
De Land Fla

477.50

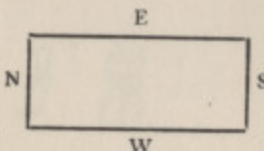
Carry Hand Funeral Home

Name of deceased <u>Henry Lynn Drugg</u>	
Date of death <u>Dec 4</u>	2:45 PM
Cause of death <u>Cancer of ascending colon</u>	
Place of death <u>Eustis Fla</u> Med Center	
Residence <u>Int 402a, Fla</u>	
Age <u>68</u> Y'rs.	Mo's <u>26</u> Days
Weight	Height ft. in. Eyes
Funeral at	
Date	1941 M
Account charged <u>Burland Drugg</u>	
Address <u>Biltmore Hotel Portland, N.J.</u>	
Account guaranteed <u>Estate</u>	
Address	
Embalming <u>& Dressing</u>	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Grey Cope</u>	65 00
Casket with Copper Lin.	
Style of Casket <u>Sgs N. Cope</u>	
No. of Casket <u>Tampa 72</u>	
Outside Box	
Shipping Case or Vault <u>Braydon</u>	
Handles <u>m # 32</u>	35 00
Pillow Set <u>Engraved</u>	
Name Plate	
Cemetery <u>Cremation</u>	
Section	Lot
<div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> I Other Graves <div style="border: 1px solid black; padding: 10px; text-align: center;"> E N S W </div> </div>	
X Grave on this date	
Cremation <u>Cremation</u>	50 00
Urn	
Single Grave	
Opening and Closing Grave	
Body Shipped to <u>Body Cremated</u>	
R. R. Ticket <u>Sat 8 a.m.</u>	
Cash advanced	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>To Eustis Fla</u>	15 00
Physician <u>Dr. Taylor</u>	
County or City Burial	
Automobiles	
Baggage or Express Train No.	\$ 200.00

Carey Hand Funeral Home

Name of deceased *Mrs. Mary D. Callahan*
 Date of death *Mon. Dec. 5-41* *2:15* *P.M.*
 Cause of death *Sept. Ulcers*
 Place of death *St. H.*
 Residence *425 - W. Hazel Ave*
 Age *71* Yrs. *11* Mo's. *25* Days
 Weight *225* Height *5* ft. *6* in. Eyes
 Funeral at *St. James Catholic Church*
 Date *Tues. Dec. 9 - 1941* *9 A.M.*
 Account charged *Grace C. Walker*
 Address *425 W. Hazel Ave*
 Account guaranteed *Insurance*
 Address
 Embalming *Aduro*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 in. Maple* *125.00*
 Casket with Copper Lin. ☒
 Style of Casket *Ext. H. C.*
 No. of Casket *1972 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext.*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Woodlawn*
 Section *C* Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave *T. & Co* *15.00*
 Body Shipped to
 R. R. Ticket *Car Min* *5.00*
 Cash advanced *Car P. B.* *5.00*
 Autos *Family car No. 419*
 Telegram
 Minister *Father Bishop*
 Music
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Tolson*
 County or City Burial
 Automobiles *S. & S* *15.00*
 Baggage or Express Train No.

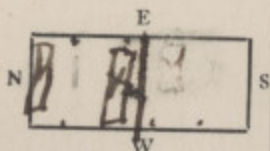
205.00

Rosary Chapel, Chapel
730 P.M. Sunday
Dec-7-

Carey Hand Funeral Home

Name of deceased Mrs Ernest Preis
 Date of death Dec-6-41 12:30 A. M.
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence Wendover
 Age 65 Yrs. 4 Mo's 30 Days
 Weight 175 Height 6 ft. — in. Eyes —
 Funeral at Chapel
 Date Mon Dec 8- 1941 3 P M
 Account charged Mrs
 Address 14- N. Mill St
 Account guaranteed Estab Mrs
 Address —
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-12 Met Six Pin 250.00
 Casket with Copper Lin. ✓
 Style of Casket Flat 1/2 E
 No. of Casket Deannis Walter
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Est
 Pillow Set Yes
 Name Plate —
 Cemetery Greenwood
 Section S N E 1/4 Lot 52

I Other Graves



X Grave on this date

Cremation P. B. Can & Urn 5.00
 Urn Can & Urn 5.00
 Single Grave —
 Opening and Closing Grave 7.00 15.00
 Body Shipped to —
 R. R. Ticket 7.00 16.00
 Cash advanced —
 Autos —
 Telegram A FRED TURNER
 Minister —
 Music —
 Casket Wagon — 5.00
 Physician Dr Lawrence
 County or City Burial —
 Automobiles S & S 15.00
 Baggage or Express Train No. —

330.00

ing with (3) Dinner
 also given to Mrs
 Martha Hamee Sister

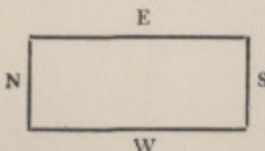
Carry Hand Funeral Home

Summerson

Name of deceased *Mr. E. N. Summerson*
 Date of death *Dec - 5 - 41* M
 Cause of death *Not given on Permit*
 Place of death *Columbus*
 Residence *Columbus*
 Age *73* Y'rs. *11* Mo's. *6* Days
 Weight *145* Height *5* ft. *4* in. Eyes
 Funeral at *Columbus*
 Date *194* M
 Account charged *Edge Funeral Home*
 Address *Switzerland, Ga*
 Account guaranteed *OK*
 Address
 Embalming *Cremation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body moved*
 Casket with Copper Lin. *OK*
 Style of Casket *Set 12-6-41*
 No. of Casket
 Outside Box *Body cremated*
 Shipping Case or Vault *OK*
 Handles *Sum - 12-7-41*
 Pillow Set
 Name Plate *Ashes exposed to*
 Cemetery *Edge Funeral Home*
 Section *Switzerland Lot 11A*

37.50

I Other Graves



X Grave on this date

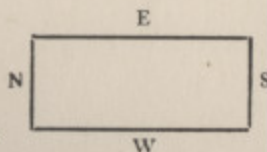
Cremation
 Urn *wooden*
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Jessie H. Houghton*
 Date of death *Dec - 4 - 41* M
 Cause of death *Paralysis*
 Place of death *Res*
 Residence *Cocoa Fla*
 Age *88* Y'rs. *10* Mo's. *19* Days
 Weight *90* Height *5 ft 4* in. Eyes
 Funeral at *Cocoa*
 Date *1941* M
 Account charged *Keon G. Home*
 Address *Cocoa Fla*
 Account guaranteed *OK*
 Address
 Embalming *Emmaline* 37.50
 Robe, Suit, Dress
 Underwear and Hose *Body covered*
 Casket *12 - Room Hat*
 Casket with Copper Lin. *Dec 6-41*
 Style of Casket
 No. of Casket *Body formalis*
 Outside Box *8 - S. in Sun*
 Shipping Case or Vault *12-7-41*
 Handles
 Pillow Set *Order Express to*
 Name Plate *Keon Funeral Home*
 Cemetery *Cocoa Fla*
 Section Lot

I Other Graves



X Grave on this date

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

37.50