

8-15-1942

Memoranda Book 153: Carey Hand Funeral Home records, August 15, 1942 to October 8, 1942

Carey Hand Funeral Home

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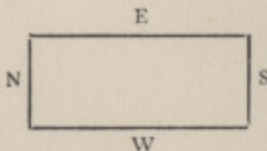
Carey Hand Funeral Home, "Memoranda Book 153: Carey Hand Funeral Home records, August 15, 1942 to October 8, 1942" (1942). *Carey Hand Funeral Home Records*. 153.

<https://stars.library.ucf.edu/cfm-ch-records/153>

Carey Hand Funeral Home

Name of deceased *Mrs Liana Grace Ogletree*
 Date of death *Mon Aug-17-42* 5:30 PM
 Cause of death *Cancer of Stomach abdominal obstruction*
 Place of death *G. N.*
 Residence *Conway Orlando Rt 5*
 Age *44* Yrs *6* Mo's *15* Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tues Aug-18* 1942 *11 AM*
 Account charged *John B. Ogletree*
 Address *Orlando Rt 5-0* *Conway*
 Account guaranteed _____
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *Pink* *2.95*
 Underwear and Hosiery _____
 Casket *6-3-8 Plush* *175.00*
 Casket with Copper Lin. *Yes*
 Style of Casket *Set 12-0*
 No. of Casket *7-1575-1 amp. a*
 Outside Box *Yes*
 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 _____

Urn _____

Single Grave _____

Opening and Closing Grave *Via Atlanta*

Body Shipped to *Athens Ga*

R. R. Ticket _____

Cash advanced _____

Autos *amb. car*

Telegram _____

Minister *Rev. Bantrees*

Music *yes*

Casket Wagon *(2)*

Physician *Dr. Beardsall*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. *76*

Tues Night 8-18-42

1.90
25.61

3.00

5.00

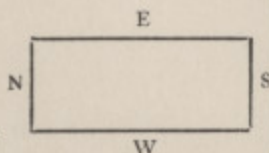
10.00

267.51

Carey Hand Funeral Home

Name of deceased Mrs. Ida W. Pope
 Date of death Aug. 15-42 M
 Cause of death Chronic Renal Disease
 Place of death Res
 Residence Eustis Fla
 Age 80 Y'rs 7 Mo's 15 Days
 Weight 120 Height 5 ft. 8 in. Eyes
 Funeral at
 Date Aug 19 1942 M
 Account charged Beyer's Home
 Address Eustis Fla
 Account guaranteed let
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Guard
 Style of Casket by auto 5 15 PM
 No. of Casket Mon 8-17-42
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 8-A.M. Tues 8-18-42
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

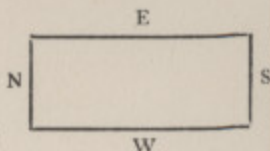
Cremation
 Urn wooden
 Single Grave ashes Express
 Opening and Closing Grave to
 Body Shipped to Mrs. B. Pope
 R. R. Ticket
 Cash advanced Int Wash Sta
 Autos Cincinnati Ohio
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mrs Mary E. Emerson*
 Date of death *Mon Aug-17-42* *PM*
 Cause of death *acute intestinal obstruction*
 Place of death *O.S.H.*
 Residence *737 N. Sumner*
 Age *75* Yrs *6* Mo's *20* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Aug-19 1942* *4 PM* *M*
 Account charged *Mrs W. H. Jones*
 Address *737 N. Sumner*
 Account guaranteed *Ins*
 Address _____
 Embalming *& Dressing*
 Robe, Suit, Dress *Wife*
 Underwear and Hose _____
 Casket *6-3-Gr. Oak 1/2-c*
 Casket with Copper Lin. _____
 Style of Casket *Oct. 1/2-e*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Epiphany*
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

35.00
 10.00
 175.00

5.00
 5.00
 15.00

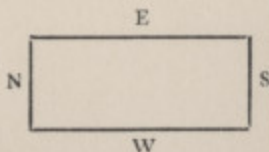
15.00

260.00

Carey Hand Funeral Home

Name of deceased Mrs. M. A. Holloway
Date of death Mon Aug 17-42 P. M.
Cause of death Cancer
Place of death Q. J. H.
Residence Q. J. H.
Age 69 Y'rs 8 Mo's 24 Days
Weight 145 Height 5 ft. 7 in. Eyes
Funeral at Chapel
Date Wed Aug - 19 1942 5:30 P.M.
Account charged Mrs. M. A. Holloway
Address Q. J. H.
Account guaranteed
Address
Embalming & Dressing 35.00
Robe, Suit, Dress ✓
Underwear and Hose ✓
Casket Silver
Casket with Copper Lin. ✓
Style of Casket Set H. E 45.00
No. of Casket
Outside Box ✓
Shipping Case or Vault ✓
Handles Yes
Pillow Set Yes
Name Plate
Cemetery Oremeter
Section Lot

I Other Graves



X Grave on this date

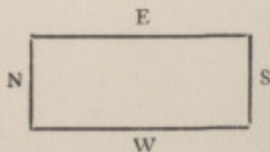
Cremation	<i>Cremation</i>	50.00
Urn		
Single Grave		
Opening and Closing Grave		
Body Shipped to		
R. R. Ticket		
Cash advanced		
Autos	<i>am San</i>	5.00
Telegram		
Minister	<i>Perce</i>	
Music	<i>Organ</i>	5.00
Casket Wagon	<i>(1)</i>	
Physician		
County or City Burial		
Automobiles		
Baggage or Express Train No.	<i>28</i>	

740.00

Carey Hand Funeral Home

Name of deceased *John F. Moody*
 Date of death *Aug 19 11:50 A.M.*
 Cause of death *Pulmonary Embolism*
 Place of death *Fla. Inst.*
 Residence *Winter, Fla.*
 Age *20* Y'rs. *11* Mo's. *10* Days.
 Weight *165* Height *5* ft. *9* in. Eyes *.....*
 Funeral *Chapel*
 Date *Friday Aug 21 194* *4:30 P.M.*
 Account charged *Mrs. John F. Moody*
 Address *Winter Park Fla.*
 Account guaranteed *Cash*
 Address *.....*
 Embalming *Pressing* 35.00
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-6-Br. Cloth* 295.00
 Casket with Copper Lin. *✓*
 Style of Casket *R. Ca. State*
 No. of Casket *4118 Shiner*
 Outside Box *.....*
 Shipping Case or Vault *.....*
 Handles *Ext.*
 Pillow Set *yes*
 Name Plate *.....*
 Cemetery *Calverton*
 Section *.....* Lot *.....*

I Other Graves



X Grave on this date

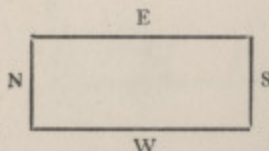
Cremation 50.00
 Urn 5.00
 Single Grave *Gr. Care*
 Opening and Closing Grave *Body*
 Body Shipped to *Cremated*
 R. R. Ticket *8-AM Sat 8-22*
 Cash advanced *will call for*
 Autos *.....*
 Telegram *.....*
 Minister *New Church*
 Music *by church*
 Casket Wagon *(1)* 5.00
 Physician *Dr. Pym.*
 County or City Burial *.....*
 Automobiles *S.V.S.* 15.00
 Baggage or Express Train No. *.....*

405.00

Carey Hand Funeral Home

Name of deceased Mrs. Francis M. Baker
 Date of death Aug-16-42 M
 Cause of death Endocarditis thro
 Place of death Res -
 Residence St. Petersburg
 Age 27 Y's 11 Mo's 29 Days
 Weight 110 Height 5 ft. 2 in. Eyes Blue
 Funeral at St. Petersburg
 Date 194 M
 Account charged R. G. Cooksey F. Home
 Address St. Petersburg Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 32.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body Only
 Casket with Copper Lin. 4 auto
 Style of Casket 12 30 P.M.
 No. of Casket Thurs-8-20-42
 Outside Box _____
 Shipping Case or Vault Body
 Handles Cremated 11-P.M.
 Pillow Set 8-20-42
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves




X Grave on this date

Cremation _____
 Urn wooden
 Single Grave ashes Exposed
 Opening and Closing Grave 10
 Body Shipped to _____
 R. R. Ticket Harry Jones F. Home
 Cash advanced _____
 Autos 31 Taylor Ave
 Telegram Funeral Parl
 Minister New York
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3250

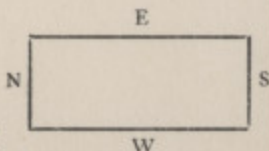
Carey Hand Funeral Home

Name of deceased *Mrs. Vera C. Hawkins*
 Date of death *Thurs Aug 20-42 11:30 AM*
 Cause of death *Cholecystitis*
 Place of death *Ogden, N.Y.*
 Residence *Duland, Fla*
 Age *69* Yrs *12* Mo's *12* Days
 Weight *120* Height *5* ft *6* in. Eyes *Blue*
 Funeral at *Chapel*
 Date *Aug 21* 19*42* M
 Account charged *Mrs. V. C. Hawkins*
 Address *Detroit Toledo Ohio*
 Account guaranteed _____
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket *6-3-12* 100.00
 Casket with Copper Lin ☒
 Style of Casket *Box*
 No. of Casket *1972*
 Outside Box *Yes*
 Shipping Case or Vault ☒
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *9* *NE 1/4* Lot *64*
well *20* *21.40*
 I Other Graves _____

 X Grave on this date _____
 Cremation *auto* *2* 10.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Yes* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced *Spa of Flowers*
 Auto *20.00* *Paid in some*
 Telegram _____
 Minister *Rev Richardson*
 Music _____
 Casket Wagon _____
 Physician *Dr. Beardsall*
 County or City Burial _____
 Automobiles *SVS* 15.00
 Baggage or Express Train No. *775.00*

Carey Hand Funeral Home

Name of deceased Baby Guthrie
 Date of death Aug. 21-42 2:45 H M
 Cause of death Cholera Hospital
 Place of death Winter Garden
 Residence Winter Garden
 Age ✓ Y's ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at Grave side
 Date Thursday Aug 21 1942 P. M.
 Account charged Hollis Guthrie
 Address Winter Garden Fla
 Account guaranteed Cash
 Address ✓
 Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2-0-4-2 10.00
 Casket with Copper Lin. ✓
 Style of Casket Spr. N. M.
 No. of Casket Reg
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Winter Garden
 Section ✓ Lot ✓

I Other Graves



X Grave on this date

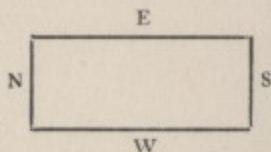
Cremation Bought Case
 Urn and done there
 Single Grave own work
 Opening and Closing Grave ✓
 Body Shipped to Have permit
 R. R. Ticket for same
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon ✓
 Physician Dr. Harder
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express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

10.00

Carey Hand Funeral Home.

Name of deceased Clifford G. Richardson
 Date of death Aug 21-43 9:15 A.M.
 Cause of death Pneumonia
 Place of death Phillips Town
 Residence Phillips Town
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes 10-AM
 Funeral at Graveside
 Date Saturday Aug 22 1943
 Account charged Clifford G. Richardson
 Address Phillips Town Fla
 Account guaranteed Check
 Address
 Embalming Care of Body 10.00
 Robe, Suit, Dress
 Underwear and Hose H.R. 23.00
 Casket 2-0 H.R.
 Casket with Copper Lin. H.R.
 Style of Casket Sgt. H.R.
 No. of Casket 77-1000/2
 Outside Box Reg
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Phillips Cemetery
 Section Lot

I Other Graves



X Grave on this date

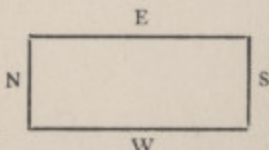
Cremation
 Urn
 Single Grave out- 5.00
 Opening and Closing Grave 5.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr. Sinclair
 County or City Burial
 Automobiles
 Baggage or Express Train No.

43.00

Carey Hand Funeral Home

Name of deceased Anna B. Hein
 Date of death Mon Aug-21-42 2:45 P.M.
 Cause of death Cancer following Colon
 Place of death Osteopath Hospital
 Residence Cocoa Fla
 Age 68 Y'rs 5 Mo's 11 Days
 Weight 125 Height 5 ft 6 in. Eyes blue
 Funeral at Chapel
 Date Sat Aug 29 1942 3 P.M.
 Account charged Mrs Ida E. Sigler
 Address San Diego, Fla.
 Account guaranteed
 Address
 Embalming Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Grey Life 90.00
 Casket with Copper Lin.
 Style of Casket Sgt. N. M.
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault
 Handles Short
 Pillow Set Yes
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

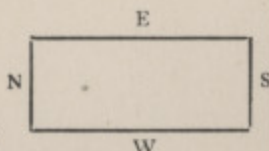
Cremation Body Cremated 50.00
 Urn Sunday 8 a. m.
 Single Grave Aug 30-42
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket Will Call for
 Cash advanced Asker
 Autos
 Telegram
 Minister Rev Voss (Cocoa Fla)
 Music yes 5.00
 Casket Wagon (1) 5.00
 Physician Dr. Trindell
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$185.00

Carey Hand Funeral Home

Name of deceased Miss Emma Kosko
 Date of death Sat. Aug - 22 - 42 1:30 PM
 Cause of death Pneumonia
 Place of death Home
 Residence 1942 - G. Elm Ave
 Age Yrs. Mo's Days
 Weight Height ft. in. Eyes
 Funeral at No Service
 Date 194 M
 Account charged Miss Anna Kosko
 Address 1942 - G. Elm Ave
 Account guaranteed
 Address
 Embalming Care of Body 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



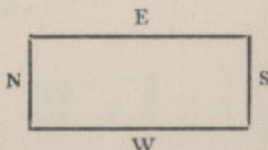
X Grave on this date

Cremation Cremation 50.00
 Urn wooden
 Single Grave Body Cremated
 Opening and Closing Grave 8-4 m
 Body Shipped to Surv 8-23-42 -
 R. R. Ticket
 Cash advanced Ashes buried in
 Autos Behrens Lot
 Telegram NE 1/4 - 97 - B
 Minister
 Music
 Casket Wagon
 Physician Dr. Beardsall
 County or City Burial
 Automobiles
 Baggage or Express Train No. 75.00

Carey Hand Funeral Home

Name of deceased *Mrs Mary Wheeler*
 Date of death *Sat Aug-22-42* P.M.
 Cause of death *Cerebral Hemorrhage*
 Place of death *Oshtemo Hosp*
 Residence *Winter Park*
 Age *72* Yrs *—* Mo's *18* Days *—*
 Weight *135* Height *5* ft. *5* in. Eyes *—*
 Funeral at *West*
 Date *—* 19*42* M
 Account charged *Mrs Mary Wheeler*
 Address *Orlando N. Orange*
 Account guaranteed *—*
 Address *—*
 Embalming *J. Dressing* 35.00
 Robe, Suit, Dress *—*
 Underwear and Hose *—*
 Casket *6-6- Triumph* 365.00
 Casket with Copper Lin. *—*
 Style of Casket *Style 12-2*
 No. of Casket *Sil 4 m*
 Outside Box *Reg*
 Shipping Case or Vault *—*
 Handles *Ext*
 Pillow Set *Yes England*
 Name Plate *—*
 Cemetery *West*
 Section *—* Lot *—*

I Other Graves

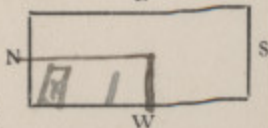


X Grave on this date

Cremation *—*
 Urn *—*
 Single Grave *—*
 Opening and Closing Grave *—*
 Body Shipped to *Minot N.D.*
 R. R. Ticket *Bought Direct*
 Cash advanced *—*
 Autos *emb. car* 5.00
 Telegram *—*
 Minister *—*
 Music *—*
 Casket Wagon *(2)* 10.00
 Physician *Dr Tindall*
 County or City Burial *—*
 Automobiles *—*
 Baggage or Express Train No. *92*
8-26-42 415.00

Carey Hand Funeral Home

Name of deceased *Mrs Lela Taulock*
 Date of death *Sat Aug 22-42- 1120* M P
 Cause of death *Cancer of Colon*
 Place of death *202- S. Kelly Ave*
 Residence *Res of Son*
 Age *67* Yrs *6* Mo's *23* Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tuesday 25- 1942* *4 P.* M
 Account charged *Mrs Lela Taulock*
 Address *520 Conroy St. Orlando*
 Account guaranteed *Sons*
 Address _____
 Embalming & Dressing *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3- Set Plush* *195.00*
 Casket with Copper Lin. _____
 Style of Casket *Set 1/2- E*
 No. of Casket *1927- Shour*
 Outside Box *X*
 Shipping Case, or Vault *Concrete* *60.00*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *N.W. 1/4* Lot *24*
 Head of Grave *East*
 I Other Graves _____
 X Grave on this date _____
 Cremation *Family Car* *5.00*
 Urn *P.B. Car* *5.00*
 Single Grave _____
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev E. D. Cole*
 Music *Organ* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. J. H. Ford*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. _____

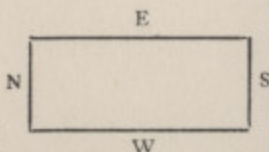


275.00
 60.00
 335.00

Carey Hand Funeral Home

Name of deceased Col Carl Martin
 Date of death Aug-21-42 M
 Cause of death Pistol shot in Head Suicide
 Place of death De Land Fla
 Residence Orange City
 Age 69 Yrs 11 Mo's 12 Days
 Weight 170 Height 6 ft. 1 in. Eyes
 Funeral at De Land
 Date Aug 2 194 M
 Account charged Allen & Sumnerhill
 Address De Land Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body buried
 Style of Casket 4 auto 4-P.M.
 No. of Casket De Land Aug-23-42
 Outside Box
 Shipping Case or Vault Body cremated
 Handles 8-A.M. Mon Aug-24-
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

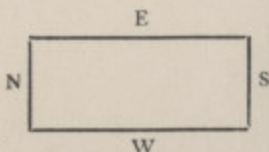
Cremation
 Urn wooden
 Single Grave Express Ashes
 Opening and Closing Grave to General
 Body Shipped to Adj Gen
 R. R. Ticket U.S. Army
 Cash advanced
 Autos Washington D.C.
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mr Wm J. Fisher*
 Date of death *Mon Aug-23-42* P.M.
 Cause of death *Acute Coronary Thrombosis*
 Place of death *Rest*
 Residence *Maitland*
 Age *60* Y's *3* Mo's *21* Days
 Weight *175* Height *5* ft. *7* in. Eyes
 Funeral at *Rest*
 Date *194* M
 Account charged *Mrs Wm J. Fisher*
 Address *Maitland Fla*
 Account guaranteed *Estate*
 Address
 Embalming *4 Dussing* 35.00
 Robe, Suit, Dress
 Underwear and Hose *Flu* 1.00
 Casket *6-3-1/2 Box* 175.00
 Casket with Copper Lin.
 Style of Casket *Oct-1/2-e*
 No. of Casket *1391-Stone*
 Outside Box *1-1/2*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set
 Name Plate
 Cemetery *Rest*
 Section Lot

I Other Graves



X Grave on this date

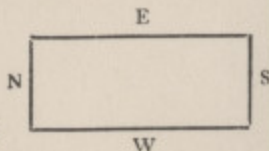
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Sumter S.C*
 R. R. Ticket *Direct*
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr. H. H. H. (2)* 10.00
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

Tues Aug-25-42 *221.00*

Carry Hand Funeral Home

Name of deceased *Mrs. Lucy S. Woodruff*
 Date of death *Mon Aug 23rd 1942* P.M.
 Cause of death _____
 Place of death *Holiday House*
 Residence *711 - Putman St*
 Age *65* Y's *6* Mo's *1* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Mon Aug 24 1942* 5 P.M.
 Account charged *Mrs. Lucy S. Woodruff*
 Address *711 - Putman St*
 Account guaranteed *C.R.*
 Address _____
 Embalming & Dressing *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-12 type* *125.00*
 Casket with Copper Liner _____
 Style of Casket *Oct. A. Cap*
 No. of Casket *1312* *Shel*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *etc*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Woodlawn*
 Section *8* Lot *448*

I Other Graves



X Grave on this date

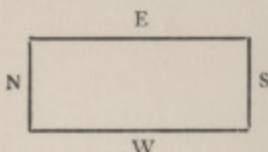
Cremation *auto* *5.00*
 Urn *auto* *5.00*
 Single Grave _____
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Dean Johnson*
 Music *Dylan*
 Casket Wagon *(1) 10.00*
 Physician *Dr. Melling*
 County or City Burial _____
 Automobiles *etc* *15.00*
 Baggage or Express Train No. _____

200.00

Carey Hand Funeral Home

Name of deceased Mr. Ralph A. Harrison
 Date of death Aug-19-42 M
 Cause of death Potential Thrombosis
 Place of death Res- City Fla
 Residence Orange City Fla
 Age 63 Y's Mo's Days
 Weight 200 Height ft. in. Eyes
 Funeral at De Land
 Date 194 M
 Account charged Allen Y. Cunningham
 Address De Land Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Guard
 Style of Casket by order 430 PM
 No. of Casket Mon 8-24-42
 Outside Box
 Shipping Case or Vault Body Guard
 Handles 8-A.M. Truck 8-35
 Pillow Set
 Name Plate will call for
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

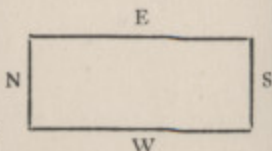
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Miss James M. Sullivan*
 Date of death *Tues Aug 25-42* *9:35 P.M.*
 Cause of death *Ced. cin. of Rt. Lung*
 Place of death *Res. Cincinnati*
 Residence *947 - Penn Ave W. Park*
 Age *70* Yrs *4* Mo's *—* Days *—*
 Weight *135* Height *5* ft. *5* in. Eyes *Blue*
 Funeral at *St James Catholic Church*
 Date *Fri Aug-28* *1942* *9 A M*
 Account charged *Julia R Sullivan*
 Address *947 Penn Ave W. Park*
 Account guaranteed *Insurance*
 Address *—*
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *22 -* *10.00*
 Underwear and Hose *—*
 Casket *6-3-42 Silk Black* *195.00*
 Casket with Copper Lin. *Yes*
 Style of Casket *Set 2- Chair*
 No. of Casket *1927 - Shiner*
 Outside Box *—*
 Shipping Case or Vault *Cement* *60.00*
 Handles *Ext*
 Pillow Set *Yes W.*
 Name Plate *Emboss*
 Cemetery *Woodlawn*
 Section *C* Lot *337*

I Other Graves



X Grave on this date

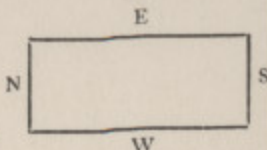
Cremation *Out* *5.00*
 Urn *P.C. Car* *5.00*
 Single Grave *Car min* *5.00*
 Opening and Closing Grave *1/4 etc* *15.00*
 Body Shipped to *—*
 R. R. Ticket *—*
 Cash advanced *—*
 Autos *—*
 Telegram *—*
 Minister *Frederick Bishop* *5.00*
 Music *By church*
 Casket Wagon *W*
 Physician *Dr Ruth Hart*
 County or City Burial *—* *15.00*
 Automobiles *S.Y.S*
 Baggage or Express Train No. *—*

350.00

Curry Hand Funeral Home

Name of deceased Infant Newman
 Date of death Aug 26-42 AM
 Cause of death Distoph Hospital
 Place of death Montana Ave
 Residence 1000
 Age ✓ Y'rs ✓ Mo's ✓ Days 4-11-12
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date ✓ 194 ✓
 Account charged R. L. Newman
 Address 1000 Montana Ave
 Account guaranteed ✓
 Address ✓
 Embalming Cumetini
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. ✓
 Style of Casket Body Burial
 No. of Casket 8-11-12
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery ✓
 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

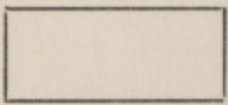
Baggage or Express Train No.

500

Carey Hand Funeral Home

Name of deceased Wallace Beards
 Date of death Wed Aug 26-42 AM
 Cause of death Tuberculosis
 Place of death Res -
 Residence Minorville Rd N. Y.
 Age 23 Y'rs 2 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church N. Y.
 Date Fri Aug 28, 1942 5 P. M
 Account charged Wm Beards
 Address Winter Garden Va
 Account guaranteed Ins & Payments Full
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-5x Plush 195.00
 Casket with Copper Lin ✓
 Style of Casket Oct 1/2-C-
 No. of Casket 1927- Shiner
 Outside Box 8x9
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set Yes -
 Name Plate ✓
 Cemetery Winter Garden
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Teste 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music By Church 5.00
 Casket Wagon (1)
 Physician Dr. Scott
 County or City Burial _____
 Automobiles 3x3 15.00
 Baggage or Express Train No. B

265.00

Cary Hand Funeral Home

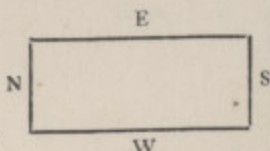
DR BOLEY JOHN GREEN

Name of deceased *John*
 Date of death *Aug-29-42* *H.M.*
 Cause of death *Edema of liver*
 Place of death *Res.*
 Residence *Winter Park*
 Age *71* Yrs *6* Mo's *29* Days
 Weight *160* Height *5* ft *7* in. Eyes
 Funeral at *Chapel*
 Date *Sun Aug 30* 1942 *8 P.M.*
 Account charged *Mr. & Mrs. J. Green*
 Address *Mrs. B. J. Green Winter Park*
 Account guaranteed *Mrs. H. H. Grant*
 Address *Orlando Rt 4-*
 Embalming *+ Dress*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-2-8 in. Maple*
 Casket with Copper Lin. *Oct. 10. 1942*
 Style of Casket
 No. of Casket *1312-*
 Outside Box *Reg.*
 Shipping Case or Vault
 Handles *Exp.*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Palm Cemetery*
 Section Lot

35.00

125.00

I Other Graves



X Grave on this date

Cremation *Out*
 Urn
 Single Grave
 Opening and Closing Grave *+ etc*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Meredith J. W.P.*
 Music *Organ*
 Casket Wagon
 Physician *Dr. Larson*
 County or City Burial
 Automobiles *S & S*
 Baggage or Express Train No.

5.00

15.00

5.00

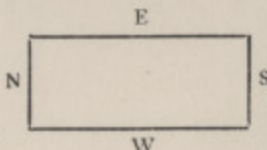
15.00

200.00

Carey Hand Funeral Home

Name of deceased Mrs. Vida E. Le Sue
 Date of death Aug M
 Cause of death Not given on Permit
 Place of death Res.
 Residence St Petersburg Fla
 Age 48 Y'rs 10 Mo's 10 Days
 Weight 118 Height 5 ft. 5 1/2 in. Eyes Dark
 Funeral at St Petersburg Fla
 Date Aug 1942 M
 Account charged R. G. Cooksey F. Home
 Address St Petersburg Fla
 Account guaranteed Yes
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket Body Buried
 Casket with Copper Lin. yes
 Style of Casket 1130 AM
 No. of Casket 8-29-42 -
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 1 P.M.
 Pillow Set 8-29-42 -
 Name Plate John E. Eversand Jr
 Cemetery R. G. Cooksey F. H.
 Section St Petersburg Lot Fla

I Other Graves



X Grave on this date

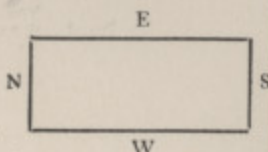
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carry Hand Funeral Home *Coland*

Name of deceased *Peter Morgan*
 Date of death *Sat. Aug 29 1942* *6* *MP*
 Cause of death *Chronic Hepatitis*
 Place of death *County Home*
 Residence
 Age *70* Y'rs. Mo's. Days.
 Weight Height ft. in. Eyes.
 Funeral at *Home* *Solo*
 Date *Sun Aug 30* 194*2* *PM*
 Account charged *County*
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-Case* *13* *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 *Coland* 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 *h*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

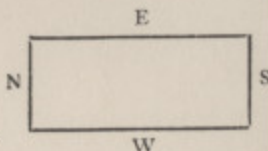
1450

Carey Hand Funeral Home

Name of deceased Ralph M. Dann
 Date of death Mon Aug 30-42 1234 M 4
 Cause of death Cholera
 Place of death Blaucond
 Residence Blaucond Fla
 Age 44 Y's 8 Mo's 17 Days
 Weight 135 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Mon Aug 31- 1942 2 P. M
 Account charged Mrs Bonnie Dann
 Address Blaucond Fla
 Account guaranteed Ins Guy-
 Address
 Embalming + Dress
 Robe, Suit, Dress alt
 Underwear and Hose
 Casket 6-3- in coupe
 Casket with Copper Lin.
 Style of Casket Am N. C.
 No. of Casket 2012 Star
 Outside Box alt
 Shipping Case or Vault
 Handles alt
 Pillow Set alt
 Name Plate
 Cemetery Lake Hill
 Section Lot

35.00
 10.00
 85.00

I Other Graves



X Grave on this date

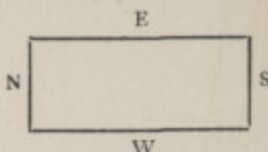
Cremation alt
 Urn
 Single Grave
 Opening and Closing Grave 1 etc
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Ministers By Family
 Music yes
 Casket Wagon alt
 Physician
 County or City Burial
 Automobiles S & S
 Baggage or Express Train No. alt

500.
 15.00
 500.
 15.00
 165.00

Carey Hand Funeral Home

Name of deceased *Mr. William H. Ganett*
 Date of death *Aug 30 -* MA
 Cause of death *Carcinoma of lung,*
 Place of death *Res*
 Residence *2106 Harrison*
 Age *62* Y'rs *6* Mo's *2* Days
 Weight *135* Height *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Wed Sept 2 1942* 4 P.M
 Account charged *Mrs. Berry Ganett*
 Address *2106 Harrison Ave*
 Account guaranteed *Estate*
 Address
 Embalming *Y D* 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-22* 85.00
 Casket with Copper Lin.
 Style of Casket *Bel. H. Cap*
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles *ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Cremation*
 Section Lot

I Other Graves



X Grave on this date

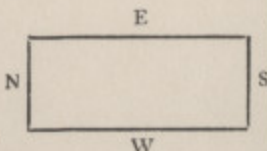
Cremation *Cremation* 50.00
 Urn
 Single Grave
 Opening and Closing Grave *Body*
 Body Shipped to *Cremated*
 R. R. Ticket *B-A 9th. Thru*
 Cash advanced *Sept-3-42*
 Autos
 Telegram *will call for*
 Minister
 Music *Organ*
 Casket *Wagon*
 Physician *Dr. Larson*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

775.00

Carey Hand Funeral Home

Name of deceased *Mrs. Leanna Kitching*
 Date of death *Mon Aug 30-42*
 Cause of death *Cerebral Hemorrhage*
 Place of death *Res -*
 Residence *Am. Court -*
 Age *83* Y'rs. *-* Mo's. *13* Days *-*
 Weight *-* Height *-* ft. *-* in Eyes *-*
 Funeral at *Baptist Church Pres Center*
 Date *Wed Sept 3-42* 194 *4 P. M*
 Account charged *-*
 Address *-*
 Account guaranteed *Cash*
 Address *-*
 Embalming *Yes*
 Robe, Suit, Dress *-*
 Underwear and Hose *-*
 Casket *Turn by Ins Co*
 Casket with Copper Lin. *-*
 Style of Casket *-*
 No. of Casket *-*
 Outside Box *None*
 Shipping Case or Vault *-*
 Handles *-*
 Pillow Set *-*
 Name Plate *-*
 Cemetery *-*
 Section *-* Lot *-*

I Other Graves



X Grave on this date

Cremation *2 Autos*
 Urn *-*
 Single Grave *-*
 Opening and Closing Grave *Vote*
 Body Shipped to *-*
 R. R. Ticket *-*
 Cash advanced *-*
 Autos *-*
 Telegram *-*
 Minister *-*
 Music *C. H. Casket to F. H. M*
 Casket Wagon *(1)*
 Physician *-*
 County or City Burial *-*
 Automobiles *5.00*
 Baggage or Express Train No. *-*

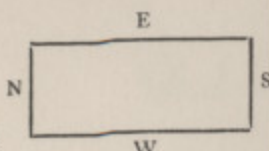
Pd Cash

85.00

Carey Hand Funeral Home

Name of deceased Mr John H. Nolan
 Date of death Aug 30-42 P.M.
 Cause of death St. Cecelia Hemorrhage
 Place of death Do -
 Residence Grand Ave
 Age 67 Y'rs 2 Mo's 20 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Aug 31 1942 5 P. M
 Account charged met
 Address Indiana
 Account guaranteed met
 Address _____
 Embalming Yes 35.00
 Robe Suit, Dress Yes 10.00
 Underwear and Hose _____
 Casket 6-3-Gr 125.00
 Casket with Copper Lin. _____
 Style of Casket Ext. H. Oak
 No. of Casket 1312 shair
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate Yes
 Cemetery St. Rose
 Section _____ Lot _____

I Other Graves



X Grave on this date

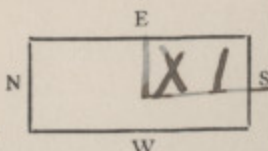
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____ 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Carlton Duggan 5.00
 Music yes 5.00
 Casket Wagon (1) _____
 Physician _____
 County or City Burial _____
 Automobiles 8-3 15.00
 Baggage or Express Train No. 8

210.00
 10.00
 200.00

Carey Hand Funeral Home

Name of deceased Mrs Mary Richardson
 Date of death Sun Aug 30-42 P.M.
 Cause of death Heart Disease - Arteriosclerosis
 Place of death Res
 Residence 427 South Cumberland
 Age 80 Y'rs — Mo's 3 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Catholic Church
 Date Mon Sept 15 1942 4 P.M.
 Account charged Stithon, Sheffield
 Address 427 South Cumberland
 Account guaranteed Payments
 Address —
 Embalming Yes
 Robe, Suit, Dress Blue Gown
 Underwear and Hose Yes
 Casket 4-3 1/2 in. Box
 Casket with Copper Lin. Yes
 Style of Casket Oct 1/2-C
 No. of Casket 1391
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Greenwood
 Section A SE 1/4 Lot 157

I Other Graves



X Grave on this date

Cremation 3- auto 15.00
 Urn —
 Single Grave —
 Opening and Closing Grave 4 etc 15.00
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram —
 Minister Clark & Tucker
 Music Org Church 5.00
 Casket Wagon (1)
 Physician Dr Folsom
 County or City Burial —
 Automobiles 3 & 5 15.00
 Baggage or Express Train No. —

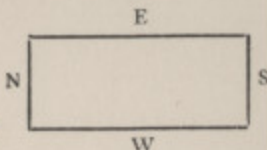
270.00

Payment
 Note for same

Carey Hand Funeral Home

Name of deceased *Lillie Sims Sledge*
 Date of death *Mon Aug-30-42* P.M.
 Cause of death *Pneumonia*
 Place of death *Rea*
 Residence *Rea*
 Age *77* Y'rs *7* Mo's *18* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Wed Sept 2* 194*2* P.M.
 Account charged *Mrs J. T. Sledge*
 Address *Rea*
 Account guaranteed *State*
 Address
 Embalming *Yes*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6-Metal*
 Casket with Copper Lin.
 Style of Casket *State 7-6*
 No. of Casket *Graham Tampa*
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Springfield, Mo*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn *Spa of Flowers*
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Springfield Mo*
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev O. P. Sands & Paul Crank*
 Music *yes*
 Casket Wagon *(2)*
 Physician *Dr. John Heitz*
 County or City Burial
 Automobiles *S & S*
 Baggage or Express Train No.

35.00

285.00

~~15.00~~

5.00

10.00

~~15.00~~

Telegram

335.00

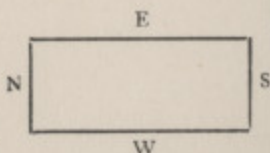
9.96

335.96

Carey Hand Funeral Home

Name of deceased Earl F. McCrory
 Date of death May 31-42 AM
 Cause of death Pulmonary T. B.
 Place of death County 10th unit
 Residence Clermont Fla
 Age 46 Y'rs 1 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Clermont Fla
 Date Sept 1 1942 M
 Account charged Edge Funeral Home
 Address Groveland Fla
 Account guaranteed Cheek
 Address Dress
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Edge F. Home
 No. of Casket Same for the
 Outside Box Body
 Shipping Case or Vault 3 P.m.
 Handles Sept 1-12
 Pillow Set _____
 Name Plate _____
 Cemetery Clermont Fla
 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 at Clermont Fla
 Music _____
 Casket Wagon _____
 Physician Dr. Kirk
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

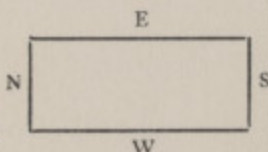
Carey Hand Funeral Home

Name of deceased *Louise C. Hornbly*
 Date of death *Aug 22 1942* -M
 Cause of death *cause not given*
 Place of death *Miami* *for permit*
 Residence *Miami*
 Age *72* Y'rs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at *M. C. Church* *Sept 1-11 A*
 Date *Tuesday Sept 1-* 194*2* *11 A* M
 Account charged

Address
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *C-25 for Oct 11-12*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *St. Joseph*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave *2.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Gargant*
 Music *by church*
 Casket Wagon *1.00*
 Physician
 County or City Burial
 Automobiles *8.00*
 Baggage or Express Train No.

15.00

5.00

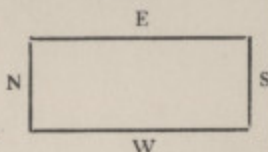
15.00

35.00

Carey Hand Funeral Home

Name of deceased *John Roy Lunniff*
 Date of death *Mon Aug-31-42* *11 A* M
 Cause of death *Coronary heart disease*
 Place of death *Res -*
 Residence *Opoka Poultry Farm*
 Age *84* Y'rs *3* Mo's *7* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sunday Sept 6* 194*2* *3 P* M
 Account charged *Ernest Lunniff*
 Address *Opoka, Fla*
 Account guaranteed *Payments*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6/3 Gum Cite* 75.00
 Casket with Copper Lin. _____
 Style of Casket *Sgt. N. Cal*
 No. of Casket *2012*
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Oak Ridge*
 Section _____ Lot _____

I Other Graves



X Grave on this date

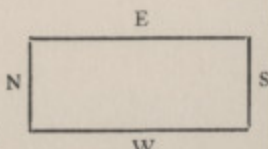
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev Thompson*
 Music _____
 Casket Wagon *(1)* 5.00
 Physician *Dr. J. M. Bude*
 County or City Burial _____
 Automobiles *5 & S* 15.00
 Baggage or Express Train No. *\$*

1145.00

Carey Hand Funeral Home

Name of deceased *Infant of Ellen Stage*
 Date of death *Tues. Sept 2-42* 90 M 9
 Cause of death *Still Born*
 Place of death *Fla. Sant -*
 Residence _____
 Age *✓* Y'rs *✓* Mo's *✓* Days *✓*
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Graveside*
 Date *Wed Sept 2 1942* *2:15 PM*
 Account charged *Ellen Stage*
 Address *Orlando, Fla*
 Account guaranteed *Cash*
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2/0 W. L. 5.* 12 50
 Casket with Copper Lin. _____
 Style of Casket *Spr. H. m.*
 No. of Casket _____
 Outside Box *Req*
 Shipping Case or Vault _____
 Handles *Short Req*
 Pillow Set *yl*
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves



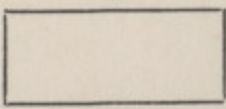
X Grave on this date

Cremation *Baby Grave* 12 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc* 4.50
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos *Auto* 3 50
 Telegram _____
 Minister *Father Bishop*
 Music _____
 Casket Wagon _____
 Physician *Dr. Lynn*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 33 00

Carry Hand Funeral Home

Name of deceased Body - June R. Lott.
 Date of death Sept 12th 8:30 A.M.
 Cause of death fall from
 Place of death O. F. N.
 Residence 218 - W. Amelia Islands
 Age Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 2 M
 Account charged June R. Lott.
 Address 218 W. Amelia Islands
 Account guaranteed Cash
 Address
 Embalming
 Robe, Suit, Dress Cremation 5.00
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body Cremated
 Outside Box Thurs 8 A.M.
 Shipping Case or Vault Sept 3-42
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves


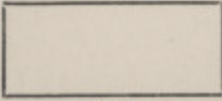
X Grave on this date
 Cremation Will call for body
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr. Collins
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased *Miss Ruth M. Garity*
 Date of death *Thurs Sept 3-42* 2 A M
 Cause of death *Cancer of lungs*
 Place of death *447- S. Orange Ave*
 Residence _____
 Age *63* Y'rs *4* Mo's *14* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel* *4- P. M*
 Date *Fri Sept 4* 194*2* *4 P* M
 Account charged *Joe C. M. Garity*
 Address *447 S. Orange Ave. Orlando*
 Account guaranteed *Cash & Payments*
 Address _____
 Embalming *+ Dress* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 Sil Plank* 195.00
 Casket with Copper Lin. _____
 Style of Casket *Set H.C.*
 No. of Casket *1827* *Shiner*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Ext*
 Name Plate _____
 Cemetery *Woodlawn*
 Section _____ Lot *49*

I Other Graves _____
 X Grave on this date _____



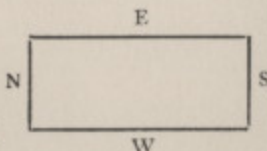
Cremation *(2) auto* 10.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Vote* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music *Organ*
 Casket Wagon *(1)* 5.00
 Physician *Dr. Mason*
 County or City Burial _____
 Automobiles *S.V.S.* 15.00
 Baggage or Express Train No. _____

275.00

Carey Hand Funeral Home

Name of deceased *Mr Frank Conant*
 Date of death *Thurs Sept 3-42* *3 P.* M
 Cause of death *Chronic myocarditis*
 Place of death *Holiday Nursing Home*
 Residence *116- Mc Mc St*
 Age *92* Y'rs *—* Mo's *6* Days
 Weight *135* Height *5* ft *7* in. Eyes
 Funeral at *best*
 Date *194* M
 Account charged *John H. Conant*
 Address *Holyoke Mass*
 Account guaranteed *Estate*
 Address
 Embalming *dress* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6/ Grey Cloth* *250.00*
 Casket with Copper Lin.
 Style of Casket *State N. Cap*
 No. of Casket *748-Tampa*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *lot*
 Pillow Set *yes*
 Name Plate
 Cemetery *Springfield, Mass*
 Section Lot

I Other Graves



X Grave on this date

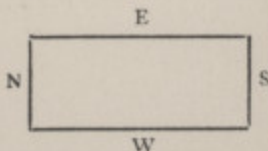
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Springfield Mass*
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Best*
 Music
 Casket Wagon *(2)* *10.00*
 Physician *Dr F. Gross*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

a.c.p. Monday 2:50 P.m.
Sept 7-42 *295.00*

Carey Hand Funeral Home

Name of deceased *Miss Leonie Hamilton*
 Date of death *Thurs Sept-3-42* P.M.
 Cause of death *Cancer of bladder*
 Place of death *Rest*
 Residence *515-3 Lake St*
 Age *71* Y'rs *5* Mo's *20* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sunday Sept 6* 1942 *4:30 P.M.*
 Account charged *Mrs. Margaret Hamilton*
 Address *515-3 Lake St*
 Account guaranteed _____
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6/3 Grey St. Oak* 195.00
 Casket with Copper Lin. _____
 Style of Casket *Oct 1/2 Couch*
 No. of Casket *1927 Skinner*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Exp*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *3 Autos* 15.00
 Urn _____
 Single Grave 15.00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Caroline Parson*
 Music _____
 Casket Wagon _____
 Physician *Dr. Frank J. Pyles*
 County or City Burial _____
 Automobiles *5 x 2* 15.00
 Baggage or Express Train No. _____

\$275.00

Carey Hand Funeral Home

Name of deceased Baby - Ferguson
 Date of death Thurs - Sept 3-42 P.M.
 Cause of death Premature 2 mo.
 Place of death Catholic Hospital
 Residence 1500 - Woodward Ave
 Age Yrs. Mo's. Days 15 hrs
 Weight Height ft. in. Eyes
 Funeral at No Service
 Date 1942 M
 Account charged Henry P. Ferguson
 Address 1500 Woodward Ave
 Account guaranteed Cash
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose Cremation 5.00
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Baby Cremated
 Outside Box 84 in. Sat
 Shipping Case or Vault Sept 5-42
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

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

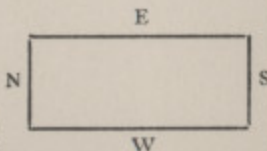
 Cremation Will Call
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr. Hoult
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased Jesse E. Stillman
 Date of death Sept 2 - 42 M
 Cause of death Coronary Thrombosis
 Place of death Residence
 Residence Laytona Beach Fla
 Age 85 Y'rs 8 Mo's 9 Days
 Weight 160 Height 6 ft 7 in Eyes Blue
 Funeral at Laytona Beach Fla
 Date Sept 3 1942 M
 Account charged Baggett - M. Intosh
 Address Laytona Beach Fla
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body removed
 Outside Box by auto Friday
 Shipping Case or Vault 9 a. m.
 Handles Sept 4 - 42
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery 8 a. m. Sat
 Section Sept 5 - 42 Lot

I Other Graves



X Grave on this date

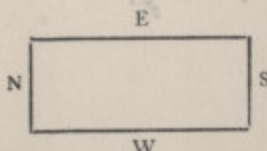
Cremation Ashes expressed to
 Urn Baggett - M. Intosh
 Single Grave Laytona Beach
 Opening and Closing Grave Fla
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Wm Frank Grant
 Date of death Fri Sept 4-43 6:15 P. M
 Cause of death Cancer of Glands (Throat)
 Place of death At Home
 Residence Peace
 Age 67 Y'rs 1 Mo's 2 Days
 Weight 180 Height 5 ft 10 in. Eyes Blue
 Funeral at Home
 Date Sun Sept 6-1943 5 P M
 Account charged Mrs W F Grant
 Address Peace
 Account guaranteed Chas -
 Address Peace
 Embalming Yes 35.00
 Robe, Suit, Dress 10.00
 Underwear and Hose ✓
 Casket 4-8 in 125.00
 Casket with Copper Lin. ✓
 Style of Casket Octagon
 No. of Casket 1312
 Outside Box Yes
 Shipping Case or Vault ✓
 Handles Yes
 Pillow Set Yes
 Name Plate Peace
 Cemetery Peace
 Section Lot

I Other Graves



X Grave on this date

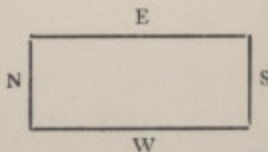
Cremation ✓
 Urn ✓
 Single Grave ✓
 Opening and Closing Grave 15.00
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon 11 5.00
 Physician ✓
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓ 15.00

205.00

Carey Hand Funeral Home

Name of deceased Robert Woolf
 Date of death Sept 5 - 1942 M.P.
 Cause of death accidently
 Place of death Lake side
 Residence _____
 Age 6 Yrs 6 Mo's 27 Days _____
 Weight _____ Height 4 ft _____ in. Eyes _____
 Funeral at Lakapel
 Date _____ 194 _____ M
 Account charged Frank Woolf
 Address _____
 Account guaranteed Payments
 Address _____
 Embalming Yes
 Robe, Suit, Dress White Sateen
 Underwear and Hose _____
 Casket 4-6- H.P.
 Casket with Copper Lin. _____
 Style of Casket Oct No 97
 No. of Casket 103- Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Reg
 Pillow Set yes
 Name Plate _____
 Cemetery Lake Hill
 Section _____ Lot _____

I Other Graves



X Grave on this date

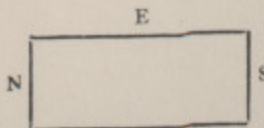
Cremation Auto
 Urn _____
 Single Grave Burial Lot
 Opening and Closing Grave Y etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Duckworth
 County or City Burial _____
 Automobiles SVS
 Baggage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

161.25

Carey Hand Funeral Home

Name of deceased *Mrs. Alice M. Jeff*
 Date of death *Sun Sept 6-42* *1:00* *MP*
 Cause of death *Edema of circulation*
 Place of death *Orland Hotel*
 Residence *Frankfort Indiana*
 Age *59* Y'rs. *6* Mo's. *19* Days
 Weight *135* Height *5* ft. *3* in. Eyes
 Funeral at *Rest -*
 Date *194* *M*
 Account charged *Nettie Kieckhefer*
 Address *Frankfort Ind -*
 Account guaranteed *By*
 Address *Frankfort*
 Embalming *& Dressing* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6 Coffee* *1250.00*
 Casket with Copper Lin. *Inner*
 Style of Casket *R. C. Sta N. C. S.*
 No. of Casket *Coliseum*
 Outside Box *Reg -*
 Shipping Case or Vault ☒
 Handles *Ext -*
 Pillow Set *Yes*
 Name Plate *Name* *Engineer*
 Cemetery *Hood*
 Section *Lot*

I Other Graves



X Grave on this date

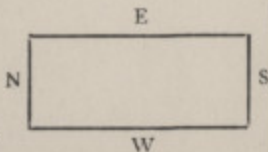
Cremation *Burial Rantoul Ill*
 Urn *Wood Glanet N. C. 49 '35*
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Champlain Ill*
 R. R. Ticket *1-3585 1-C-3585*
 Cash advanced *845-179-42 1204*
 Autos *Excess Baggage*
 Telegram *(1)*
 Minister *(1-1) Tel*
 Music *(2)*
 Casket Wagon *(2)*
 Physician *Dr. Givens*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

Fri Sept 11 42 *137910*

Carey Hand Funeral Home

Name of deceased *John G. Brady -*
 Date of death *Sun. Sept. 6 - 42.*
 Cause of death *Chas. J. Lusener Victim*
 Place of death *Res.*
 Residence *404 S. Gen Ave*
 Age *74* Y'rs *8* Mo's *4* Days
 Weight *145* Height *5* ft. *8* in. Eyes
 Funeral at *Grace Side*
 Date *Wed. Sept. 9 - 1942* *5 P.M.*
 Account charged *Mrs. J. A. Bostine*
 Address
 Account guaranteed *Payments*
 Address
 Embalming *Yes* 35.00
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket *6-9 Gr. Box* 145.00
 Casket with Copper Lin.
 Style of Casket *Oct. A Oak*
 No. of Casket *1311 - Spruce*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Sanford Fla*
 Section Lot

I Other Graves



X Grave on this date

Cremation *(2) auto* 15.00
 Urn
 Single Grave 15.00
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *By Family*
 Music
 Casket Wagon *(1)* 5.00
 Physician *Dr. Malloy*
 County or City Burial
 Automobiles *S & S* 15.00
 Baggage or Express Train No.

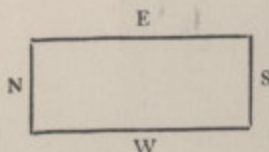
ann
city chm
230.00
235.00
5155.00

Carry Hand Funeral Home

Babey

Name of deceased Emie Ann Huggins
 Date of death Sept 8-42 6:30 P.M.
 Cause of death Pyramicure Death
 Place of death O. J. H.
 Residence Apoka
 Age 4 Yrs 1 Mo's 1 Days 1
 Weight 110 Height 5 ft 10 in. Eyes Blue
 Funeral Grave side
 Date Sat Sept 12 1942 3 P.M.
 Account charged Bruce Huggins
 Address Apoka Okla Box 562
 Account guaranteed Raymonds
 Address Apoka
 Embalming Yes 25.00
 Robe, Suit, Dress Yes
 Underwear and Hose Yes
 Casket 2-0 H. L. 12.50
 Casket with Copper Lin Yes
 Style of Casket Open
 No. of Casket 1
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Reg
 Pillow Set Yes
 Name Plate Yes
 Cemetery Apoka
 Section 1 Lot 1

I Other Graves



X Grave on this date

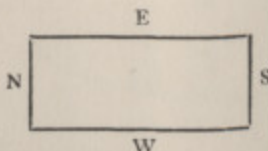
Cremation Yes
 Urn Yes
 Single Grave Yes
 Opening and Closing Grave Yes 10.00
 Body Shipped to Yes
 R. R. Ticket Yes
 Cash advanced Yes
 Autos Yes
 Telegram Yes
 Minister 13.75
 Music Yes
 Casket Wagon Yes 25.00
 Physician Dr. Jones
 County or City Burial Yes 5.00
 Automobiles Yes
 Baggage or Express Train No. Yes

55.00

Carry Hand Funeral Home

Name of deceased *Wm. Thompson Covington*
 Date of death *Sept 10-42* M
 Cause of death *Still Born*
 Place of death *OK*
 Residence *909 S. Mill St*
 Age *1* Yrs *1* Mo's *1* Days *1*
 Weight *1* Height *1* ft. *1* in. Eyes *1*
 Funeral at *Family Room*
 Date *Sat 9-12-42* 194 *5 PM*
 Account charged *W. T. Covington*
 Address *909 S. Mill St*
 Account guaranteed
 Address
 Embalming *5.00*
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket *2-0 H-2* *12.50*
 Casket with Copper Lin.
 Style of Casket *Spruce*
 No. of Casket
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Small*
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *G* Lot

I Other Graves



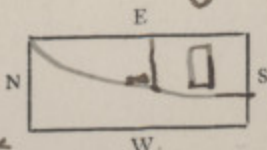
X Grave on this date

Cremation
 Urn
 Single Grave *Only Grave* *12.50*
 Opening and Closing Grave *4.50*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Powell Tucker*
 Music
 Casket Wagon
 Physician *Dr. Bollins*
 County or City Burial
 Automobiles *Auto* *5.00*
 Baggage or Express Train No. *23950*

Carry Hand Funeral Home

Name of deceased James Marvin Hopkins
 Date of death Sept. 9-42 4 P. M.
 Cause of death Edema not given or R. P. M.
 Place of death Det. North. Guy Pines
 Residence _____
 Age 48 Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sept. 12 1942 4 P. M.
 Account charged Mrs. J. M. Hopkins
 Address _____
 Account guaranteed Ans. -
 Address _____
 Embalming _____
 Robe, Suit, Dress Blue 12.00
 Underwear and Hose _____
 Casket W. W. State H. C. H.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section C. C. C Lot 207
5

I Other Graves



X Grave on this date

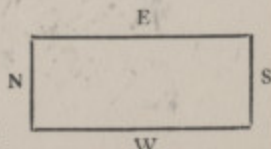
9 C. Hand Lot
 Cremation Burial Lot 100.00
 Urn Y. Case 5.00
 Single Grave P. B. Pa 15.00
 Opening and Closing Grave T. L. H. 5.00
 Body Shipped to Can. Minn
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Mrs. Link C. S. 5.00
 Music Yes 5.00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. V. S. 15.00
 Baggage or Express Train No. _____

222.00

Curry Hand Funeral Home

Name of deceased *Spa, P. Hopkins*
 Date of death *Sept 10-42* *11 M*
 Cause of death *Not given on finger*
 Place of death *St. Joseph's Hospital*
 Residence *Melbourne*
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at *Family Room*
 Date *Mon Sept 14* 194*2* *10 H M*
 Account charged.....
 Address.....
 Account guaranteed *Self*
 Address.....
 Embalming *Conservative*
 Robe, Suit, Dress.....
 Underwear and Hose.....
 Casket *6-3-Emb doe*
 Casket with Copper Lin.....
 Style of Casket *8x9 Felt Top*
 No. of Casket.....
 Outside Box *9-13*
 Shipping Case or Vault *Body covered*
 Handles *by Express Sat - P.M.*
 Pillow Set.....
 Name Plate.....
 Cemetery.....
 Section..... Lot.....

I Other Graves



X Grave on this date

Cremation *Body cremated*
 Urn *8-A M. Two 9-15-42*
 Single Grave.....
 Opening and Closing Grave.....
 Body Shipped to.....
 R. R. Ticket.....
 Cash advanced *St. Joseph*
 Autos.....
 Telegram *(1)*
 Minister *Ashe Express to*
 Music *Melbourne Fla*
 Casket Wagon.....
 Physician.....
 County or City Burial.....
 Automobiles.....
 Baggage or Express Train No.

65 25-
10 28

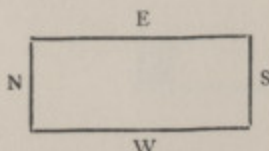
Prayer in Church
10:00 AM 9-14-42
Open

116.53
 90 15.3
 \$115.00

Carry Hand Funeral Home

Name of deceased Mrs Anna C. Beyle
 Date of death Sept 12-42 M
 Cause of death Cancer of intestines
 Place of death Rest
 Residence New Smyrna
 Age 76 Y'rs 11 Mo's 11 Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Robinson & Turner
 Address 4 Home New Smyrna
 Account guaranteed Let -
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket flat top
 Casket with Copper Lin.
 Style of Casket Body covered by
 No. of Casket sent 10-PM
 Outside Box Sun 9-13-42 -
 Shipping Case or Vault
 Handles Body cremated 8-AM
 Pillow Set Funer Sept-14-42
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

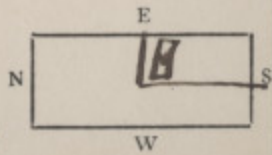
Cremation
 Urn wooden
 Single Grave ashes exposed
 Opening and Closing Grave 75 -
 Body Shipped to John C. Kayton
 R. R. Ticket Funeral Home
 Cash advanced Adelphia
 Autos New Jersey
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carry Hand Funeral Home

Name of deceased Grace Ward Savage
 Date of death Sept 15 1942 M
 Cause of death Heart Myocarditis
 Place of death Residence
 Residence Pt 5 much ave. Orlando
 Age 70 Yrs 8 Mo's 8 Days 18
 Weight 165 Height 5 ft 5 in. Eyes
 Funeral at Chapel
 Date Thurs Sept 17 1942 2 P. M
 Account charged Genge Savage
 Address Pt 5 Box 276 Orlando
 Account guaranteed Insurance mut
 Address
 Embalming + Dressing
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-21-800
 Casket with Copper Lin.
 Style of Casket Del 1/2 - 2
 No. of Casket 7-1590
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set Yes
 Name Plate
 Cemetery Greenwood
 Section A SE 1/4 Lot 105

I Other Graves



X Grave on this date

Cremation P.B. Co 5.00
 Urn Can. 2.00 5.00
 Single Grave 7.00 15.00
 Opening and Closing Grave etc.
 Body Shipped Funeral Lot 50.00 50.00
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. Owens + Austin
 Music Organ 5.00
 Casket Wagon
 Physician Dr. Moore
 County or City Burial
 Automobiles 5.05 15.00
 Baggage or Express Train No. B
215.00

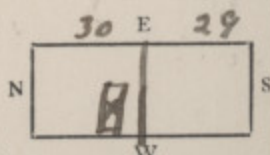
Carey Hand Funeral Home

Name of deceased Mrs. Vida Hassler
 Date of death Thurs. Sept 15 - 3:10 P.M.
 Cause of death Cancer of liver - arterio
 Place of death Res
 Residence 339 E. Anderson
 Age 73 Yrs 2 Mo's 6 Days
 Weight 80 Height 5 ft 5 in. Eyes
 Funeral at Chapel
 Date Thurs. Sept 17 1942 4 P.M.
 Account charged Varian Hassler
 Address 339 - E. Anderson St.
 Account guaranteed Payments
 Address
 Embalming Yes 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6 1/2 Sil Plush 195.00
 Casket with Copper Lin.
 Style of Casket 1 1/2 Couch
 No. of Casket Design 1927
 Outside Box Req.
 Shipping Case or Vault
 Handles Yes
 Pillow Set
 Name Plate
 Cemetery Woodlawn
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation P.B. Car 5.00
 Urn quartz Car 5.00
 Single Grave Family Car ready
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev Morris B. Cook
 Music
 Casket Wagon 5.00
 Physician Dr. R. White
 County or City Burial
 Automobiles 5.00 15.00
 Baggage or Express Train No. 265.00

Carey Hand Funeral Home

Name of deceased Clair A. Johnson
 Date of death Tues. Sept. 15-42 4:11 P.M.
 Cause of death Cerebral Hemorrhage.
 Place of death Res.
 Residence Apopka
 Age 82 Yrs. 6 Mo's. 6 Days.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Friday Sept. 18 1942 4:00 P.M.
 Account charged Mrs. Clair A. Johnson
 Address Apopka Fla. Box 175
 Account guaranteed _____
 Address _____
 Embalming Y. Dussing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose Q. T. N. C.
 Casket Q. T. N. C. 85.00
 Casket with Copper Lin. _____
 Style of Casket Q. T. N. C.
 No. of Casket Shiner 2012
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Lat.
 Pillow Set Y.C.
 Name Plate _____
 Cemetery New Apopka Cemetery
 Section B Lot 30

I Other Graves



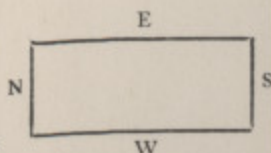
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister By Family
 Music _____
 Casket Wagon U 5.00
 Physician Dr. M. E. Brice
 County or City Burial _____
 Automobiles 875 15.00
 Baggage or Express Train No. _____
155.00

Carry Hand Funeral Home

Name of deceased Percy Bryan Pike
 Date of death Sept 15 10.20 AM
 Cause of death Pulmonary Tuberculosis
 Place of death Residence
 Residence 29 E. 5th Ave
 Age 50 Yrs 6 Mo's 9 Days
 Height 5 ft 7 in. Eyes
 Weight 135
 Funeral at Chapel
 Date Thurs Sept 17 1942 3 P.M
 Account charged William Pike
 Address 29 E. 5th Ave
 Account guaranteed Wm B. R. Pike
 Address Tampa Fla 4000
 Embalming Yes Blue #60 J.P.R. 35.00
 Robe, Suit, Dress 10.00
 Underwear and Hose 125.00
 Casket 6-3-4
 Casket with Copper Lin Yes
 Style of Casket 1312- Shain
 No. of Casket 719
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Bay Ridge
 Cemetery Bay Ridge
 Section Lot

I Other Graves



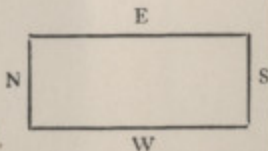
X Grave on this date

Cremation Out 5.00
 Urn 15.00
 Single Grave etc
 Opening and Closing Grave etc
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram Rev. Higgins
 Minister Organ 5.00
 Music (1)
 Casket Wagon John Redding
 Physician 15.00
 County or City Burial
 Automobiles 2.15
 Baggage or Express Train No. 210.00

Carey Hand Funeral Home

Name of deceased Miss Jessie Hale
 Date of death Sept 16 8:15 A M
 Cause of death Pulmonary T.B.
 Place of death State T.B. Hospital
 Residence Cloyd, Fla
 Age 24 Yrs 3 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date Sat Sept 19 1942 9-A M
 Account charged _____
 Address _____
 Account guaranteed Leon County
 Address _____
 Embalming _____
 Robe, Suit, Dress Wht. 5.00
 Underwear and Hose _____
 Casket 6-3- Port B-V 50.00
 Casket with Copper Lin. _____
 Style of Casket Sp. B-V
 No. of Casket 2012 - Shri
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Reg
 Pillow Set Yes
 Name Plate enamel
 Cemetery Woodlawn
 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 John B. B.

Music By Church

Casket Wagon No Chg

Physician Dr. W. Fowler

County or City Burial _____

Automobiles 5.00

Baggage or Express Train No. _____

T.B. Hapth 5.00

Leon County 5.00

T.B. Hospital 5.00

Other _____

Funeral 5.00

64.00

4.00

55.00

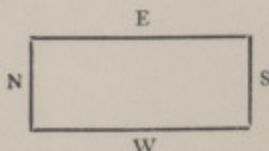
5.00

50.00

Carry Hand Funeral Home

Name of deceased Edward S. Bridges
 Date of death Sept 7 1942 6:15 A M
 Cause of death Cerebral Hemorrhage
 Place of death Res.
 Residence 622 - Bournne Place
 Age 65 Y'rs 1 Mo's 22 Days
 Weight 180 Height 5 ft. 6 in. Eyes dk
 Funeral at Episcopal Church
 Date Friday Sept 8 1942 11 A M
 Account charged Mrs. E. S. Bridges
 Address 622 - Bournne Place
 Account guaranteed Estate
 Address
 Embalming & dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Grey Sove 135 00
 Casket with Copper Lin.
 Style of Casket Oct. N. Cap
 No. of Casket 1311 Shurei
 Outside Box
 Shipping Case or Vault
 Handles Ex E
 Pillow Set yes
 Name Plate
 Cemetery Union
 Section Lot

I Other Graves



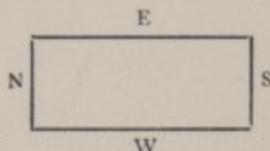
X Grave on this date

Cremation 50 00
 Urn wood
 Single Grave Family Car 5 00
 Opening and Closing Grave
 Body Shipped to Body Cremated
 R. R. Ticket 8-A M Sat-9-19-42 15 00
 Cash advanced area of Flowers
 Autos with casket
 Telegram
 Minister Dean Johnson
 Music By Church 5 00
 Casket Wagon (1)
 Physician Dr. T. A. Neal
 County or City Burial
 Automobiles 595 15 00
 Baggage or Express Train No. 260.00

Carey Hand Funeral Home

Name of deceased Tomer Nettles
 Date of death Sept 17 2:30 P. M
 Cause of death Killed - auto accident
 Place of death W. Church St. near Lorna Home
 Residence Oaklands St 3 Box 562
 Age 47 Yrs 7 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Sept 18 1942 4:30 P M
 Account charged Mr Tomer Nettles
 Address _____
 Account guaranteed Insurance
 Address _____
 Embalming & dressing 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 42 King Case 75 00
 Casket with Copper Lin. _____
 Style of Casket See O. Top.
 No. of Casket Shiner 2012
 Outside Box _____
 Shipping Case or Vault _____
 Handles See sheet
 Pillow Set _____
 Name Plate _____
 Cemetery Boggy Creek
 Section _____ Lot _____

I Other Graves



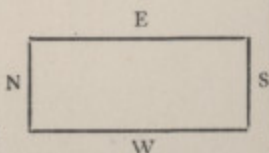
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Padgett
 Music no music at all
 Casket Wagon _____
 Physician E. G. Luckworth
 County or City Burial _____
 Automobiles 345 15 00
 Baggage or Express Train No. 2 130 00

Carey Hand Funeral Home

Name of deceased Raymond C. Robertson
 Date of death Thurs Sept 17-42 P.M.
 Cause of death Cerebral Palsy Out Accident
 Place of death Chapel
 Residence Orlando at 3-
 Age 37- Yrs 10 Mo's 10 Days
 Weight 160 Height 5 ft. 5 in. Eyes
 Funeral at Church of God - Atlanta Ave
 Date Sun Sept 20 1942 4 P.M.
 Account charged Mrs Maycell Robertson
 Address
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-12 50.00
 Casket with Copper Lin.
 Style of Casket See H. C
 No. of Casket 2012 50.00
 Outside Box Yes
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery Lake Hill
 Section Lot

I Other Graves



X Grave on this date

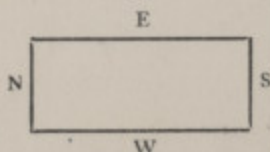
Cremation no 5.00
 Urn
 Single Grave
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister By Family
 Music
 Casket Wagon
 Physician Dickworth
 County or City Burial
 Automobiles SVS
 Baggage or Express Train No. 8

125.00

Carey Hand Funeral Home

Name of deceased *Mrs. John J. Jenkins*
 Date of death *Sun. Sept. 13-1942* M
 Cause of death *Cancer - Head & Pancreas*
 Place of death *B. I. H.*
 Residence *Winston-Salem*
 Age *69* Y'rs *4* Mo's *6* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sun. Sept. 26* 1942 *1 P. M.*
 Account charged *Mrs. John J. Jenkins*
 Address _____
 Account guaranteed *W. H. C. Holman & Son*
 Address *Opoka Ala*
 Embalming *& Pres* 35.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *6-3- In Copper* 75.00
 Casket with Copper Lin. *Yes*
 Style of Casket *See No. 2*
 No. of Casket *2012 - 3rd*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Reg*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *West*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *OZARK ALA*
 R. R. Ticket _____
 Cash advanced *Express Rate*
 Autos *See above for Chapel Ser*
 Telegram *and Tel & R.D. Phone*
 Minister _____
 Music _____
 Casket Wagon *(2)*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92 B*

~~215~~
 28 10

10 90

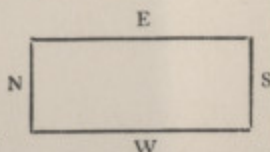
148.10

Sun 9-26-42
Mrs. Jenkins Exec

Carey Hand Funeral Home

Name of deceased John Davis Hall
 Date of death Sept-19-42 155 M 7
 Cause of death ang. congest. H. Ch. & R. Heart
 Place of death C. S. H.
 Residence Florida
 Age 19 Yrs 1 Mo's 11 Days
 Weight 170 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date Mon Sept 21 1942 2 P M
 Account charged M. C. P. Hall
 Address
 Account guaranteed Insurance
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress Yes 31.94
 Underwear and Hosiery Yes 350.00
 Casket 6-6 Metal Sil Fin
 Casket with Copper Lin. Yes
 Style of Casket Hot 1/2-8
 No. of Casket 1
 Outside Box Yes
 Shipping Case or Vault Cement 60.00
 Handles Yes
 Pillow Set Yes
 Name Plate Name & Date
 Cemetery Woodlawn
 Section Lot

I Other Graves



X Grave on this date

Cremation Yes 5.00
 Urn P. B. Cal 3.00
 Single Grave Cal Min 15.00
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev Frank Morgan 5.00
 Music Yes 5.00
 Casket Wagon Yes
 Physician Dr. Gray
 County or City Burial
 Automobiles 3 & 5 15.00
 Baggage or Express Train No. 88

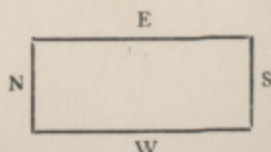
Tel. & Ga- 140
Spr. & Loan 10.00
526.74
11.40
538.14

Carey Hand Funeral Home

Belle Pauline Myers

Name of deceased *Miss Belle Pauline Myers*
 Date of death *Sept 19-42* *1030 M*
 Cause of death *Apoplexy*
 Place of death *Res*
 Residence *57 West Pine St*
 Age *90* Y's *5* Mo's *23* Days
 Weight Height ft. in Eyes
 Funeral at *No Service* *Request*
 Date *1942* *M*
 Account charged *Pay Myers* *Myers*
 Address *West Pine St*
 Account guaranteed
 Address
 Embalming *25*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation *Cremation*
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket *Body Cremated*
 Cash advanced
 Autos *8-A.M. Mon 9-21-42*
 Telegram
 Minister *will call for*
 Music
 Casket Wagon
 Physician *Dr. S. McQuinn*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

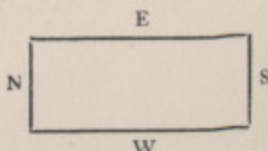
50.00

\$75.00

Carey Hand Funeral Home

Name of deceased *Mrs. Elizabeth Monk*
 Date of death *Sept 8 1942* M
 Cause of death *Religion*
 Place of death *Res*
 Residence *Daytona Beach Fla*
 Age *70* Y'rs *1* Mo's *14* Days
 Weight Height ft. in. Eyes
 Funeral at *Daytona*
 Date 194 *20* M
 Account charged *Daytona Beach*
 Address *Daytona Beach Fla*
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-Hot & B. P. 114*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket *Body covered*
 Outside Box *by Auto* 11-A.M.
 Shipping Case or Vault *Sept 9-19-42*
 Handles
 Pillow Set *Body cremated*
 Name Plate *11-A.M. Sun*
 Cemetery *Sept 20-42*
 Section Lot

I Other Graves



X Grave on this date

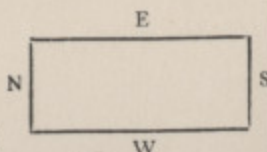
Cremation
 Urn *wooden*
 Single Grave
 Opening and Closing Grave *Express*
 Body Shipped to *K*
 R. R. Ticket *Daytona Beach*
 Cash advanced *Daytona Beach*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Lucil Norman
 Date of death Sat Sept 19-42 P.M.
 Cause of death auto accident at Church & Res. Road
 Place of death Q. Y. H.
 Residence Orlando Rt 3 -
 Age 17 Y's 8 Mo's 25 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Tues Sept 22 1942 2 P.M.
 Account charged Mrs Mary Ellen Norman
 Address Orlando Rt 3 - Box K-52
 Account guaranteed Insurance
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress Blue # 458-T 9.00
 Underwear and Hose 9.00
 Casket 6-3-32 Maple 125.00
 Casket with Copper Lin. Yes
 Style of Casket Det. H. Cap
 No. of Casket 1312 - Shiner
 Outside Box Yes
 Shipping Case or Vault Cement 60.00
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Det. H. Cap
 Section Greenwood
Sec 8 -

I Other Graves



X Grave on this date

Cremation Out No Chg
 Urn 35.00
 Single Grave Burial Lot 15.00
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev
 Music Yes 5.00
 Casket Wagon 12
 Physician Dr Gray
 County or City Burial 15.00
 Automobiles S & S
 Baggage or Express Train No. 2

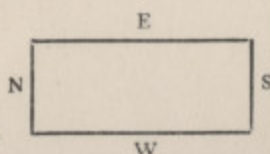
305.00

5.00
300.00
15
285.00

Carey Hand Funeral Home

Name of deceased *Billie Joe Blanch*
 Date of death *Jan 20-42* *7-A M*
 Cause of death *Fun. worms*
 Place of death *At*
 Residence *Beard*
 Age *3* Y'rs *8* Mo's *3* Days
 Weight *120* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at *Beard*
 Date *Jan 22-42* 19*42* M
 Account charged *Sylvester Blanch*
 Address *Beard*
 Account guaranteed
 Address
 Embalming *Yes*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *3-6-4r L.*
 Casket with Copper Lin.
 Style of Casket *Exp. H.M.*
 No. of Casket *H.M.*
 Outside Box *Big*
 Shipping Case or Vault
 Handles *Big*
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

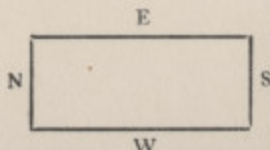
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket *23.75 - 13/13*
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon *Scott (2)*
 Physician *Dr. Scott*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

Trus Sept 22-42
Exp Ticket
Cary Park
 87.38
 13.13
 100.51
 50.01
 50.50

Carey Hand Funeral Home

Name of deceased *Infant of Mr. Vance Cobb*
 Date of death *Sept 20-42 2:30 P M*
 Cause of death *Infantile Stomach*
 Place of death *at H*
 Residence *1611 S. Mill*
 Age *✓* Y'rs *✓* Mo's *✓* Days *✓*
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *✓*
 Date *✓* 194 *✓* M
 Account charged *Vance Cobb*
 Address *1611 - S. Mill St*
 Account guaranteed *Cobb*
 Address *✓*
 Embalming *Embalmer* 5.00
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *✓*
 Casket with Copper Lin. *✓*
 Style of Casket *✓*
 No. of Casket *✓*
 Outside Box *✓*
 Shipping Case or Vault *✓*
 Handles *✓*
 Pillow Set *✓*
 Name Plate *✓*
 Cemetery *✓*
 Section *✓* Lot *✓*

I Other Graves



X Grave on this date

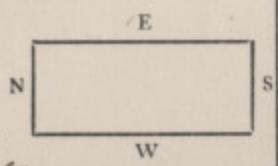
Cremation *Body Cremated*
 Urn *8-A On Mon Sept 21-42*
 Single Grave *✓*
 Opening and Closing Grave *✓*
 Body Shipped to *Wills Coff. Co*
 R. R. Ticket *✓*
 Cash advanced *✓*
 Autos *✓*
 Telegram *✓*
 Minister *✓*
 Music *✓*
 Casket Wagon *✓*
 Physician *Dr. Collins*
 County or City Burial *✓*
 Automobiles *✓*
 Baggage or Express Train No. *✓*

5.00

Carey Hand Funeral Home

Name of deceased *Mrs. Marie A. Handberg*
 Date of death *Mon Sept 21 - P.M.*
 Cause of death *Myocardial Infarction*
 Place of death *Sanford Fla*
 Residence *Sanford Fla*
 Age *83* Yrs *3* Mo's *28* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Thurs Sept 24 1942* *4 P.M.*
 Account charged *Mrs. E. C. Algren*
 Address *Atlanta Ga.*
 Account guaranteed _____
 Address _____
 Embalming *Yes* *Dussing* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hosiery *135*
 Casket *6-3* *Ex. Dole* *110.00*
 Casket with Copper Lin. _____
 Style of Casket *Oct. St. Cap*
 No. of Casket *1311*
 Outside Box *Yes*
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *Confederate* Lot *92*

I Other Graves



X Grave on this date

Cremation *Auto*
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Yes* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. M. C. Hendry*
 Music *Organ* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. Rosenberg*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *Contract* *180.00*

Carey Hand Funeral Home

Name of deceased Mrs. Hannah E. Ingham
 Date of death Sept. 17-42 M
 Cause of death Not given in permit
 Place of death St. Petersburg Fla
 Residence St. Petersburg
 Age 59 Y's 1 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg
 Date _____ 194 _____ M
 Account charged W. G. Coakley
 Address 901 St. Petersburg Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body covered
 No. of Casket by Coakley
 Outside Box 11-AM-9-22-42
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 8-AM-9-23-42
 Name Plate same as above
 Cemetery W. G. Coakley
 Section St. Petersburg Fla

E

I Other Graves

N

S

W

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. _____

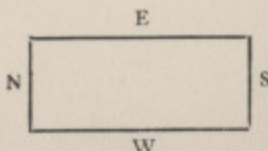
37.50

Carey Hand Funeral Home

Baba

Name of deceased Sandra J. Sellers
 Date of death Sept 22 1942 P.M.
 Cause of death Heart disease
 Place of death Cocoa
 Residence Orlando Conway Rd
 Age 3 Yrs 26 Mo's 26 Days
 Weight 140 Height 5 ft 10 in. Eyes Blue
 Funeral at Chapel
 Date Friday Sept. 25 1942 2 P.M.
 Account charged Sandra Sellers
 Address Cocoa 9th & Orlando St 1
 Account guaranteed Conway Rd
 Address Conway Rd
 Embalming Yes 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2-6-11-10 32.50
 Casket with Copper Lin. ✓
 Style of Casket Det. N. Top
 No. of Casket 123
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Reg
 Pillow Set Reg
 Name Plate Greenwood
 Cemetery Greenwood
 Section 8 Lot 1

I Other Graves



X Grave on this date

Cremation ✓
 Urn ✓
 Single Grave Only Grave 12.50
 Opening and Closing Grave ✓ 4.50
 Body Shipped to Funeral Home 5.00
 R. R. Ticket ✓
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister L. M. Thompson
 Music ✓
 Casket Wagon ✓
 Physician at Cocoa
 County or City Burial ✓
 Automobiles Sedan 5.00
 Baggage or Express Train No. ✓

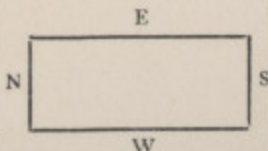
died in Cocoa Family
brought body to Orlando

84.50

Carey Hand Funeral Home

Name of deceased *Mrs. Polly Faxon*
 Date of death *Tue. Sept-25-42* MP
 Cause of death *O. G. A.*
 Place of death *O. G. A.*
 Residence *Winter Park*
 Age *77* Yrs. *8* Mo's. *4* Days
 Weight *119* Height *5* ft. *11* in. Eyes *B*
 Funeral at *Chapel*
 Date *Friday Sept 23-1942* 119 M
 Account charged *E. P. Faxon*
 Address *Winter Park, Fla.*
 Account guaranteed *Check*
 Address *Chapel*
 Embalming *& Dress* 35.00
 Robe, Suit, Dress *10.00*
 Underwear and Hose *40.00*
 Casket *See Ch*
 Casket with Copper Lin. *See Ch*
 Style of Casket *See Ch*
 No. of Casket *1*
 Outside Box *1*
 Shipping Case or Vault *1*
 Handles *See Ch*
 Pillow Set *See Ch*
 Name Plate *See Ch*
 Cemetery *Calumet*
 Section *Lot*

I Other Graves



X Grave on this date

Cremation 50.00
 Urn *wooden*
 Single Grave *auto & Port Orange* 10.00
 Opening and Closing Grave
 Body Shipped to *Body Cremated*
 R. R. Ticket *8-A for Sat 9-26*
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Meridech.*
 Music *50.00*
 Casket Wagon *50.00*
 Physician *Dr. M. Malloy*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *CP*

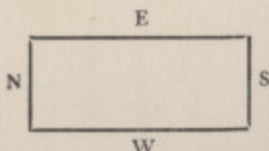
ashes returned in Family
Plot Port Orange Cemetery
Port Orange Fla. 150.00

Carey Hand Funeral Home

Mrs

Name of deceased *Vanita Cora May*
 Date of death *Wed Sept 23-42 4:08 P.M.*
 Cause of death *Pul. H. B.*
 Place of death *State H. B. Sanatorium*
 Residence *Jacksonville Fla*
 Age *24* Y'rs. *2* Mo's. *20* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Leest*
 Date *Sept* 194 *2* M
 Account charged *W. C. Cooper F. Home*
 Address *Jacksonville Fla*
 Account guaranteed _____
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress 12.00
 Underwear and Hose _____
 Casket *6-3-2-2-2-2-2-2* 75.00
 Casket with Copper Lin. _____
 Style of Casket *Open Top*
 No. of Casket *2012-5-11*
 Outside Box *Yes*
 Shipping Case or Vault _____
 Handles *Short*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Jacksonville Fla*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Jacksonville Fla*
 R. R. Ticket _____
 Cash advanced 8.40
 Autos _____
 Telegram _____
 Minister *Leest*
 Music _____
 Casket Wagon *Yes* 10.00
 Physician *Dr. John A. Kelly*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *76*

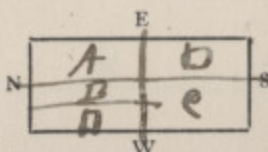
Funeral Night 9-24-42 740.40
9 0.00
 135.00

Carey Hand Funeral Home

Name of deceased Trans. Kenneth Busch Jr.
 Date of death Sept 23rd 11 P. M
 Cause of death _____
 Place of death D. C. N.
 Residence Winter Park Fla
 Age _____ Y's _____ Mo's _____ Days 17 hrs
 Weight _____ Height _____ ft. _____ in. Eyes 36 min
 Funeral at Graveside
 Date Thurs Sept 24 1942 6 P. M
 Account charged Trans. K. Busch Jr
 Address Winter Park 287 Monroe St
 Account guaranteed Cash
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0- Sh. X. 17.50
 Casket with Copper Lin. _____
 Style of Casket Sh. Top
 No. of Casket 77 - Tampa
 Outside Box 149
 Shipping Case or Vault _____
 Handles small
 Pillow Set yes
 Name Plate _____
 Cemetery Palm Cemetery
 Section B W 1/2 Lot 87

I Other Graves



X Grave on this date

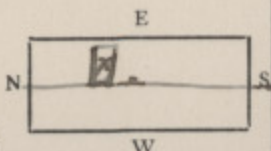
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 5.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Perry
 County or City Burial _____
 Automobiles Sedan 15.00
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

\$27.50

Carry Hand Funeral Home

Name of deceased *Arthur G. Henderson*
 Date of death *Sept 24-42* *4 45* M *A*
 Cause of death
 Place of death *Net*
 Residence *2016 E. Kelly Ave*
 Age *80* Y's *11* Mo's *1* Days
 Weight *165* Height *5* ft. *8* in. Eyes
 Funeral at *Chapel*
 Date *Sept 25* 194*2* *4 30* M *P.*
 Account charged *A. G. Henderson* *son*
 Address *Box 203 Rt 19*
 Account guaranteed *estate*
 Address
 Embalming *Yes* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-12* *110.00*
 Casket with Copper Lin.
 Style of Casket *Set H. G.*
 No. of Casket *1972 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Set*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section *E 1/2* Lot *56*

I Other Graves



X Grave on this date

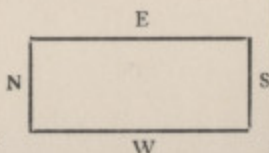
Cremation *Can Min* *5.00*
 Urn *2- auto P. B.* *10.00*
 Single Grave *15.00*
 Opening and Closing Grave *gate*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Morris Book*
 Music *Organ* *5.00*
 Casket Wagon *(1) Apple*
 Physician *Dr. Apple*
 County or City Burial
 Automobiles *5.00*
 Baggage or Express Train No.

195.00

Carey Hand Funeral Home

Name of deceased Geo Wilson Baker
 Date of death Sept 22 - 42 M
 Cause of death Not given on Permit
 Place of death Fort Myers Fla
 Residence Fort Myers
 Age 71 Yrs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at
 Date Sept 23 - 1942 M
 Account charged Shoarn and Engelhart
 Address 418 Myrtle Ave
 Account guaranteed OK
 Address
 Embalming Cremation 37 50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Annul
 Style of Casket by Express
 No. of Casket 2-1 A M
 Outside Box Trans Sept 24-42
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 13-4 2m
 Name Plate Fun Sept 25-42
 Cemetery
 Section. Lot.

I Other Graves



X Grave on this date

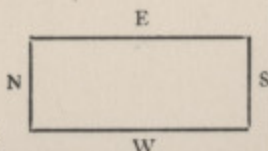
Cremation
 Urn wooden
 Single Grave ashes Express
 Opening and Closing Grave 1 K
 Body Shipped to Shoarn & Engelhart
 R. R. Ticket Funeral Home
 Cash advanced Fort Myers Fla
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37 50

Carey Hand Funeral Home

Name of deceased Geo W. Tracy
 Date of death Fri Sept 25-42 PM
 Cause of death _____
 Place of death Res
 Residence 328 Ponce de Leon Place
 Age 77 Y'rs 4 Mo's 10 Days _____
 Weight 150 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Sun Sept 27 1942 4-P.M.
 Account charged Mrs Susan P. Tracy Wife
 Address 328 Ponce de Leon Pl
 Account guaranteed _____
 Address _____
 Embalming Y 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 3-4 box No. 2 60.00
 Casket with Copper Lin. ✓
 Style of Casket Set. H. 2
 No. of Casket 1312-5
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Set
 Pillow Set Set
 Name Plate ✓
 Cemetery ✓
 Section _____ Lot _____

I Other Graves



X Grave on this date

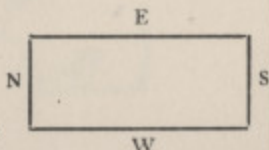
Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Crematory 18-AM
 R. R. Ticket Mon Sept- 28-42
 Cash advanced _____
 Autos Fun Placed in Vault
 Telegram not call for
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 150.00

Carey Hand Funeral Home

Baldy
 Name of deceased *Robert E Morris*
 Date of death *Fri Sept-25-42 6-P.M.*
 Cause of death *Sept*
 Place of death *Sept*
 Residence *1002 Ky Ave*
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at *Chapel*
 Date *Sun Sept-28-42* 1942 *2 P.M.*
 Account charged *Clarence E Morris*
 Address *1002 Ky Ave*
 Account guaranteed *Payments*
 Address.....
 Embalming *Yes* 25.00
 Robe, Suit, Dress.....
 Underwear and Hose.....
 Casket *3-0-W & P* 30.00
 Casket with Copper Lin.....
 Style of Casket *Oct 24 1942*
 No. of Casket *103 Tampa*
 Outside Box *11-49*
 Shipping Case or Vault.....
 Handles *Reg*
 Pillow Set *Yes*
 Name Plate.....
 Cemetery *Cemeteries*
 Section..... Lot.....

I Other Graves

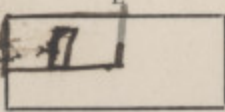


X Grave on this date

Cremation.....
 Urn.....
 Single Grave.....
 Opening and Closing Grave *Yete* 10.00
 Body Shipped to.....
 R. R. Ticket.....
 Cash advanced.....
 Autos.....
 Telegram.....
 Minister.....
 Music.....
 Casket Wagon *119* 5.00
 Physician.....
 County or City Burial.....
 Automobiles *Sedan* 5.00
 Baggage or Express Train No. *75.00*

75.00

Carey Hand Funeral Home

Name of deceased *Lillie Janet Tompkins*
 Date of death *Monday Sept 28-42* 8 MA
 Cause of death *Head crushed run over by truck*
 Place of death *Res. Oak Vista Hwy. Rd*
 Residence *Oak Vista*
 Age *5* Yrs. *4* Mo's. *11* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tues Sept 29* 194*2* *4 P.* M
 Account charged *Louis E Tompkins*
 Address *Oak Vista*
 Account guaranteed *Louis* *Lt. Cemetery*
 Address _____
 Embalming *Yes* 25.00
 Robe, Suit, Dress _____ 6.50
 Underwear and Hose _____
 Casket *5-0-4 Plush* 97.50
 Casket with Copper Lin. _____
 Style of Casket *Oct Top*
 No. of Casket *106 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *9-NE 1/4* Lot *77*
 Head of grave *to*
 I Other Grave *in center of lot*

 X Grave on this date _____ W

Cremation *Burial Lot* 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave *To let* 15.00
 Body Shipped to *Family Car No City*
 R. R. Ticket *Auto* 5.00
 Cash advanced *more* 5.00
 Autos _____
 Telegram _____
 Minister *W. M. Davis*
 Music _____
 Casket Wagon *(1)* 5.00
 Physician *Duckworth*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *2*

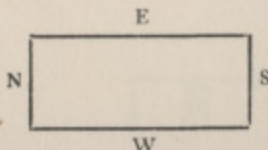
\$ 224.50

\$ 224.00

Carry Hand Funeral Home Colard

Name of deceased Robt Pyle
 Date of death Sept 27-42 M
 Cause of death Cholera Nephritis
 Place of death Trip Camp 1st Christmas
 Residence Trip Camp 1st Christmas
 Age 70 Y's Mo's Days
 Weight Height ft in Eyes
 Funeral at
 Date 194 M
 Account charged Moody Turpentine Co
 Address Newark Va -
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Case & Box
 Casket with Copper Lin.
 Style of Casket See H. M.
 No. of Casket H. M.
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles that
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

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

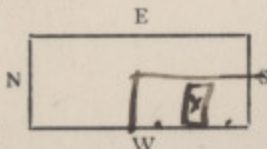
15.00

15.00

Carey Hand Funeral Home

Name of deceased Theron Cornell
 Date of death Thurs Sept 29-42 6 P. M
 Cause of death _____
 Place of death Res
 Residence Bell Isle Pine Castle
 Age 67 Yrs 7 Mo's 20 Days _____
 Weight 145 Height 6 ft in. Eyes _____
 Funeral at Chapel
 Date Thurs Oct 6-1942 2 P. M
 Account charged Mrs Theron Cornell
 Address Bell Isle Pine Castle Fla
 Account guaranteed Botato
 Address _____
 Embalming yes 35.00
 Robe, Suit, Dress Blue 6.00
 Underwear and Hose _____
 Casket 6-3 in. Box 125.00
 Casket with Copper Lin. _____
 Style of Casket Set. H. C.
 No. of Casket 1311-5 chair
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Set
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section S.W. 1/4 Lot 46

I Other Graves



X Grave on this date

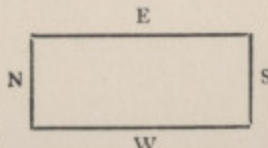
Cremation _____
 Urn _____
 Single Grave Burial Lot 50.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____ 96.00
 Telegram Rev H. H. Hall Pine Castle 96.00
 Minister Rev H. H. Hall
 Music ✓ 5.00
 Casket Wagon (1)
 Physician Dr. Moore
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 8

Cash 50.00
 Bal. Payments 256.96
256.96

Carey Hand Funeral Home

Name of deceased *Mrs. Anna Mathews*
 Date of death *Sept 30 - 1942* *9 A M*
 Cause of death *O. I. H.*
 Place of death *O. I. H.*
 Residence *1308 N. 1st St.*
 Age *56* Yrs. *6* Mo's. *20* Days
 Weight *125* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at *St. James*
 Date *Oct 3* 1942 *9 A M*
 Account charged *Anna Mathews*
 Address *1308 N. 1st St.*
 Account guaranteed *Insurance*
 Address *1308 N. 1st St.*
 Embalming *Yes*
 Robe, Suit, Dress *Yes*
 Underwear and Hose *Yes*
 Casket *4-3-2*
 Casket with Copper Lin. *Yes*
 Style of Casket *Queen Anne*
 No. of Casket *2012*
 Outside Box *Reg*
 Shipping Case or Vault *Yes*
 Handles *Short*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Woodlawn*
 Section *1* Lot *1*

I Other Graves



X Grave on this date

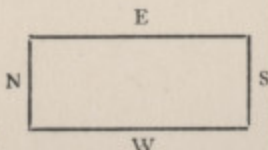
Cremation *2-Quits* *10.00*
 Urn *Yes*
 Single Grave *Yes*
 Opening and Closing Grave *Yes* *15.00*
 Body Shipped to *Yes*
 R. R. Ticket *Yes*
 Cash advanced *Yes*
 Autos *Yes*
 Telegram *Yes*
 Minister *Fraser Bishop*
 Music *By Church* *5.00*
 Casket Wagon *Yes*
 Physician *Dr. Tolson*
 County or City Burial *Yes*
 Automobiles *3 & 5* *15.00*
 Baggage or Express Train No. *9*

172.50

Carey Hand Funeral Home

Name of deceased Lucian Ross Mills
 Date of death Sept - 28 - 42 - P. M.
 Cause of death State Hospital
 Place of death Chattanooga
 Residence 735. Orlington
 Age 66 Y's. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at Grave side
 Date Fri Oct 2 - 1942 3 P. M.
 Account charged Mrs Vera Mills
 Address 735 Orlington Orlando
 Account guaranteed estate
 Address
 Embalming
 Robe, Suit, Dress Blue
 Underwear and Hose
 Casket 6-7 by large Def in Casket
 Casket with Copper Lin.
 Style of Casket Spr
 No. of Casket 2012 Shura
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set Yes
 Name Plate
 Cemetery Clement
 Section Lot

I Other Graves



X Grave on this date

Cremation Auto
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced & State of Ga
 Autos
 Telegram
 Minister Rev Boggett
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles 3 & 5
 Baggage or Express Train No.

10.00

50.00

5.00

15.00

65.25

4.35

15.00

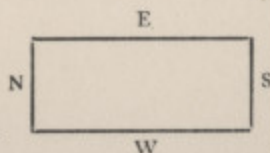
164.60

164.60

Carey Hand Funeral Home

Name of deceased *Mrs. Edna V. Pillars*
 Date of death *Sept- 28-42-* *A. M.*
 Cause of death *Not Given on Permit*
 Place of death *Not Given on Permit*
 Residence *Leeland, Fla.*
 Age *65* Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *Home Side*
 Date *Wed Sept 30 1942* *2 P. M.*
 Account charged *Miss Clara Robinson*
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave *T. & L.*
 Body Shipped to
 R. R. Ticket
 Cash advanced *Mr. Henry Dine*
 Autos *Blonde with Body*
 Telegram
 Minister *Dr. McKinn*
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

15.00

15.00

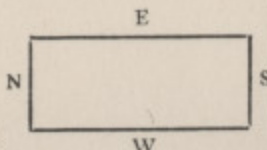
Carey Hand Funeral Home

Name of deceased *Miss Marie M. Puratt*
 Date of death *Sept 30-42- Wed 5 A.M.*
 Cause of death *Pulmonary T.B.*
 Place of death *Sta. T.B. North*
 Residence *Jacksonville*
 Age *31* Y'rs *11* Mo's *16* Days
 Weight Height ft. in. Eyes
 Funeral at *Best*
 Date 194 M
 Account charged *C. M. Puratt*
 Address *524 7th St Jacksonville Fla*
 Account guaranteed *Insurance*
 Address
 Embalming *Y Durs* 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-8 Flush* 175.00
 Casket with Copper Lin.
 Style of Casket *Oct 1/2-C*
 No. of Casket *7-1075*
 Outside Box *11-9*
 Shipping Case or Vault
 Handles *Set*
 Pillow Set *Yes Flak 100*
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn *J. A. Kyle*
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Jacksonville*
 R. R. Ticket *486 263 263* 10 11
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon *2 Towler* 10.00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. *76*
Wed Night Sept 30-42 230.11

Carey Hand Funeral Home

Name of deceased Mrs. Emma H. Bettis
 Date of death Sept 28-42 M
 Cause of death Not given on Permit
 Place of death Tampa, Fla
 Residence Tampa, Fla
 Age 57 Yrs. Mo's Days
 Weight 135 Height ft. in. Eyes
 Funeral at Chapel
 Date Wed Sept 30 1942 3:30 P. M
 Account charged B. Mayron Reed
 Address Tampa, Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Anired
 Style of Casket 2:30 P. M. Wed-9-30
 No. of Casket
 Outside Box Body Cremated
 Shipping Case or Vault 5-A IN
 Handles Thurs Oct-1-42
 Pillow Set
 Name Plate will call for
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

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

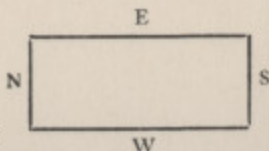
37.50

Oct 1-1942

Carry Hand Funeral Home

Name of deceased *Infant of John S. Whitehead*
Date of death *Oct-1-42* *5:29 A.M.*
Cause of death *Still Born*
Place of death *Home*
Residence *812 Palmer St*
Age *6* Yrs *1* Mo's *1* Days
Weight *10* Height *18* ft. *10* in. Eyes *Blue*
Funeral at *No Services*
Date *Oct 2-1942* *11 A.M.* *1942* *M*
Account charged *John S. Whitehead*
Address *812 Palmer St.*
Account guaranteed *Cash*
Address
Embalming
Robe, Suit, Dress
Underwear and Hose *Estimate* *5.00*
Casket
Casket with Copper Lin.
Style of Casket
No. of Casket
Outside Box
Shipping Case or Vault
Handles
Pillow Set *Body Cremated*
Name Plate *11 A.M. Oct 2-42*
Cemetery
Section Lot

I Other Graves



X Grave on this date

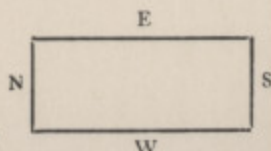
Cremation *Will call for Ashes*
Urn
Single Grave
Opening and Closing Grave
Body Shipped to
R. R. Ticket
Cash advanced
Autos
Telegram
Minister
Music
Casket Wagon
Physician
County or City Burial
Automobiles
Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased *Mellie Spence Brown*
 Date of death *Sept 29* M
 Cause of death *Not given on permit*
 Place of death *Res*
 Residence *Quincy Fla*
 Age *84* Y's *Mo's* Days *15*
 Weight *90* Height *5* ft *2* in. Eyes *Blue*
 Funeral at *Quincy Fla*
 Date *Sept* 1942 M
 Account charged *Geller - Rehbaum F.H.*
 Address *Quincy Fla*
 Account guaranteed *Check*
 Address _____
 Embalming _____
 Robe, Suit, Dress *Estimates* 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Body arrived*
 No. of Casket *by a/c. Thurs*
 Outside Box *4:30 P. M.*
 Shipping Case or Vault *Oct 1-42*
 Handles _____
 Pillow Set _____
 Name Plate *Body cremated*
 Cemetery *Friday 8 a. m.*
 Section *Oct 2-42* Lot _____

I Other Graves



X Grave on this date

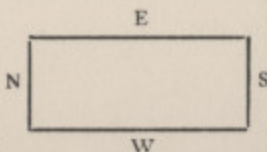
Cremation *Ashes expressed to -*
 Urn *Geller - Rehbaum*
 Single Grave *F. Home*
 Opening and Closing Grave *Quincy Fla*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Infant of J. S. Whitehead*
 Date of death *Oct. 1-42* *5 A* M
 Cause of death *Kills Born*
 Place of death *Home*
 Residence *225 Palmer St*
 Age *1* Yrs *1* Mo's *1* Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194..... M
 Account charged *John S. Whitehead*
 Address *225 Palmer St*
 Account guaranteed *Cash*
 Address
 Embalming *Cremation* *512*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Body Cremated*
 Casket with Copper Lin. *11-A M*
 Style of Casket *Oct-2-42-*
 No. of Casket
 Outside Box *will call for*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves

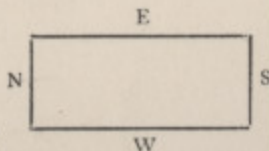


X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr. J. Ridding*
 County or City *Burial*
 Automobiles
 Baggage or Express Train No. *512*

Carey Hand Funeral Home

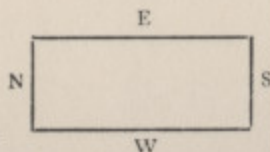
Name of deceased Victor Guyaux
 Date of death Oct-2-42 9 A.M.
 Cause of death Congestive heart failure
 Place of death 714 East
 Residence Victoria Ave W. P.
 Age 59 Y'rs 4 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at all Saints Church W. P.
 Date Oct 10-2-42 1942 9-A M
 Account charged Mrs V Guyaux
 Address Victoria Ave W. P.
 Account guaranteed Payments
 Address _____
 Embalming Cremation 50.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Simple Oak 25.00
 Casket with Copper Lin. _____
 Style of Casket Spr A E
 No. of Casket 2012
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Columbus 11-AM
 R. R. Ticket for Oct-2-42
 Cash advanced _____
 Autos will call for
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon 4 1/2 5.00
 Physician Dr. Ruth Hart
 County or City Burial _____
 Automobiles S. & S 15.00
 Baggage or Express Train No. _____
95.00



Carey Hand Funeral Home

Name of deceased *Infant Szwonsky*
 Date of death *Oct 1-2-42* *11:30 P.M.*
 Cause of death *Stillborn*
 Place of death *307 E. South St*
 Residence *307 E. South St*
 Age *✓* Y'rs *✓* Mo's *✓* Days
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *No Services*
 Date *1942* *M*
 Account charged *M.P. Szwonsky*
 Address *307 E. South St*
 Account guaranteed *Cash*
 Address *Crematorium*
 Embalming *5.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket *Body cremated*
 No. of Casket *8-A-42 Oct-4-42*
 Outside Box
 Shipping Case or Vault *with call for*
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section *Lot*

I Other Graves



X Grave on this date

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

3.00

Carey Hand Funeral Home

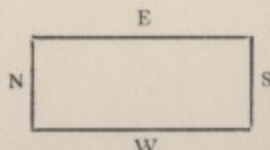
Name of deceased Mrs. Ariadne B. Roberts
 Date of death Sept 26 - 42 M
 Cause of death Cerebral Thrombosis
 Place of death Res
 Residence Lebring
 Age 79 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Stephenson F. Home
 Address Lebring Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Fluid
 Style of Casket one P.M. Sat
 No. of Casket Oct-3-42-
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated P.A.M.
 Pillow Set Sun Oct-4-42
 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 Stephenson F.H.
 R. R. Ticket
 Cash advanced Lebring Fla
 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 James H Reid
 Date of death Sat Oct - 3 - 42 M
 Cause of death _____
 Place of death Res -
 Residence Dear Lake - Richport
 Age 76 Yrs 6 Mo's - Days _____
 Weight 145 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Mon Oct 5 - 1942 11 A M
 Account charged Mrs James H Reid
 Address Opoka St Box 92 - B -
 Account guaranteed estate
 Address _____
 Embalming Y
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 In Box
 Casket with Copper Lin. ✓
 Style of Casket Spr - A. e
 No. of Casket 2012 - 3 -
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Shad -
 Pillow Set yes -
 Name Plate ✓
 Cemetery Cumtation
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cumtation 50.00
 Urn wooden
 Single Grave ✓
 Opening and Closing Grave _____
 Body Shipped to Body Cremated
 R. R. Ticket P - A On Tues
 Cash advanced Oct - 6 - 42
 Autos will call for -
 Telegram _____
 Minister Carter 5.00
 Music yes - 5.00
 Casket Wagon ✓
 Physician S. M. Guide
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 75 00

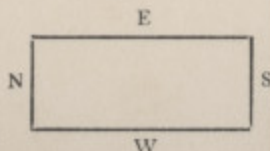
Noted Sea Captain

Carey Hand Funeral Home

HOUSE

Name of deceased Mr Lucius Rouse
 Date of death Oct 4 1:30 P. M.
 Cause of death Angina Pectoris
 Place of death Res.
 Residence 2037 W. South St
 Age 68 Yrs 6 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Oct 7 1942 3 P. M.
 Account charged Mrs Ida Rouse
 Address 2037 W. South St
 Account guaranteed Payments
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery _____
 Casket 6-3 Si Cups 100.00
 Casket with Copper Lin. ✓
 Style of Casket Get N. E
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Lake Hill
 Section _____ Lot _____

I Other Graves



X Grave on this date

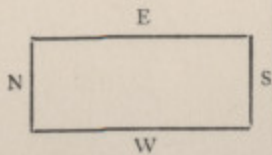
Cremation Out. P. O. 5.00
 Urn Out. Min 5.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Frank Morgan
 Music Yes 5.00
 Casket Wagon 1 5.00
 Physician Dr Broadall
 County or City Burial _____
 Automobiles 5.00 15.00
 Baggage or Express Train No. _____

85.00

Carey Hand Funeral Home

Name of deceased *Charles E. Balcom*
 Date of death *Oct 4-42 10:50 AM*
 Cause of death *Isling, Sclerotic Heart*
 Place of death *G. Ill.*
 Residence *6716 Rochester Ave. Chicago Ill*
 Age *71* Yrs *8* Mo's *26* Days
 Weight *225* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at *West*
 Date *Oct 9* 194*2* M
 Account charged *Mrs. Minnie Balcom*
 Address *Chicago Ill*
 Account guaranteed *Estate*
 Address *West*
 Embalming *Yes* 35.00
 Robe, Suit, Dress *Yes*
 Underwear and Hose *Yes*
 Casket *6-6 Metal Sil Fin* 350.00
 Casket with Copper Lin. *Yes*
 Style of Casket *State 1/2 - C*
 No. of Casket *Gilson*
 Outside Box *Reg 0837* 5.00
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Mt Olive - Chicago Ill*
 Section Lot

I Other Graves



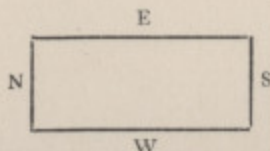
X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Chicago Ill* 153.38
 R. R. Ticket *Y.P.*
 Cash advanced
 Autos
 Telegram *-6-* 6.04
 Minister *West*
 Music
 Casket Wagon *(2)* 10.00
 Physician *Dr. M. Mallory*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*
Had Oct-7-42 559.42

Carey Hand Funeral Home

Name of deceased *Kathryn Amenhagen*
 Date of death *Oct 4* 1942 *4:17 PM*
 Cause of death *Pulmonary Tuberculosis*
 Place of death *State T.B. Hospital*
 Residence *477 Huntington Ave. - Winton, Pa.*
 Age *42* Yrs *5* Mo's *16* Days *14*
 Weight *125* Height *5 ft 4* in. Eyes *Br*
 Funeral at *least*
 Date *Oct* 1942 *M*
 Account charged *Conrad Gulch*
 Address *P.O. Amburst Ohio*
 Account guaranteed
 Address
 Embalming *& Dressing*
 Robe, Suit, Dress *Clothing*
 Underwear and Hose
 Casket *6-7 3x6x8*
 Casket with Copper Lin.
 Style of Casket *Spr N. E.*
 No. of Casket *2012-*
 Outside Box *Reg. Painted & lined*
 Shipping Case or Vault
 Handles *Shat*
 Pillow Set *yes*
 Name Plate
 Cemetery *Restoration*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Amburst, Ohio*
 R. R. Ticket
 Cash advanced *Express* *81.08*
 Autos *18*
 Telegram *11*
 Minister
 Music
 Casket Wagon *52* *10.00*
 Physician *Dr. John A. Kelch*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92* *8*

Tues - 10-6-42

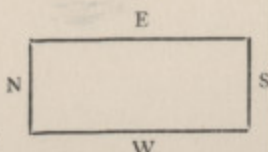
Sister went with
body to Pull
9.39

215.86
85
215.00

Carey Hand Funeral Home

Name of deceased *Frazier G. M. Quagge*
 Date of death *Oct 5* 194*2* *5:45 a. m.*
 Cause of death
 Place of death *State T. B. Hospital*
 Residence *Panama City Fla*
 Age *62* Y'rs *10* Mo's *4* Days
 Weight Height ft. in. Eyes
 Funeral at *Interment*
 Date *Oct* 194*2* *M*
 Account charged
 Address
 Account guaranteed
 Address
 Embalming *Yes* *40.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery *Interment*
 Section Lot

I Other Graves



X Grave on this date

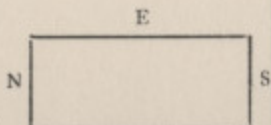
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Chapley Fla.* *17.79*
 R. R. Ticket *+ E.* *27.72*
 Cash advanced *Express*
 Autos *.65*
 Telegram
 Minister
 Music
 Casket Wagon *(2)* *10.00*
 Physician *John A. Belk*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

unable to get down box - 96.16
3.00
93.06

Carey Hand Funeral Home

Name of deceased James T. Ellis
 Date of death Mon Oct-5-42 P.M.
 Cause of death Pul. T. B.
 Place of death St. T. B. Hospital
 Residence Lake City Ga Rt 3
 Age 36 Y'rs 0 Mo's 23 Days
 Weight 150 Height 5 ft. 10 in. Eyes Blue
 Funeral at Carey Hand Funeral Home
 Date Oct-5-42 194 2 M
 Account charged Carey Hand
 Address Carey Hand
 Account guaranteed Carey Hand
 Address Carey Hand
 Embalming Yes 35"
 Robe, Suit, Dress Yes
 Underwear and Hose Yes
 Casket Yes
 Casket with Copper Lin. Yes
 Style of Casket Yes
 No. of Casket Yes
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Yes
 Section Yes Lot Yes

I Other Graves



X Grave on this date

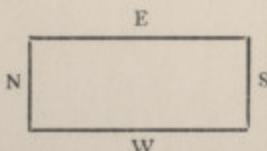
Cremation Wilson F. Home
 Urn Lake City Casket
 Single Grave Yes
 Opening and Closing Grave Yes
 Body Shipped to Yes
 R. R. Ticket Yes
 Cash advanced Yes
 Autos Yes
 Telegram Yes
 Minister Yes
 Music Yes
 Casket Wagon Yes
 Physician Dr. J. A. Kelt
 County or City Burial Yes
 Automobiles Yes
 Baggage or Express Train No. Yes

5.00

Carry Hand Funeral Home

Name of deceased *Infant Burns*
 Date of death *Oct 2* M
 Cause of death *Still born*
 Place of death *at*
 Residence *928 N. Mill*
 Age *1* Yrs *2* Mo's *2* Days
 Weight *10* Height *10* ft. *10* in. Eyes *blue*
 Funeral at *194* M
 Date *Oct 2*
 Account charged *Sidney Burns*
 Address *948 N. Mill St. Oakland*
 Account guaranteed
 Address *Burns*
 Embalming *5.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket *Body Cremated*
 No. of Casket *8-1111*
 Outside Box *10-10-7-42*
 Shipping Case or Vault
 Handles
 Pillow Set *will call for*
 Name Plate
 Cemetery
 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 *Dr. Collins*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

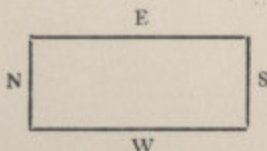
509

Coland

Carey Hand Funeral Home

Name of deceased Johnnie Arnold
 Date of death Oct-7-42 6- AM
 Cause of death _____
 Place of death T. Camp, Winnebago
 Residence Winnebago
 Age 60 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Grave side
 Date _____ 194 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Coe & Co 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

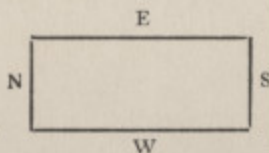
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express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

1450

Carey Hand Funeral Home

Name of deceased Hiringer J. Stokes.
 Date of death July 9 M
 Cause of death Pneumonia - Tuberculosis
 Place of death Wintley Park
 Residence Wintley Park
 Age 30 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Gravestone
 Date July 1942 M
 Account charged
 Address
 Account guaranteed County
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/8 Coffin 14 50
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery County Home
 Section Lot

I Other Graves



X Grave on this date

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

14.50