

10-8-1942

## Memoranda Book 154: Carey Hand Funeral Home records, October 8, 1942 to December 12, 1942

Carey Hand Funeral Home

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### Recommended Citation

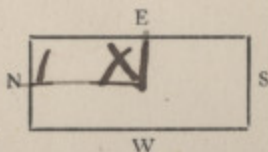
Carey Hand Funeral Home, "Memoranda Book 154: Carey Hand Funeral Home records, October 8, 1942 to December 12, 1942" (1942). *Carey Hand Funeral Home Records*. 154.

<https://stars.library.ucf.edu/cfm-ch-records/154>

# Carey Hand Funeral Home

Name of deceased Hardy N. Hodges  
 Date of death Oct - 8 / 42 6:15 P M  
 Cause of death Arterio Sclerosis heart  
 Place of death Home  
 Residence 2015 S. Kelly Ave  
 Age 87 Yrs. 4 Mo's. 12 Days  
 Weight 145 Height 5 ft. 7 in. Eyes  
 Funeral at Chapel  
 Date Mon Oct 9 1942 4:30 P M  
 Account charged Mrs R. Bartman  
 Address  
 Account guaranteed Estate  
 Address  
 Embalming + Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3- in box 125.00  
 Casket with Copper Lin. Yes  
 Style of Casket Oct - 8  
 No. of Casket 1317 - Shiner  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles Ext  
 Pillow Set Yes  
 Name Plate Yes  
 Cemetery Greenwood  
 Section B NE 1/4 Lot 108

I Other Graves



X Grave on this date

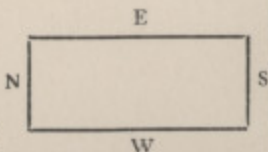
Cremation B-B Car 5.00  
 Urn Family Car No Chg  
 Single Grave Men Car No Chg 15.00  
 Opening and Closing Grave Yes  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister Rev - Fred Turner  
 Music  
 Casket Wagon No Chg  
 Physician Rev. Mr. Malloy  
 County or City Burial  
 Automobiles S.V.S 15.00  
 Baggage or Express Train No.

795.00

# Carey Hand Funeral Home

Name of deceased *Mrs. Jessie Moore McConless*  
 Date of death *Thurs Oct-8-42* M  
 Cause of death *My pericardium heart disease*  
 Place of death *Appelby, Ohio*  
 Residence *South Boston Va*  
 Age *58* Yrs. *2* Mo's. *23* Days  
 Weight *135* Height *5 ft 3* in. Eyes  
 Funeral at *best -*  
 Date *194* M  
 Account charged *H. A. McConless*  
 Address *South Boston Va*  
 Account guaranteed *lek -*  
 Address  
 Embalming *+ Dues* 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket *6-3- Metal G. M. Tm* 785.00  
 Casket with Copper Lin. *yes*  
 Style of Casket *State H. C.*  
 No. of Casket *2 Amer*  
 Outside Box *Reg*  
 Shipping Case or Vault ✓  
 Handles *yes*  
 Pillow Set *yes*  
 Name Plate *Name + Date*  
 Cemetery *best*  
 Section Lot

I Other Graves



X Grave on this date

Cremation *Burial South Boston Va*  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *Frederick, N.C.*  
 R. R. Ticket *Y.P.* 66.62  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon *2* 10.00  
 Physician *Dr. Mallory*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *92*

*Fri 10-9-42*

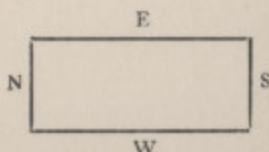
*896.62*

*Excess no chg*

# Carey Hayd Funeral Home

Name of deceased Sam Nesson  
 Date of death Oct-6-42 6 A M  
 Cause of death Cerebral Thrombosis  
 Place of death Washington D.C.  
 Residence Lawrence Mass  
 Age 33 Yrs. Mo's. Days.  
 Weight 150 Height 5 ft. 7 in. Eyes.  
 Funeral at Chapel  
 Date Sun Oct-11 1942 4 P. M  
 Account charged Mary  
 Address  
 Account guaranteed Payments  
 Address  
 Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3- in case  
 Casket with Copper Lin.  
 Style of Casket Sgt. D. C. Co.  
 No. of Casket  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles out  
 Pillow Set yes  
 Name Plate  
 Cemetery Greenwood  
 Section. Lot.

I Other Graves



X Grave on this date

Cremation	
Urn <u>200-265-257</u>	6.82
Single Grave	
Opening and Closing Grave	15.00
Body Shipped to <u>P. B. Co.</u>	5.00
R. R. Ticket <u>Car, minor</u>	5.00
Cash advanced <u>192.21 to Hyatt</u>	
Autos <u>F. S. Washington D.C.</u>	
Telegram	
Minister <u>Father Rostetter</u>	
Music <u>Organ</u>	5.00
Casket Wagon <u>(1)</u>	
Physician	
County or City Burial	
Automobiles <u>S. &amp; S</u>	15.00
Baggage or Express Train No.	

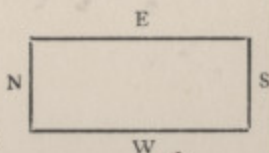
Martin Hyatt of N. D. C. 51.82  
in charge  
192.91



# Carry Hand Funeral Home

Name of deceased *Mr. ANNIE ROBERTS*  
 Date of death *Oct 10-42* *3:30 P. M.*  
 Cause of death *Chronic nephritis - senility*  
 Place of death *Nursing Home Kennett Square*  
 Residence *12-N N. Shire*  
 Age *86* Y's *9* Mo's *16* Days  
 Weight *135* Height *5* ft *5* in. Eyes  
 Funeral at *Chapel*  
 Date *Mon Oct 12 1942* *4 P. M.*  
 Account charged *Edna Ingram*  
 Address *12-N N. Shire*  
 Account guaranteed  
 Address  
 Embalming *Yes*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6-3-62 Maple*  
 Casket with Copper Lin.  
 Style of Casket *Pat. N. C.*  
 No. of Casket *1972 Temple*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles *Est*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Greenwood*  
 Section Lot

I Other Graves



X Grave on this date

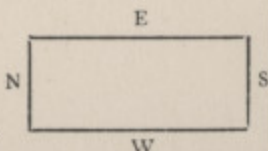
Cremation *Family car No Chg*  
 Urn *P. B. Car*  
 Single Grave *Car mgs*  
 Opening and Closing Grave *1+ etc*  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister *Rev A Fred Turner*  
 Music *Organ*  
 Casket Wagon  
 Physician *Dr Walker*  
 County or City Burial  
 Automobiles *3 & 5*  
 Baggage or Express Train No.

170.00

# Carey Hand Funeral Home

Name of deceased John Schaffer  
 Date of death Sun Oct-11-1942 <sup>3:10</sup> P M  
 Cause of death Cerebral Hemorrhage  
 Place of death Res  
 Residence Lockhart  
 Age 43 Yrs. 7 Mo's. 21 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in Eyes \_\_\_\_\_  
 Funeral at St James Catholic  
 Date Tues Oct-13-1942 <sup>9 A</sup> M  
 Account charged Mrs John Schaffer  
 Address Wanda St - 2 -  
 Account guaranteed Payments  
 Address \_\_\_\_\_  
 Embalming Yes  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3 Case & Box  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Exp. F. T. F.  
 No. of Casket X -  
 Outside Box Req  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Short  
 Pillow Set Yes  
 Name Plate expensive  
 Cemetery Woodlawn  
 Section C Lot 218

I Other Graves



X Grave on this date

Cremation F. Case  
 Urn Can M & P B.  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave etc  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Trinit  
 Music By Church  
 Casket Wagon \_\_\_\_\_  
 Physician Dr. Moore  
 County or City Burial \_\_\_\_\_  
 Automobiles S. F. S.  
 Baggage or Express Train No. \_\_\_\_\_

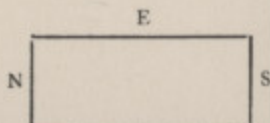
will pay small Payment  
 each One -  
 Family & Dry Poor

700.00

# Corry Hand Funeral Home

Name of deceased Ulysis P. Webb  
 Date of death Sun Oct-11-42 9:30 A M  
 Cause of death Cerebral Hemorrhage  
 Place of death Res  
 Residence Alameda Rt 2 - Lockhart  
 Age 63 Y'rs 7 Mo's 15 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Rest  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged Hubert Webb  
 Address Alameda Rt 2 -  
 Account guaranteed Insurance  
 Address \_\_\_\_\_  
 Embalming & S 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3-42 Maple 105.00  
 Casket with Copper Lin ☒  
 Style of Casket Det No 9  
 No. of Casket 1992 - 9amp. 2  
 Outside Box R-9  
 Shipping Case or Vault ☒  
 Handles Ext  
 Pillow Set yes  
 Name Plate ☒  
 Cemetery Rest Oak Grove Tenn  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation Burial at  
 Urn Oak Grove Tenn  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Hazel Ky  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon (2) 10.00  
 Physician Dr. Moon  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 92

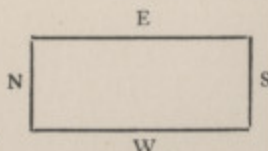
<u>Mon Oct-12-42</u>	150.00
<u>RR</u>	50.03
	200.03



# Carey Hand Funeral Home

Name of deceased Lornie Monds  
 Date of death Oct 12 - 9:45 P. M.  
 Cause of death Pyemia of Throat  
 Place of death P. Y. N. of Throat  
 Residence Ala Vista Fla  
 Age 72 Y'rs 6 Mo's 13 Days  
 Weight      Height      ft.      in. Eyes       
 Funeral at Graveside  
 Date Wed Oct 14 - 1942 3 P. M.  
 Account charged Richard Monds  
 Address Ala Vista  
 Account guaranteed Payments  
 Address County 14.50  
 Embalming 25.00  
 Robe, Suit, Dress       
 Underwear and Hose       
 Casket 6-3-Case 14.50  
 Casket with Copper Lin.       
 Style of Casket       
 No. of Casket       
 Outside Box       
 Shipping Case or Vault       
 Handles       
 Pillow Set       
 Name Plate       
 Cemetery Lake Hill  
 Section      Lot     

I Other Graves



X Grave on this date

Cremation       
 Urn       
 Single Grave       
 Opening and Closing Grave Foot 15.00  
 Body Shipped to       
 R. R. Ticket       
 Cash advanced       
 Autos       
 Telegram       
 Minister Rev A. A. Harris  
 Music       
 Casket Wagon       
 Physician Dr. J. Monds  
 County or City Burial       
 Automobiles Call on 10.00  
 Baggage or Express Train No.     

County 14.50  
Gravemary 50.00

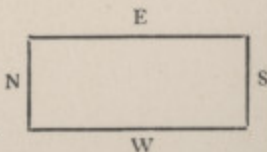
64.50



# Carey Hand Funeral Home

Name of deceased George Miles Canby  
 Date of death Oct 14 7:10 AM  
 Cause of death Cancer of throat  
 Place of death Residence  
 Residence 418 W. Princeton  
 Age 72 Yrs. 8 Mo's. 28 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at West  
 Date Oct - 1942 M  
 Account charged Mrs. Adele Ann Canby  
 Address 418 - W. Princeton  
 Account guaranteed Catala  
 Address \_\_\_\_\_  
 Embalming Pressing 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket Carey Hol. 125.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Oct. N. Cap.  
 No. of Casket Tampa 1972  
 Outside Box Reg.  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Destination  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

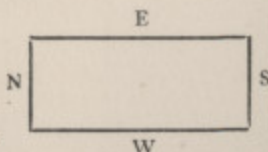
Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket 37.79 - 26.45 64.24  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister West  
 Music \_\_\_\_\_  
 Casket Wagon CU 10.00  
 Physician Dr. T. A. Neal  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 92 \$

Thurs 2:55 PM. 10-15-42 234.24

# Carey Hand Funeral Home

Name of deceased Joseph W. Barnes  
 Date of death Oct-14-42-1030 P M  
 Cause of death Embolism  
 Place of death Res  
 Residence 2209 Quindale ave  
 Age 62 Y's 6 Mo's 1 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged Mrs. Laura Barnes  
 Address 2209 Quindale  
 Account guaranteed Insurance  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3-4 coupe 75.00  
 Casket with Copper Lin. ☒  
 Style of Casket Gen H. C  
 No. of Casket 2012- Shrin  
 Outside Box Reg  
 Shipping Case or Vault ☒  
 Handles hat  
 Pillow Set yes  
 Name Plate ☒  
 Cemetery Woodlawn  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

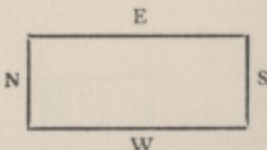
Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave Car Mini 5.00  
 Opening and Closing Grave 7 etc 15.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket P.B. Car 5.00  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev E. Lee Smith 5.00  
 Music yes 5.00  
 Casket Wagon (1)  
 Physician Dr. Jones  
 County or City Burial \_\_\_\_\_  
 Automobiles S.I.S 15.00  
 Baggage or Express Train No. 28

155.00

# Carey Hand Funeral Home

Name of deceased *Mrs. Sara M. Stafford*  
 Date of death *Thurs. Oct - 15 - 42* *11* AM  
 Cause of death *Cancer of liver*  
 Place of death *D. H.*  
 Residence *300 E. 2nd Ave*  
 Age *69* Yrs. *2* Mo's. *14* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Sunday Oct 18 1942* *4 P* M  
 Account charged *S. M. Stafford*  
 Address *300 E. 2nd Ave*  
 Account guaranteed *estate*  
 Address \_\_\_\_\_  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *6/3 Grey Cope* *90.00*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Sgt. 1/2 Cap*  
 No. of Casket *2022 Shires*  
 Outside Box *Req*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Short*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Greenwood*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation *2 Autos* *10.00*  
 Urn \_\_\_\_\_  
 Single Grave *S. Grave* *25.00*  
 Opening and Closing Grave *etc* *15.00*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev. B. Lewis* *5.00*  
 Music *Music* *5.00*  
 Casket Wagon *(1)*  
 Physician *Dr. Mallory*  
 County or City Burial \_\_\_\_\_  
 Automobiles *575* *15.00*  
 Baggage or Express Train No. \_\_\_\_\_

*200.00*



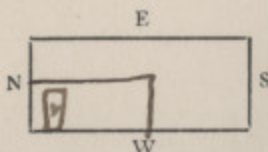
# Carey Hand Funeral Home

Name of deceased *Mrs Margaret Reese*  
 Date of death *Thurs. Oct 15-42* *1 P. M.*  
 Cause of death *Suicide, Commanded*  
 Place of death *Reese*  
 Residence *1910 Mac Street*  
 Age *32* Yrs. *3* Mo's. *25* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Sun 10-18* 1942 *2 30 P.M.*  
 Account charged *Norman J. Reese*  
 Address *1910 Mac St Orlando Fla*  
 Account guaranteed *Ins*  
 Address \_\_\_\_\_  
 Embalming *Yes*  
 Robe, Suit, Dress *Blue P.H.#*  
 Underwear and Hosiery *Hot Metal*  
 Casket *6-6-10 Hot Metal*  
 Casket with Copper Liner *Yes*  
 Style of Casket *Hot 12-2*  
 No. of Casket *Gibson*  
 Outside Box *Reg - 1000*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Yes*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Greenwood*  
 Section *9 - N.W. 1/4 Lot 34*

35.00  
 17.50  
 13.45  
 300.00

60.00

I Other Graves



X Grave on this date

Cremation *T. C.*  
 Urn *P. B. C.*  
 Single Grave *Mrs. Car*  
 Opening and Closing Grave *1.50*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced *Burial*  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev J. H. Suttley*  
 Music *Yes*  
 Casket Wagon *(1)*  
 Physician *Sucknath*  
 County or City Burial \_\_\_\_\_  
 Automobiles *S. V. S.*  
 Baggage or Express Train No. *3*

5.00  
 5.00  
 5.00  
 15.00

50.00

5.00  
 5.00

15.00

570.95

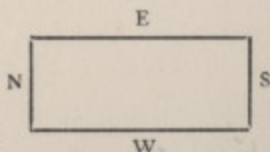
570.95



# Carey Hand Funeral Home

Name of deceased Mrs. Emma Mae Luther  
 Date of death Oct. 15 - 42 10.45 P.M.  
 Cause of death Pneumonia  
 Place of death Q. J. H.  
 Residence Delanda Rt 4 - Union Park  
 Age 57 Yrs. 9 Mo's. 16 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in Eyes \_\_\_\_\_  
 Funeral at Sat 2 P.M. Chapel  
 Date Sat Oct 17 1942 2 P.M.  
 Account charged Emma M. Luther  
 Address Delanda Rt 4 -  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming J. Duss  
 Robe, Suit, Dress White  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3-Gr. Oak  
 Casket with Copper Lin. Yes  
 Style of Casket Det. A. E  
 No. of Casket 1311 - Shain  
 Outside Box R. eg  
 Shipping Case or Vault ✓  
 Handles Ext  
 Pillow Set Yes  
 Name Plate ✓  
 Cemetery Trinity  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

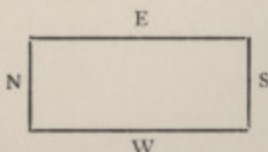
Cremation Burial Lot 10 00  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Yes 15 00  
 Body Shipped to Car. Minn 5 00  
 R. R. Ticket 71 Car No Chg 5 00  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev. E. Lee Smith }  
 Music N 5 00  
 Casket Wagon (1)  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_ 15 00  
 Baggage or Express Train No. \_\_\_\_\_

247.00

# Carry Hand Funeral Home

Name of deceased *Infant Watson*  
 Date of death *Dec-16-12* *4 P. M*  
 Cause of death *Purpura*  
 Place of death *W. State T. B.*  
 Residence *Chiefland Fla*  
 Age *4* Yrs *2* Mo's *2* Days *20* *Minutes*  
 Weight..... Height..... ft..... in. Eyes.....  
 Funeral at.....  
 Date..... 194..... M  
 Account charged *Mrs. Cordell*  
 Address *Chiefland Fla*  
 Account guaranteed *Cash*  
 Address.....  
 Embalming.....  
 Robe, Suit, Dress.....  
 Underwear and Hose.....  
 Casket *2-0-1418*  
 Casket with Copper Lin.....  
 Style of Casket *Top*  
 No. of Casket *H. M.*  
 Outside Box ☒  
 Shipping Case or Vault.....  
 Handles *small*  
 Pillow Set.....  
 Name Plate.....  
 Cemetery.....  
 Section..... Lot.....

I Other Graves



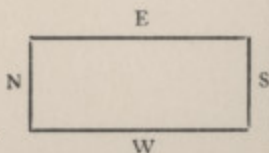
X Grave on this date

Cremation *Family bought*  
 Urn *Casket and done*  
 Single Grave *their own work*  
 Opening and Closing Grave.....  
 Body Shipped to *Tole the body with*  
 R. R. Ticket *them two nights*  
 Cash advanced.....  
 Autos.....  
 Telegram.....  
 Minister.....  
 Music.....  
 Casket Wagon.....  
 Physician *Dr. Paul Rogers*  
 County or City Burial.....  
 Automobiles.....  
 Baggage or Express Train No. *12 00*

# Carey Hand Funeral Home

Name of deceased *Miss Beah R. Scott*  
 Date of death *Oct 15-42* M  
 Cause of death *Central Embolism*  
 Place of death *Res.*  
 Residence *Law Hall*  
 Age \_\_\_\_\_ Y'rs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at \_\_\_\_\_  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged *J. E. Noon* *F. Home*  
 Address *Cocoa Fla*  
 Account guaranteed *ok*  
 Address \_\_\_\_\_  
 Embalming *Emmaline* 37.50  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *4-3-42* *Super of Cop.*  
 Casket with Copper Liner \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket *Body covered by*  
 Outside Box *Auto 6-8 m*  
 Shipping Case or Vault *Sat 10-17-42*  
 Handles \_\_\_\_\_  
 Pillow Set *Body covered*  
 Name Plate *6:30 P.M. Sat*  
 Cemetery *Oct-17-42*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

*wooden*  
 Cremation *Ashes Express to*  
 Urn *Miss Rott Root*  
 Single Grave *Law Hall*  
 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. \_\_\_\_\_

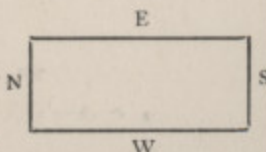
37.50



# Carey Hand Funeral Home

Name of deceased Mrs. Dorothy Wayne Moss  
 Date of death Sun. Oct-18-42 P. M.  
 Cause of death myocardia at leg  
 Place of death at Res.  
 Residence 808 Walnut St.  
 Age 32 Yrs. 9 Mo's. 13 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Tues. Oct 20 1942 10:30 A M  
 Account charged Lee Roy Moss  
 Address 808 Walnut St.  
 Account guaranteed Ans. Paid.  
 Address \_\_\_\_\_  
 Embalming & Dressing 35.<sup>00</sup>  
 Robe, Suit, Dress Tric. 16.<sup>00</sup>  
 Underwear and Hose ✓  
 Casket 6-3- Sil. Plush 200.<sup>00</sup>  
 Casket with Copper Lin. ✓  
 Style of Casket Get 1/2 - C  
 No. of Casket 1927 Shiner  
 Outside Box Reg.  
 Shipping Case or Vault ✓  
 Handles Ext.  
 Pillow Set yes  
 Name Plate ✓  
 Cemetery Mt. Washington Kan. City  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Kansas City Mo.  
 R. R. Ticket ✓ Pull 10 34 .95  
 Cash advanced 4364-4304-216  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Dean Johnson  
 Music yes  
 Casket Wagon (2)  
 Physician Dr. S. T. Olson  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 92

99 53

5.<sup>00</sup>  
10.<sup>00</sup>

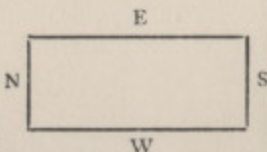
Wed-10-21-42  
any RR.  
364.53  
26.00  
338.53



# Carey Hand Funeral Home

Name of deceased *Mr. Wm. T. Schnell*  
 Date of death *Mon. Oct-19-42* A.M.  
 Cause of death *Cerebral Thrombosis*  
 Place of death *Per.*  
 Residence *31 Rushing Dr.*  
 Age *71* Yrs. *7* Mo's. *21* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Wed. Oct 21 1942* 3:00 P.M.  
 Account charged *Mr. Wm. T. Schnell*  
 Address *31 Rushing Place*  
 Account guaranteed *Estates*  
 Address \_\_\_\_\_  
 Embalming *+ Dress* 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hosiery ☒  
 Casket *6-3-4* 100.00  
 Casket with Copper Lin. ☒  
 Style of Casket *Oct. 1st Case*  
 No. of Casket *1922 1-*  
 Outside Box *R-29*  
 Shipping Case or Vault ☒  
 Handles *Ext*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Woodlawn*  
 Section *B-* Lot \_\_\_\_\_

I Other Graves



X Grave on this date

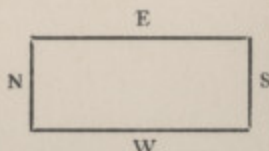
Cremation *T. Car* 5.00  
 Urn *P. B. C.* 6.00  
 Single Grave *Mon Car* 15.00  
 Opening and Closing Grave *etc.*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev. George Daff.*  
 Music *Organ* 5.00  
 Casket Wagon ☒  
 Physician *Dr. Frank L. Hays*  
 County or City Burial \_\_\_\_\_  
 Automobiles *S.V.S.* 15.00  
 Baggage or Express Train No. \_\_\_\_\_

785.00

# Carry Hand Funeral Home

Name of deceased Mr. KELSEY DOW  
 Date of death Tues Oct 28 1942 A.M.  
 Cause of death Uremia  
 Place of death Res  
 Residence Winter Garden  
 Age 91 Y'rs 7 Mo's  Days   
 Weight  Height  ft.  in. Eyes   
 Funeral at Chapel  
 Date Oct-22-42 1942 2:30 A.M.  
 Account charged Miss Cordelia Dow  
 Address Winter Garden  
 Account guaranteed Rock Island Hospital Trust Co  
 Address Providence R.I.  
 Embalming Yes 35.00  
 Robe, Suit, Dress Yes  
 Underwear and Hose Yes  
 Casket 6-4-42 250.00  
 Casket with Copper Lin. Yes  
 Style of Casket B. Co. Style  
 No. of Casket 48-Tempica  
 Outside Box 11.00  
 Shipping Case or Vault Yes  
 Handles Yes  
 Pillow Set Yes  
 Name Plate Yes  
 Cemetery Swan Point  
 Section  Lot

I Other Graves



X Grave on this date

Cremation Out to Mr. Dow 5.00  
 Urn   
 Single Grave   
 Opening and Closing Grave   
 Body Shipped to Providence R.I.  
 R. R. Ticket   
 Cash advanced Express 88.88  
 Autos  2.14  
 Telegram   
 Minister Guy & C.H. Tunon  
 Music Organ  
 Casket Wagon (2) 10.00  
 Physician Dr. Hester  
 County or City Burial   
 Automobiles and car 6.00  
 Baggage or Express Train No. 92

Thurs 10-22-42

396.02

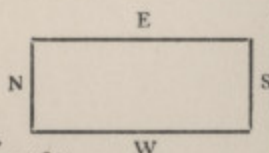
Rock Island Hospital Trust Co  
Providence R.I.

Statement

# Carey Hand Funeral Home

Name of deceased *Mr. Albert Tanner*  
 Date of death *Tues. Dec-20-42* *AM*  
 Cause of death *Heart attack*  
 Place of death *High Packing House W. Robt Ave*  
 Residence *Chick St. Orlando*  
 Age *51* Yrs *2* Mo's *24* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Thurs 10-22* 194*2* *3P* M  
 Account charged *Mrs Jessie Tanner*  
 Address *Chick St Orlando*  
 Account guaranteed *Insurance*  
 Address \_\_\_\_\_  
 Embalming *Yes*  
 Robe, Suit, Dress *Shirt 1.00 Tie 50*  
 Underwear and Hose \_\_\_\_\_  
 Casket *6-3-42 Maple*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *Open N. E*  
 No. of Casket *2012* *Shriners*  
 Outside Box *Reg*  
 Shipping Case or Vault *Yes*  
 Handles *Shriners*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Oak Ridge*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation *2* *Costs* *10.00*  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *Yes* *15.00*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev. C. L. Cole*  
 Music *Organ*  
 Casket Wagon *(1)* *5.00*  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles *8.50* *15.00*  
 Baggage or Express Train No. \_\_\_\_\_

Total *137.75*  
 % *2.75*  
*Ed Cash* *135.00*

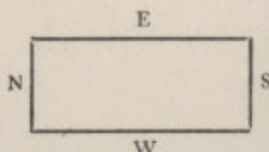


# Carey Hand Funeral Home

Name of deceased Mrs May M. Hopson  
 Date of death Oct. 17-1942 M  
 Cause of death Purpious Anemia  
 Place of death R-2  
 Residence Dayton Beach Fla  
 Age 62 Yrs 6 Mo's 13 Days  
 Weight 120 Height 5 ft. 3 in. Eyes  
 Funeral at  
 Date 1942 M  
 Account charged Baggett M. Baker  
 Address  
 Account guaranteed  
 Address  
 Embalming Conservative  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin. Galaxy  
 Style of Casket by gals 9 AM  
 No. of Casket Had 10-21-42  
 Outside Box  
 Shipping Case or Vault Body Burial  
 Handles 8 AM 10-22-42  
 Pillow Set  
 Name Plate will call for  
 Cemetery  
 Section Lot

37.50

I Other Graves



X Grave on this date

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

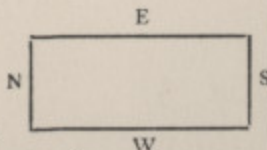
37.50



# Carry Hand Funeral Home

Name of deceased Mrs. Monica Gressong  
 Date of death Oct-21-42 1235 M P  
 Cause of death Pulmonary T. B.  
 Place of death St. T. B. Hospital  
 Residence St. Land Fla  
 Age 33 Y's 5 Mo's 12 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at West  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged Daniel S Gressong  
 Address St. Land Fla  
 Account guaranteed Insurance  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress \_\_\_\_\_ 5.00  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3-42 Roe 135.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Ed. H. C.  
 No. of Casket 1391- Schur  
 Outside Box R-9  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Ent-  
 Pillow Set yes-  
 Name Plate \_\_\_\_\_  
 Cemetery West  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation Burial  
 Urn Truckville Penn  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Truckville, Pa  
 R. R. Ticket R R-3784 2675  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon Yes 10.00  
 Physician Dr. R. Thompson  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 82

Tr 10-23-42

289.59

Spa Flowers

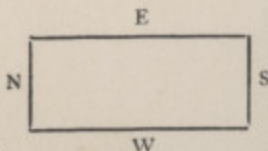
294.59

# Carey Hand Funeral Home

*Baldy*

Name of deceased *Helena C. Runnels*  
 Date of death *Wed - Oct - 21 - 42* *11 P M*  
 Cause of death *Organic Heart*  
 Place of death *Res. 7438 N. Orange Ave*  
 Residence *659 N. Orange*  
 Age *1* Yrs *7* Mo's *14* Days  
 Weight *110* Height *5* ft *11* in. Eyes *Blue*  
 Funeral at *West*  
 Date *Oct 23* 194 *2* M  
 Account charged *Lehman Runnels*  
 Address *659 N. Orange*  
 Account guaranteed *Lehman Runnels*  
 Address *659 N. Orange*  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress *35.00*  
 Underwear and Hose  
 Casket *3-0 X P*  
 Casket with Copper Lin. *Oct. 4 Cof.*  
 Style of Casket *103 Tampa*  
 No. of Casket *Reg*  
 Outside Box *Shipping Case or Vault*  
 Shipping Case or Vault *Handles*  
 Handles *Pillow Set*  
 Pillow Set *Name Plate*  
 Name Plate *Cemetery*  
 Cemetery *Section*  
 Section *Lot*

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *El Dorado Ark*  
 R. R. Ticket  
 Cash advanced *Express*  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *92*

*10-23-42*

*Fdly Recd*

*70.54*

*140.54*

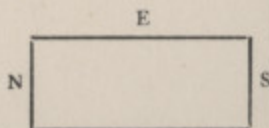
*70.54*

*70.00*

# Cary Hand Funeral Home

Name of deceased *Mrs. Mary L. Warner*  
 Date of death *Oct 23* <sup>M</sup>  
 Cause of death *Lynx bite Winty Park*  
 Place of death *Cincinnati*  
 Residence *Cincinnati*  
 Age *64* Y'rs *1* Mo's *4* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Dest*  
 Date *Oct 23* <sup>194</sup> <sup>M</sup>  
 Account charged *Chas. A Warner*  
 Address *Winton Park*  
 Account guaranteed *ok*  
 Address \_\_\_\_\_  
 Embalming *+ Dress* 35.00  
 Robe, Suit, Dress *✓*  
 Underwear and Hosiery *✓*  
 Casket *6-4-4 in with* 225.00  
 Casket with Copper Lin. *✓*  
 Style of Casket *Stat. of Oak*  
 No. of Casket *48 Tampa*  
 Outside Box *Reg*  
 Shipping Case or Vault *✓*  
 Handles *Ext*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation *Burial at*  
 Urn *Johnsonville N.Y.*  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to *Albany N.Y.*  
 R. R. Ticket *R.R.*  
 Cash advanced *N.Y. Transfer*  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon *(2)* 10.00  
 Physician *Dr. Collins*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. *92*

*Fri 10-23-42*

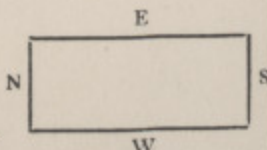
348.11



# Curry Hand Funeral Home

Name of deceased *Mrs. Florence Taylor Baird*  
 Date of death *Fri Oct-23-42* *5:50 P. M*  
 Cause of death *Complication of liver*  
 Place of death *Wadsworth R. I.*  
 Residence *Wadsworth R. I.*  
 Age *59* Yrs *—* Mo's *9* Days *—*  
 Weight *135* Height *5 ft. 5 in.* Eyes *—*  
 Funeral at *Chapel*  
 Date *Mon Oct 26 1942* *11 A M*  
 Account charged *Ch. S. of Baird*  
 Address *Orlando 1202 Wynnewood Ave*  
 Account guaranteed *—*  
 Address *—*  
 Embalming *Embr + Dis* *35.00*  
 Robe, Suit, Dress *—*  
 Underwear and Hose *—*  
 Casket *6-3-Gr Case* *80.00*  
 Casket with Copper Liner *—*  
 Style of Casket *State of C*  
 No. of Casket *2012-8-*  
 Outside Box *—*  
 Shipping Case or Vault *—*  
 Handles *State*  
 Pillow Set *Yes*  
 Name Plate *—*  
 Cemetery *Lawnview*  
 Section *—* Lot *—*

I Other Graves



X Grave on this date

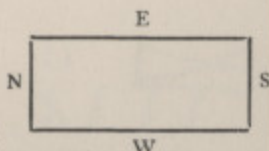
Cremation *Cremation* *50.00*  
 Urn *wooden*  
 Single Grave *—*  
 Opening and Closing Grave *Body*  
 Body Shipped to *Orlando 18th*  
 R. R. Ticket *Mon Oct-27-42*  
 Cash advanced *will call for*  
 Autos *—*  
 Telegram *—*  
 Minister *Dean Johnson*  
 Music *Organ* *5.00*  
 Casket Wagon *—*  
 Physician *Dr. S. M. Swan*  
 County or City Burial *—* *5.00*  
 Automobiles *Amc Ser 10-23-*  
 Baggage or Express Train No. *—*

*175.00*

# Carey Hand Funeral Home

Name of deceased *Mr. Johnson N. M. Carter*  
 Date of death *Sat Oct - 24* P. M.  
 Cause of death *Cerebral Hemorrhage*  
 Place of death *Res -*  
 Residence *Maitland Fla*  
 Age *69* Y'rs *2* Mo's *23* Days  
 Weight *180* Height *6* ft. — in. Eyes  
 Funeral at *Chapel*  
 Date *Sat 10 - 24 - 42* 194 *8 P. M*  
 Account charged *Mr. J. R. M. Carter*  
 Address *Maitland Fla -*  
 Account guaranteed *Rev. Allman*  
 Address  
 Embalming *X*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *Coe -*  
 Casket with Copper Lin.  
 Style of Casket *Oct.*  
 No. of Casket *1312*  
 Outside Box *X*  
 Shipping Case or Vault  
 Handles *Est -*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Cremation*  
 Section Lot

I Other Graves



X Grave on this date

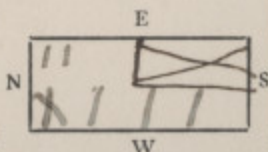
Cremation *Cremation*  
 Urn  
 Single Grave *Body Cremated*  
 Opening and Closing Grave *P. A. M*  
 Body Shipped to *Sun 10 - 25 - 42*  
 R. R. Ticket  
 Cash advanced *will call for*  
 Autos  
 Telegram  
 Minister *Rev. J. M. M. M. M. M.*  
 Music *Organ Paul Banks*  
 Casket *Wagon 11*  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

100

# Carey Hand Funeral Home

Name of deceased Geoff L. Bump  
 Date of death Oct 22-42 M  
 Cause of death Not given in Permit  
 Place of death Jacksonville Fla  
 Residence Jacksonville Fla J. L. Ponder sister  
 Age 20 Y's Mo's Days  
 Weight Height ft. in. Eyes  
 Funeral at Chapel  
 Date Oct 24-1942 4 P. M  
 Account charged Mrs J. L. Ponder sister  
 Address Jacksonville Fla  
 Account guaranteed  
 Address  
 Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-3-04 H. Cox box  
 Casket with Copper Lin.  
 Style of Casket  
 No. of Casket  
 Outside Box Reg  
 Shipping Case or Vault  
 Handles Ext  
 Pillow Set Yes  
 Name Plate  
 Cemetery Greenwood  
 Section A Lot 68

I Other Graves



X Grave on this date

Cremation one auto 5.00  
 Urn  
 Single Grave  
 Opening and Closing Grave etc 15.00  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon (1) 5.00  
 Physician  
 County or City Burial  
 Automobiles 8.50 15.00  
 Baggage or Express Train No.

40.00



# Carey Hand Funeral Home

Name of deceased Hellie Cooper  
 Date of death Oct 25 11:25 P. M  
 Cause of death Cardio Vascular-Renal disease  
 Place of death Apopka  
 Residence Apopka Fla  
 Age 70 Yrs 8 Mo's 19 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Methodist Church - Apopka  
 Date Oct 28 - Wed 1942 11 4 M  
 Account charged Mrs. Cecil Cook  
 Address 702 Halcrest Ave - Orlando Fla  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress -  
 Underwear and Hosiery -  
 Casket 4-4 Metal S. G. Tin 425.00  
 Casket with Copper Lin. Yes  
 Style of Casket State Sh. Cap.  
 No. of Casket Tampa  
 Outside Box Reg  
 Shipping Case or Vault -  
 Handles Ext  
 Pillow Set Yes  
 Name Plate \_\_\_\_\_  
 Cemetery Apopka Fla  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  

E  
 N  S  
 W

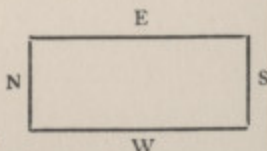
Cremation (2) auto 10.00  
 Urn 1- auto No Chg  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Tr etc 15.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev Holmes - Sargent - Spalding  
 Music \_\_\_\_\_  
 Casket Wagon 41 No Chg  
 Physician Dr. M. G. Brice  
 County or City Burial \_\_\_\_\_  
 Automobiles 5 x 5 15.00  
 Baggage or Express Train No. A

300.00

# Carey Hand Funeral Home

Name of deceased William Russell  
 Date of death Sept 9-1942 M  
 Cause of death Brain abscess Long Beach  
 Place of death Queen Hospital  
 Residence Honolulu T. H.  
 Age 24 Y's Mo's Days  
 Weight Height ft. in. Eyes  
 Funeral at Grave Side Sun Oct-1-1942  
 Date 194 M  
 Account charged Mrs. Wm Russell  
 Address 1332 N. Mel St Oahu  
 Account guaranteed Wm Russell  
 Address  
 Embalming Body up to Crematory at  
 Robe, Suit, Dress Oahu Crematory  
 Underwear and Hose Honolulu T. H.  
 Casket  
 Casket with Copper Lin. Oahu Crematory  
 Style of Casket Oahu Crematory  
 No. of Casket Tues Oct-29-1942  
 Outside Box  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery Palm Cemetery H. P.  
 Section Lot

I Other Graves



X Grave on this date

Cremation 2-Autos  
 Urn Marble  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to Oahu & Sea  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

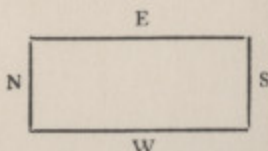
10.00  
 20.00  
 5.00  
 5.00

40.00

# Carey Hand Funeral Home

Name of deceased Eleanora K. Jones.  
 Date of death Oct 25<sup>th</sup> M  
 Cause of death Cause not given on permit  
 Place of death Res  
 Residence Leeland Fla  
 Age 84 Y's 10 Mo's 6 Days  
 Weight 120 Height 5 ft. 8 in. Eyes  
 Funeral at Leeland Fla  
 Date Wed Oct 28 1942 10:30 A.M  
 Account charged Allen Summerhill  
 Address Leeland Fla  
 Account guaranteed Czech  
 Address  
 Embalming  
 Robe, Suit, Dress Cremation 37 50  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin.  
 Style of Casket Body arrived  
 No. of Casket by auto  
 Outside Box Wed 2:45 P.M.  
 Shipping Case or Vault Oct 28-42  
 Handles  
 Pillow Set  
 Name Plate Body Cremated  
 Cemetery Thur 8 A.M.  
 Section Oct 29-42 Lot

I Other Graves



X Grave on this date

Cremation Ashes returned to  
 Urn Mrs. C. Wenger  
 Single Grave 4227 Hodgson St  
 Opening and Closing Grave Leeland  
 Body Shipped to Chic  
 R. R. Ticket  
 Cash advanced ashes of J. Bonan  
 Autos Placed in Ledger Box  
 Telegram with ashes of the  
 Minister above C. K. Jones -  
 Music  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. C

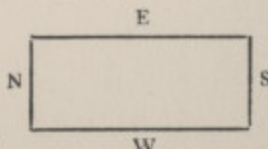
37.50



# Carey Hand Funeral Home

Name of deceased Mrs Jacob Bondi  
 Date of death Nov 29-42 12:15 PM  
 Cause of death Hypertension  
 Place of death Home  
 Residence Deland Rt-3-64117  
 Age 81 Yrs. 7 Mo's. 11 Days  
 Weight 145 Height 5 ft. 6 in. Eyes Blue  
 Funeral at Chapel  
 Date Dec-30- 1942 11 AM  
 Account charged Mrs Bertha Bondi  
 Address Deland Rt-3-  
 Account guaranteed Catete  
 Address 4 Dyn  
 Embalming Yes  
 Robe, Suit, Dress Suit  
 Underwear and Hose Yes  
 Casket 3- In bronze  
 Casket with Copper Lin. Yes  
 Style of Casket Dr. H. C.  
 No. of Casket 3012 Shain  
 Outside Box Yes  
 Shipping Case or Vault Yes  
 Handles Red  
 Pillow Set Yes  
 Name Plate Yes  
 Cemetery Cumturi  
 Section        Lot       

I Other Graves



X Grave on this date

Cremation Cumturi  
 Urn wooden  
 Single Grave         
 Opening and Closing Grave         
 Body Shipped to Body Cumturi  
 R. R. Ticket 8-A M-Set 10-31-42  
 Cash advanced         
 Autos will call for  
 Telegram         
 Minister         
 Music Organ  
 Casket Wagon (1)  
 Physician Dr. Redding  
 County or City Burial         
 Automobiles         
 Baggage or Express Train No.       

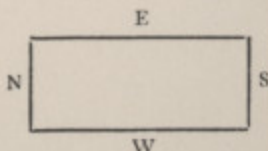
Cash

181.00  
21.00  
80.00

# Carey Hand Funeral Home

Name of deceased *Mr. Robt Thomas Williamson*  
 Date of death *Oct-29-42* *145* A M  
 Cause of death *T. B. Mungili*  
 Place of death *State T. B. Shafte*  
 Residence *Tampa Fla.*  
 Age *46* Yrs *3* Mo's *21* Days  
 Weight *145* Height *5* ft *6* in. Eyes  
 Funeral at *West Birmingham*  
 Date *194* M  
 Account charged *Mrs R. T. Williamson*  
 Address  
 Account guaranteed *Met Ins -*  
 Address  
 Embalming *& Dns* 35.00  
 Robe, Suit, Dress *Blue Serge* 25.00  
 Underwear and Hosiery *10 4-4*  
 Casket *6-6- Metal 12-C-S. Fin* 335.00  
 Casket with Copper Lin. *&*  
 Style of Casket *State 12-C*  
 No. of Casket *Gibson Tampa*  
 Outside Box *Reg F.S. 9.* 5.00  
 Shipping Case or Vault *&*  
 Handles *Ext -*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Elmwood - Birmingham*  
 Section Lot

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *Birmingham Ala*  
 R. R. Ticket *1250-63 1876* 31.89  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon *2* 10.00  
 Physician *Dr. J. S. Keck*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *80* *8*

*10-29-42*

*441.89*  
*31.89*  

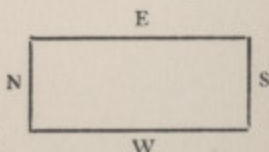

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*470.00*

# Carey Hand Funeral Home

Name of deceased *Thos J. Surrainger*  
 Date of death *Thurs Oct-27-42* M  
 Cause of death *Chd Myocardia*  
 Place of death *Res*  
 Residence *Opoka*  
 Age *65* Y's *6* Mo's *29* Days  
 Weight *135* Height *5* ft. *8* in. Eyes  
 Funeral at *Home side*  
 Date *Sun Nov 1-1942* 2:30 P. M  
 Account charged *Mrs Thos J. Surrainger*  
 Address *Opoka Pa*  
 Account guaranteed *Payments*  
 Address  
 Embalming *Yes*  
 Robe, Suit, Dress *Alt*  
 Underwear and Hose  
 Casket *6-3-34 Super*  
 Casket with Copper Lin. *5*  
 Style of Casket *Open H.C*  
 No. of Casket *2012* *Shrin*  
 Outside Box *Reg*  
 Shipping Case or Vault ☒  
 Handles *Reg*  
 Pillow Set *Yes*  
 Name Plate  
 Cemetery *Opoka*  
 Section Lot

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave *77 hr* 15.00.  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister *By Family*  
 Music  
 Casket Wagon  
 Physician *Dr Mc Bude*  
 County or City Burial  
 Automobiles *S.V.S* 15.00.  
 Baggage or Express Train No.

*er cash* 146.00  
 20.00  
 166.00

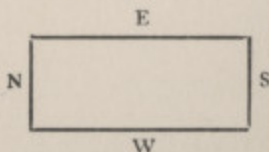


# Carry Hand Funeral Home

Name of deceased *Donald A. Davis*  
 Date of death *Thurs. Oct-29-42* *AM*  
 Cause of death *Septic Thymia Pytharicis*  
 Place of death *School yard Epiphany*  
 Residence *Epiphany*  
 Age *8* Y'rs *5* Mo's *21* Days  
 Weight *9* Height *4* ft. *10* in. Eyes *Blue*  
 Funeral at *Home side*  
 Date *Sat Oct 31* *1942* *4-P. M*  
 Account charged *John W. Davis*  
 Address *Epiphany*  
 Account guaranteed *Payments*  
 Address *Epiphany*  
 Embalming *Yes*  
 Robe, Suit, Dress *White*  
 Underwear and Hose *Yes*  
 Casket *H-O-R Plush*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *Set CH. Top*  
 No. of Casket *103 Tampa*  
 Outside Box *Yes*  
 Shipping Case or Vault *Yes*  
 Handles *Yes*  
 Pillow Set *Yes*  
 Name Plate *Yes*  
 Cemetery *Epiphany New*  
 Section *Epiphany New* Lot *Epiphany New*

35.00  
 6.00  
 47.50

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave *Yes*

15.00

Body Shipped to

R. R. Ticket

Cash advanced

Autos

Telegram

Minister *By Family*

Music

Casket Wagon

Physician *Dr. M. G. Brice*

County or City Burial

Automobiles *Cloud car 2/1/42*

10.00

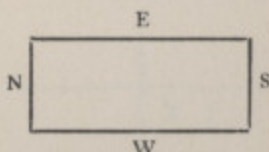
Baggage or Express Train No.

108.50

# Carry Hand Funeral Home

Name of deceased Edwin A. Prescott  
 Date of death Fri Oct-30-42 PM  
 Cause of death Pt. Lobal Pneumonia  
 Place of death Smith Nursing Home  
 Residence 705 Grand ave  
 Age 72 Y'rs 5 Mo's 6 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Sunday Nov 1, 1942 4 PM  
 Account charged Mrs E. A. Prescott  
 Address 705 Grand ave Orlando Fla  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming & Dressing 35 00  
 Robe, Suit, Dress Funeral Suit 10 00  
 Underwear and Hose \_\_\_\_\_  
 Casket 6/3 Grey Cloth 145 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Open H. Cap  
 No. of Casket Shells 13 11  
 Outside Box Reg  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Yes  
 Pillow Set Yes  
 Name Plate \_\_\_\_\_  
 Cemetery Restlawn  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation Amb 3 00  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket Express-Exting  
 Cash advanced N. A. 95 60  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev V. A. Higgs  
 Music \_\_\_\_\_  
 Casket Wagon 2 W's 10 00  
 Physician Dr. Hal Beardsall  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
~~Burial~~ or Express Train No. 92

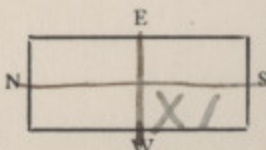
Mon Nov 2-42

298.60

# Carey Hand Funeral Home

Name of deceased Mrs Lucy Blackman  
 Date of death Tue Nov 13-42 3 P.M.  
 Cause of death Pneumonia  
 Place of death Indian River Hospital  
 Residence West Palm Beach  
 Age 82 Y's 5 Mo's — Days —  
 Weight — Height — ft. — in. Eyes —  
 Funeral at Chapel  
 Date Thurs Nov 15 1942 3 P.M.  
 Account charged Mrs G. O. Wallace  
 Address 605 Highland Rd. West Palm Beach  
 Account guaranteed Estate & 2 Sons  
 Address —  
 Embalming —  
 Robe, Suit, Dress —  
 Underwear and Hose —  
 Casket 4/3 Grey Cope  
 Casket with Copper Lin. —  
 Style of Casket Oct N.C.  
 No. of Casket Tampa  
 Outside Box —  
 Shipping Case or Vault —  
 Handles —  
 Pillow Set yes  
 Name Plate —  
 Cemetery —  
 Section 58 Lot C

## I Other Graves



## X Grave on this date

Cremation Cremation 50.00  
 Urn wooden  
 Single Grave —  
 Opening and Closing Grave — 5.00  
 Body Shipped to Body Cremated  
 R. R. Ticket Friday 8 a. m.  
 Cash advanced Nov 14  
 Autos —  
 Telegram —  
 Minister Dean Boynt  
 Music Organ  
 Casket Wagon to Guy North 35.00  
 Physician at Hospital  
 County or City Burial ashes buried  
 Automobiles on Burial Lot  
 Baggage or Express Train No. side 75.00

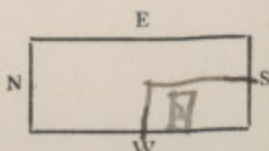
Li. Blackman in  
Palm Cemetery  
Winter Park Fla.



# Carey Hand Funeral Home

Name of deceased *Ernestine C. Crank*  
 Date of death *Nov 5 1942* *5 A. M.*  
 Cause of death *Coronary Thrombosis*  
 Place of death *Residence*  
 Residence *2200 E. Robinson ave*  
 Age *52* Y'rs *10* Mo's *5* Days  
 Weight *200* Height *5 ft. 7* in. Eyes  
 Funeral at *Chapel*  
 Date *Sat Nov 7 1942* *2 P. M.*  
 Account charged *Mrs. Paul Crank*  
 Address *2200 E. Robinson ave*  
 Account guaranteed *Payments*  
 Address  
 Embalming *& Dressing* 35.00  
 Robe, Suit, Dress  
 Underwear and Hosiery  
 Casket *C-6* *Gr. Cloth* *275* 250.00  
 Casket with Copper Lin.  
 Style of Casket *State Fun Co. H.C.*  
 No. of Casket *580*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery *Greenwood*  
 Section *V-S.W. 1/4* Lot *75* 68.75

I Other Graves



X Grave on this date

Cremation *Caught Lot from Belts*  
 Urn *Edith Lommann*  
 Single Grave  
 Opening and Closing Grave *etc* 15.00  
 Body Shipped to  
 R. R. Ticket - *3 - Auto* 15.12  
 Cash advanced  
 Autos  
 Telegram  
 Minister *Carolyn Benson*  
 Music *yes* *10 chg*  
 Casket Wagon *10 chg*  
 Physician *Dr. Jas Ford*  
 County or City Burial  
 Automobiles *575* 15.00  
 Baggage or Express Train No. *9*

*Double Spea*

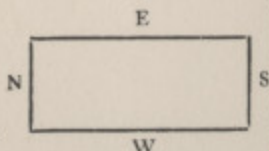
*398.75*  
*15.00*  


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*413.75*

# Curry Hand Funeral Home

Name of deceased Bely Parker  
 Date of death Nov 6 1942 7 A M  
 Cause of death Still Born  
 Place of death Orlando  
 Residence 136 Park Lake Ave Orlando  
 Age ✓ Y'rs ✓ Mo's ✓ Days  
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓  
 Funeral at ✓  
 Date Nov 7 1942 194 M  
 Account charged J. H. Parker  
 Address 136 - Park Lake Ave  
 Account guaranteed Cash  
 Address ✓  
 Embalming Cremation 5.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket ✓  
 Casket with Copper Lin Body Cremated  
 Style of Casket 8-A 92 Sat 11-7-42  
 No. of Casket ✓  
 Outside Box will call for 6 Mi.  
 Shipping Case or Vault 1 Sealer  
 Handles Greenwood  
 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. Collins  
 County or City Burial ✓  
 Automobiles ✓  
 Baggage or Express Train No. ✓



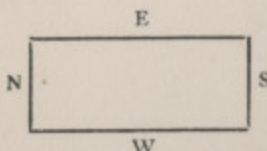
5.00

# Carry Hand Funeral Home

Name of deceased *Jimmie Elyone Brown*  
 Date of death *Sat Nov 7 1942* *9 A M*  
 Cause of death *A. I. H.*  
 Place of death *At Christmas*  
 Residence *At Christmas Fla*  
 Age *2* Y'rs *1* Mo's *29* Days  
 Weight *110* Height *5* ft *10* in. Eyes *Blue*  
 Funeral at *Grave side*  
 Date *Nov 10 1942* *M*  
 Account charged *P. H. Brown*  
 Address *At Christmas Fla*  
 Account guaranteed  
 Address  
 Embalming *Yes*  
 Robe, Suit, Dress *3*  
 Underwear and Hose *3*  
 Casket *3-6 White Plank*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *Set 4 Top*  
 No. of Casket *103 Tampa*  
 Outside Box *Reg*  
 Shipping Case or Vault *Yes*  
 Handles *Reg*  
 Pillow Set *Yes*  
 Name Plate *Yes*  
 Cemetery *Chulosta*  
 Section *103* Lot *103*

25.00  
 5.00  
 40.50

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister *By Family*  
 Music  
 Casket Wagon  
 Physician *Dr. Andrews*  
 County or City Burial  
 Automobiles *Cloud Car*  
 Baggage or Express Train No. *102.50*

15.00

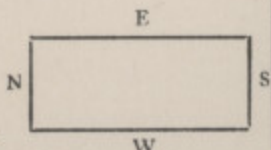
10.00  
 102.50



# Carey Hand Funeral Home

Name of deceased *Mrs. Cornelia J. Johnson*  
 Date of death *Sat. Nov. 7-42* *11 A.M.*  
 Cause of death *Res*  
 Place of death *Res*  
 Residence *Teft*  
 Age *69* Yrs. *9* Mo's. *1* Days  
 Weight *140* Height *5 ft. 10 in.* Eyes *Blue*  
 Funeral at *Epiphany Church Teft*  
 Date *Sunday - Nov. 8 - 1942* *2 P.M.*  
 Account charged *John Johnson*  
 Address *515 1st Ave*  
 Account guaranteed *Cash & Payments*  
 Address *Teft*  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress *White* *6.00*  
 Underwear and Hose *Yes* *90.00*  
 Casket *6-3-22*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *See Ch. C*  
 No. of Casket *2012-*  
 Outside Box *Reg*  
 Shipping Case or Vault *Yes*  
 Handles *Ext*  
 Pillow Set *Yes*  
 Name Plate *Yes*  
 Cemetery *Oak Ridge*  
 Section *Lot*

I Other Graves



X Grave on this date

Cremation *Yes*  
 Urn *Yes*  
 Single Grave *Yes* *15.00*  
 Opening and Closing Grave *Yes*  
 Body Shipped to *Yes*  
 R. R. Ticket *Yes*  
 Cash advanced *Yes*  
 Autos *Yes*  
 Telegram *Yes*  
 Minister *Rev. Murphy*  
 Music *Yes*  
 Casket Wagon *Yes*  
 Physician *Dr. Redding*  
 County or City Burial *Yes* *15.00*  
 Automobiles *Yes*  
 Baggage or Express Train No. *Yes*

*ex cash*  
*161.00*  
*66.00*  
*95.00*

# Curry Hand Funeral Home

Name of deceased *Mr. J. M. Baker*  
 Date of death *Oct - Nov 7 - 42* 6 P. M.  
 Cause of death \_\_\_\_\_  
 Place of death *235. W. Church*  
 Residence *520 - E. Anderson*  
 Age *62* Yrs. *10* Mo's. \_\_\_\_\_ Days \_\_\_\_\_  
 Weight *190* Height *5* ft. *8* in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Nov 11 - 9 - 42* 194 *1 - P. M.*  
 Account charged *J. E. Baker*  
 Address \_\_\_\_\_  
 Account guaranteed *Payments*  
 Address \_\_\_\_\_  
 Embalming *Yes* 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hosiery \_\_\_\_\_  
 Casket *6-3-4* 100.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Oct. 11 - 42*  
 No. of Casket *1312 - 5 -*  
 Outside Box *Reg*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Ext -*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Myrtle Hill*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  

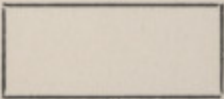
E  
 N  S  
 W

Cremation *Blount Funeral*  
 Urn *Box and Sew at*  
 Single Grave *Give*  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced *County Express* 35.00  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music *Organ*  
 Casket Wagon *By Emerson*  
 Physician *Dr. Buckworth*  
 County or City Burial \_\_\_\_\_  
 Automobiles *Cadillac Temp.* 35.00  
 Baggage or Express Train No. \_\_\_\_\_  

205.00

*Drop and white at work*  
*in market*

# Carey Hand Funeral Home

Name of deceased Sara R. Glaser  
 Date of death Nov-6-42 4 P. M  
 Cause of death Not given on R. Permit  
 Place of death Res.  
 Residence De Land  
 Age 67 Y'rs. 7 Mo's. 21 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Sun. Nov 8 1942 4 P. M  
 Account charged Callen & Summerville  
 Address De Land Fla.  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming See Chg 10.00  
 Robe, Suit, Dress Locas Grave  
 Underwear and Hose unk Room  
 Casket Laundy & etc  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Jewish  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 I Other Graves   
 X Grave on this date \_\_\_\_\_  
 Cremation Alon & S. brought  
 Urn Body to Orlando  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave 15.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rabe Schopf  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles S & S 15.00  
 Baggage or Express Train No. \_\_\_\_\_

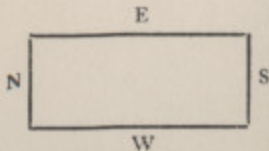
\$40.00



# Carry Hand Funeral Home

Name of deceased *Mrs Loma Edna Engelhardt*  
 Date of death *Sun Nov-8-42 8:58* M  
 Cause of death *Tub. Cont.*  
 Place of death *Law Thornton*  
 Residence *222*  
 Age *66* Yrs *10* Mo's *11* Days  
 Weight *160* Height *5* ft. *11* in. Eyes *Blue*  
 Funeral at *Family Room*  
 Date *Mon Nov 9-1942 11 A* M  
 Account charged *Fredrick J. Engelhardt*  
 Address *212 S. Thornton St.*  
 Account guaranteed  
 Address  
 Embalming *Yes* 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose *Yes*  
 Casket *6-3* *Law City* 10.00  
 Casket with Copper Lin.  
 Style of Casket *Sgt. N. C.*  
 No. of Casket *2012*  
 Outside Box ☒  
 Shipping Case or Vault ☒  
 Handles *Yes*  
 Pillow Set *Yes*  
 Name Plate  
 Cemetery *Cumtari*  
 Section Lot

I Other Graves



X Grave on this date

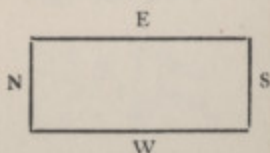
Cremation *Cumtari* 50.00  
 Urn *wooden*  
 Single Grave *Body Cremated*  
 Opening and Closing Grave *8-11 A*  
 Body Shipped to *Nov 11-10-42*  
 R. R. Ticket  
 Cash advanced *will pay for*  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon *41* 5.00  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

700.00

# Carry Hand Funeral Home

Name of deceased Mrs. Laine Schiller  
 Date of death Sun Nov-8-42 C.M  
 Cause of death suicide poisoning  
 Place of death Residence  
 Residence Winter Garden Winters Park  
 Age 55 Y'rs 4 Mo's        Days         
 Weight 180 Height 5 ft. 2 in. Eyes         
 Funeral at Chapel  
 Date Nov 10-42 194 4 P. M  
 Account charged Anna S. Baxter  
 Address 212 - Main St Williamstown Mass  
 Account guaranteed Estate  
 Address W. Park  
 Embalming & Dressing 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 4-7 in cap 100.00  
 Casket with Copper Lin. ☒  
 Style of Casket Set  
 No. of Casket         
 Outside Box ☒  
 Shipping Case or Vault Set  
 Handles Set  
 Pillow Set Yes  
 Name Plate ☒  
 Cemetery Cornelian  
 Section        Lot       

I Other Graves



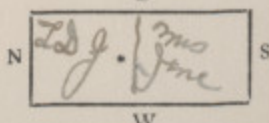
X Grave on this date

Cremation Cornelian 50.00  
 Urn wooden  
 Single Grave Body Cremated 8 AM  
 Opening and Closing Grave 11-11-42  
 Body Shipped to Exburg Tenn T.  
 R. R. Ticket Central Ruger  
 Cash advanced 2416 Greenwood Ave  
 Autos Pueblo Colo  
 Telegram Don R. Schiller  
 Minister Don R. Schiller  
 Music Organ 5.00  
 Casket Wagon 211  
 Physician Dr. Notary  
 County or City Burial         
 Automobiles Auto 5.00  
 Baggage or Express Train No.       

795.00

# Carey Hand Funeral Home

Name of deceased *Mr. Lavinah H. Jones*  
 Date of death *Nov-8-42* *6-P.M.*  
 Cause of death \_\_\_\_\_  
 Place of death *H-10 -*  
 Residence *Winter Garden*  
 Age *77* Y'rs *9* Mo's *8* Days \_\_\_\_\_  
 Weight *130* Height *5* ft *6* in. Eyes \_\_\_\_\_  
 Funeral at *Baptist Church H. Garden*  
 Date *Wed Nov 11- 1942* *4-P.M.*  
 Account charged \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account guaranteed *Catote*  
 Address \_\_\_\_\_  
 Embalming *Yes*  
 Robe, Suit, Dress *Blue* *22-*  
 Underwear and Hose \_\_\_\_\_  
 Casket *4-6- Metal*  
 Casket with Copper Lin. *Inner*  
 Style of Casket *State*  
 No. of Casket *8-95-5-42*  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Ext -*  
 Pillow Set *yes* *White* *1865*  
 Name Plate *None* *1942*  
 Cemetery *DeKalb*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  
 Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *Vault* *10.00*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced *Stiles Lettering* *12.50*  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev. Albert Stulek*  
 Music *Ray Chappell* *5.00*  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr.*  
 County or City Burial \_\_\_\_\_  
 Automobiles *5.00*  
 Baggage or Express Train No. \_\_\_\_\_



**647.50**

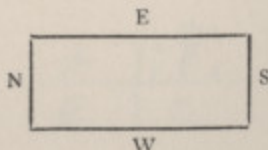
*Large sum*  
*O.S. sent at home*



# Carey Hand Funeral Home

Name of deceased *Wm. Crawford*  
 Date of death *Nov 10 - 42* *5:30 M P*  
 Cause of death *Tra. Acc.*  
 Place of death *Tra. Acc.*  
 Residence *Pine Bluff*  
 Age *—* Y'rs. *—* Mo's. *—* Days *—*  
 Weight *—* Height *—* ft. *—* in. Eyes *—*  
 Funeral at *Paul's B —*  
 Date *11-11-42* 194 *1 P. M*  
 Account charged *J. C. Crawford*  
 Address *—*  
 Account guaranteed *Cash*  
 Address *—*  
 Embalming *+ Body*  
 Robe, Suit, Dress *—*  
 Underwear and Hose *—*  
 Casket *2 - 0 N. X.*  
 Casket with Copper Lin. *✓*  
 Style of Casket *Spr. N. W.*  
 No. of Casket *—*  
 Outside Box *Reg.*  
 Shipping Case or Vault *✓*  
 Handles *Small*  
 Pillow Set *—*  
 Name Plate *—*  
 Cemetery *Greenwood*  
 Section *—* Lot *—*

I Other Graves



X Grave on this date

Cremation *—*  
 Urn *—*  
 Single Grave *Body & Urn* *12.50*  
 Opening and Closing Grave *—* *4.50*  
 Body Shipped to *—*  
 R. R. Ticket *Out* *5.00*  
 Cash advanced *—*  
 Autos *—*  
 Telegram *—*  
 Minister *—*  
 Music *—*  
 Casket Wagon *—*  
 Physician *—*  
 County or City Burial *—*  
 Automobiles *—*  
 Baggage or Express Train No. *—*

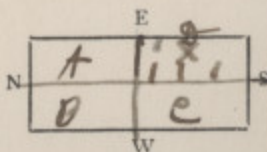
*\$ 39.50*

# Carey Hand Funeral Home

Name of deceased Bessie M. Ruthford  
 Date of death Nov-10-42 7.30 P M  
 Cause of death \_\_\_\_\_  
 Place of death O. G. H.  
 Residence Winter Park  
 Age \_\_\_\_\_ Yrs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Grave Side  
 Date Nov-11-12 1942 4 P. M  
 Account charged John H. Ruthford  
 Address Winter Park Fla  
 Account guaranteed Insurance  
 Address \_\_\_\_\_  
 Embalming Yes  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6-3-Gray Maple  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Set in Oak  
 No. of Casket 1312 - Shun  
 Outside Box Red  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Yes  
 Pillow Set Yes  
 Name Plate \_\_\_\_\_  
 Cemetery Winter Park  
 Section 14 Lot 2

35.00  
 6.00  
 105.00

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 8 x 3  
 Baggage or Express Train No. \_\_\_\_\_

15.00

15.00

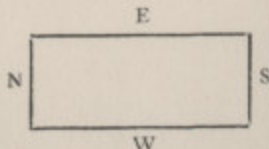
176.00

175.00

# Carry Hand Funeral Home

Name of deceased *Mrs. Eva D. Confronte*  
 Date of death *Wed Nov 11-42* *3:30* *MA*  
 Cause of death *Res*  
 Place of death *Res*  
 Residence *2061 Glenwood Ave W.P.*  
 Age *78* Y'rs *4* Mo's *—* Days *—*  
 Weight *—* Height *—* ft. *—* in. Eyes *—*  
 Funeral at *Chapel*  
 Date *Thurs Nov 12 1942* *1 P. M*  
 Account charged *Mr R. Rosenfeldt*  
 Address *Winton Park*  
 Account guaranteed *Estate*  
 Address *—*  
 Embalming *yes* 35.00  
 Robe, Suit, Dress *—*  
 Underwear and Hosiery *1 pair + und* 1.50  
 Casket *6 Grey metal* 295.00  
 Casket with Copper Lin. *—*  
 Style of Casket *Amco*  
 No. of Casket *—*  
 Outside Box *—*  
 Shipping Case or Vault *—*  
 Handles *Lat*  
 Pillow Set *yes*  
 Name Plate *—*  
 Cemetery *Republic Ohio*  
 Section *—* Lot *—*

I Other Graves



X Grave on this date

Cremation *Amial*  
 Urn *Republic Ohio*  
 Single Grave *—*  
 Opening and Closing Grave *—*  
 Body Shipped to *Tiffin Ohio* 64.25  
 R. R. Ticket *1 R.R.*  
 Cash advanced *—* 5.00  
 Autos *amb sev*  
 Telegram *Harro C. S.*  
 Minister *—*  
 Music *Organ* 10.00  
 Casket Wagon *(2)*  
 Physician *Dr. Notard*  
 County or City Burial *—*  
 Automobiles *—*  
 Baggage or Express Train No. *92*

*Thurs - 11-12-42*  

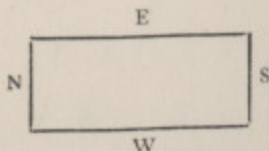
*410.75*  
*64.25*  
*346.50*



# Carey Hand Funeral Home

Name of deceased *Miss Carrie B. M. Luman*  
 Date of death *Nov 11* 194*2* P. M.  
 Cause of death *Angina Pectoris*  
 Place of death *Metropolitan Hospital*  
 Residence *Doon, Fla.*  
 Age *73* Yrs *1* Mo's *16* Days  
 Weight..... Height..... ft..... in. Eyes.....  
 Funeral at *Doon, Fla.*  
 Date *Nov 15* 194*2* P. M.  
 Account charged *Miss Lizzie Burke*  
 Address *Doon, Fla.*  
 Account guaranteed *Estate*  
 Address.....  
 Embalming *& Dressing* 35 00  
 Robe, Suit, Dress *Blue Silk Dress* 12 50  
 Underwear and Hose.....  
 Casket *4/3 dk Grey Plush* 195 00  
 Casket with Copper Lin.....  
 Style of Casket.....  
 No. of Casket *Shirley 1927*  
 Outside Box *Res*  
 Shipping Case or Vault.....  
 Handles *Yes*  
 Pillow Set *Yes*  
 Name Plate.....  
 Cemetery *Leest - Paris Ky*  
 Section..... Lot.....

I Other Graves



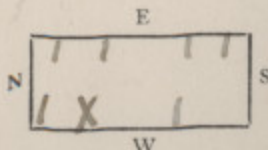
X Grave on this date

Cremation.....  
 Urn.....  
 Single Grave *Burial - Paris, Ky*  
 Opening and Closing Grave.....  
 Body Shipped to *Winchester Ky.*  
 R. R. Ticket *Cape* 66 01  
 Cash advanced *1 Coach & Ret*  
 Autos..... 5 00  
 Telegram *and 3rd*  
 Minister *Lee*  
 Music.....  
 Casket Wagon *(2)* 10 00  
 Physician *Dr. Harter*  
 County or City Burial.....  
 Automobiles.....  
 Baggage or Express Train No. *92*  
*Thurs 11-12-42*  
 323.51  
 66.01  
 257.50

# Curry Hand Funeral Home

Name of deceased Miss Minnie Holden  
 Date of death Jan 11 P.M.  
 Cause of death Cancer probably bladder & kidney  
 Place of death C. S. N.  
 Residence Frederick Ave & Alpha Rd. N. C.  
 Age Yrs Mo's Days  
 Weight Height ft in Eyes   
 Funeral at Chapel  
 Date Jan 13 1942 11 A.M.  
 Account charged Al Holden  
 Address Frederick Ave  
 Account guaranteed Catote  
 Address   
 Embalming & Free 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hosiery ✓ 75.00  
 Casket 4-3-30 in large  
 Casket with Copper Lin. ✓  
 Style of Casket See N. C.  
 No. of Casket 2012 S-  
 Outside Box Rtg  
 Shipping Case or Vault -  
 Handles short  
 Pillow Set yes  
 Name Plate   
 Cemetery Greenwood  
 Section 9. C. C. Lot 11

I Other Graves



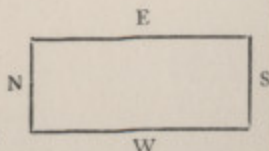
X Grave on this date

Cremation out 5.00  
 Urn   
 Single Grave  15.00  
 Opening and Closing Grave 4 etc  
 Body Shipped to   
 R. R. Ticket   
 Cash advanced   
 Autos   
 Telegram   
 Minister Rev. Thomas  
 Music Organ  
 Casket Wagon No chg  
 Physician Dr.  
 County or City Burial   
 Automobiles 5.00  
 Baggage or Express Train No. 145.00

# Carey Hand Funeral Home

Name of deceased Baby M. Cornhart  
 Date of death Thurs Nov 15-42 MA  
 Cause of death Still born  
 Place of death Cornhart Hotel  
 Residence Cornhart Hotel  
 Age 1 Yrs 1 Mo's 1 Days  
 Weight 5 Height 17 ft. 1 in. Eyes blue  
 Funeral at Cornhart Hotel  
 Date Nov 16-42 194 M  
 Account charged John M. Cornhart  
 Address Cornhart Hotel  
 Account guaranteed John M. Cornhart  
 Address Cornhart Hotel  
 Embalming Examination 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 \_\_\_\_\_  
 Urn Examination  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Body Examined  
 R. R. Ticket B-A 9th Dec 11-13-42  
 Cash advanced \_\_\_\_\_  
 Autos will call for  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician Dr. Collins  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

5.00



# Curry Hand Funeral Home

Name of deceased *Mrs Anna G. Wasweyler*  
 Date of death *Nov-12-42* M *H*  
 Cause of death *O. G. H.*  
 Place of death *O. G. H.*  
 Residence *101 Lucern Circle - Albany*  
 Age *71* Yrs *2* Mo's *2* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Dept -*  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged *Clara M. Wasweyler*  
 Address *New York City - N.Y.*  
 Account guaranteed *State*  
 Address \_\_\_\_\_  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress *✓*  
 Underwear and Hose *✓*  
 Casket *6-6 Metal Ox Gr* *425.00*  
 Casket with Copper Lin. *Inner*  
 Style of Casket *State H.C*  
 No. of Casket *Jerome*  
 Outside Box *Reg*  
 Shipping Case or Vault *✓*  
 Handles *Est -*  
 Pillow Set *Yes*  
 Name Plate *Name & Date*  
 Cemetery *Woodlawn New York City*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  

E  
 N  S  
 W

Cremation *Eng. P. 100* *5.00*  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to *New York City N.Y.*  
 R. R. Ticket *38.28* *04211-4211-1084* *133.34*  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Leest*  
 Music \_\_\_\_\_  
 Casket Wagon *7.00* *10.00*  
 Physician *Dr. Frank Gray*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

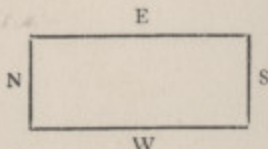
*\$ 608.34*

# Cary Hand Funeral Home

Name of deceased Cary Graham  
 Date of death Nov 13 - 42 1<sup>st</sup> MP  
 Cause of death Pneumonia  
 Place of death File Sant  
 Residence Winton Garden  
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓  
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓  
 Funeral at Grave side  
 Date Sat Nov - 14 1942 1030 MA  
 Account charged Donald Graham  
 Address Winton Garden  
 Account guaranteed Payments  
 Address ✓  
 Embalming ✓  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 2-0-94-2  
 Casket with Copper Liner ✓  
 Style of Casket Box  
 No. of Casket H. 9m  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Small  
 Pillow Set ✓  
 Name Plate ✓  
 Cemetery Woodlawn  
 Section 2 Lot 545

5<sup>00</sup>  
 15<sup>00</sup>  
 12<sup>50</sup>

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 out  
 Telegram ✓  
 Minister ✓  
 Music ✓  
 Casket Wagon ✓  
 Physician ✓  
 County or City Burial ✓  
 Automobiles ✓  
 Baggage or Express Train No. ✓

450

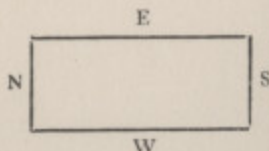
50

2350

# Carey Hand Funeral Home

Name of deceased Coulman Baker  
 Date of death Fri Nov-13-42 P.M  
 Cause of death Emphysema  
 Place of death 429 1/2 E. Pine  
 Residence Baltimore Md  
 Age 57 Yrs. Mo's Days  
 Weight 160 Height 5 ft. 7 in. Eyes  
 Funeral at West  
 Date 194 M  
 Account charged Mrs C. Baker  
 Address  
 Account guaranteed OK  
 Address  
 Embalming Y Dress 35.00  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket 6-3-52 Maple 80.00  
 Casket with Copper Lin. ☒  
 Style of Casket Spruce  
 No. of Casket 2012 S  
 Outside Box R-9  
 Shipping Case or Vault ☒  
 Handles Shat  
 Pillow Set yes  
 Name Plate  
 Cemetery Green  
 Section Lot

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to Baltimore  
 R. R. Ticket R.P. 100.10  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon 21 10.00  
 Physician Dr. C. Bernstein  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. 92

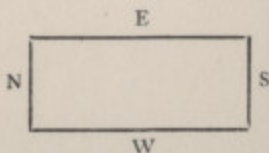
Sun 11-15-42 225.10



# Carry Hand Funeral Home

Name of deceased *Wm. Putnam Bingham*  
 Date of death *Oct Nov. 14-42* *10-M*  
 Cause of death *Ren*  
 Place of death *Res*  
 Residence *160 Glenridge Way W. P.*  
 Age *89* Y'rs *9* Mo's *20* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Sun Nov. 15- 1942* *3:20 P.*  
 Account charged *Margaret B. Bingham*  
 Address *160 Glenridge Way W. P.*  
 Account guaranteed *Estate*  
 Address \_\_\_\_\_  
 Embalming *X Durs* *25.00*  
 Robe, Suit, Dress ☒  
 Underwear and Hose ☒  
 Casket *6-3-4-6-8* *50.00*  
 Casket with Copper Lin. ☒  
 Style of Casket *Sign H. C*  
 No. of Casket *2012. H C*  
 Outside Box ☒  
 Shipping Case or Vault ☒  
 Handles *Shat*  
 Pillow Set *yes*  
 Name Plate ☒  
 Cemetery *Cremation*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



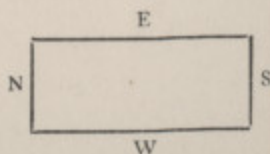
X Grave on this date

Cremation *Cremation* *50.00*  
 Urn *Orange # 11-31-* *35.00*  
 Single Grave *Engraved*  
 Opening and Closing Grave  
 Body Shipped to *Wm. Putnam Bingham*  
 R. R. Ticket *1-25* *11-14*  
 Cash advanced *1853* *1942*  
 Autos *Body Cremated 8-11-11-16-42*  
 Telegram *will call for*  
 Minister *Rev James A. Richards*  
 Music *Organ* *5.00*  
 Casket Wagon *1*  
 Physician *Dr. L. Myers*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *165.00*

# Carey Hand Funeral Home

Name of deceased Martha E. Castles  
 Date of death Sun Nov 15-42 9:30 A M  
 Cause of death O. G. H.  
 Place of death O. G. H.  
 Residence 1510 Park Lake Dr Orlando  
 Age Y'rs 1 Mo's 15 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Mon Nov 16-1942 3 P. M  
 Account charged Mrs B Castles  
 Address 1510 Park Lake Dr  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming Care of Body & Sun 25.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2-2-1 Plym 29.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Get St. Top  
 No. of Casket 123- Tampa  
 Outside Box Yes  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Small  
 Pillow Set Yes  
 Name Plate \_\_\_\_\_  
 Cemetery Greenwood  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



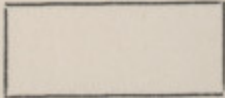
X Grave on this date

Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave Baby Grave Photo 12.50  
 Opening and Closing Grave 4.50  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev R. H. McCastlin  
 Music Organ  
 Casket Wagon \_\_\_\_\_  
 Physician Dr Collins  
 County or City Burial \_\_\_\_\_  
 Automobiles Sedan 5.00  
 Baggage or Express Train No. \_\_\_\_\_

76.00

# Carey Hand Funeral Home

Name of deceased *Joshua Edward Davis*  
 Date of death *Nov-11-42* M  
 Cause of death *Not given in Permit*  
 Place of death *Red*  
 Residence *Lake Wales*  
 Age *75* Y'rs Mo's Days  
 Weight Height ft. in. Eyes  
 Funeral at  
 Date *Nov 1942* M  
 Account charged *Carey Hand Funeral Home*  
 Address *Lake Wales Fla*  
 Account guaranteed *OK*  
 Address  
 Embalming *Cremated* 37.50  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6-6-10m 3rd H. Case*  
 Casket with Copper Lin. *in B.C.*  
 Style of Casket  
 No. of Casket  
 Outside Box  
 Shipping Case or Vault *Body Quar*  
 Handles *5:30 P.M. Sun*  
 Pillow Set *Nov 16-42*  
 Name Plate  
 Cemetery *Body Cremated 8 A.M.*  
 Section *Men Nov 16-42*

I Other Graves  
 X Grave on this date  


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

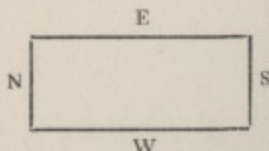
37.50



# Curry Hand Funeral Home

Name of deceased Baby Berner  
 Date of death Nov 15 42 P M  
 Cause of death Perinatal  
 Place of death St. H.  
 Residence Winter Garden  
 Age 1 Yrs 1 Mo's 21 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Tranquille  
 Date Tues Nov 16 1942 5.00 P M  
 Account charged County  
 Address \_\_\_\_\_  
 Account guaranteed \_\_\_\_\_  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2-0 Case 14.50  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery County Home  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

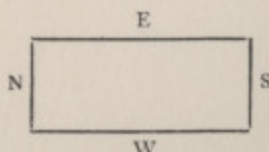
Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Colored  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_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

14.50

# Carey Hand Funeral Home

Name of deceased *James L. Dillard*  
 Date of death *Tues. Nov-17-42* P.M.  
 Cause of death *Diabetes Mellitus*  
 Place of death *Res.*  
 Residence *Winter Garden*  
 Age *83* Y'rs. *19* Mo's. *19* Days.  
 Weight *240* Height *6* ft. *3* in. Eyes  
 Funeral at *Baptist Church W. Garden*  
 Date *Thurs Nov 19 1942* P.M.  
 Account charged *Mrs. Jas L. Dillard*  
 Address *Winter Garden Fla*  
 Account guaranteed *Settle*  
 Address  
 Embalming *Yes* 35.00  
 Robe, Suit, Dress *Suit* 4.75  
 Underwear and Hose *Underwear*  
 Casket *6-6 Metal Set* 490.00  
 Casket with Copper Lin. *Same*  
 Style of Casket *State H. C.*  
 No. of Casket *Pearce Tampa*  
 Outside Box ☒  
 Shipping Case or Vault *Cement* 60.00  
 Handles *Ext -*  
 Pillow Set *Yes -* 12.50  
 Name Plate *Nov 1942*  
 Cemetery *Woodlawn*  
 Section Lot

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave *etc* 15.00  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced *Spr. F. Jones* 25.00  
 Autos  
 Telegram  
 Minister *Rev. Stulch & Rev. Daniels*  
 Music *by Church* 5.00  
 Casket Wagon *(1)*  
 Physician *Dr. Lawson*  
 County or City Burial  
 Automobiles *3 x 5* 15.00  
 Baggage or Express Train No.

649.75

# Carry Hand Funeral Home

Name of deceased Helen P. Hendricks  
 Date of death Nov 18 9:40 AM  
 Cause of death hypertension heart disease  
 Place of death Residence  
 Residence Orlando Fl. Fairview Fl.  
 Age 80 Y'rs 3 Mo's 22 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Friday Nov 20 1942 11 A. M  
 Account charged N. G. Glidewell  
 Address Orlando Fla  
 Account guaranteed Cash  
 Address \_\_\_\_\_  
 Embalming Sherring 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 4/3 Grey Casket 75.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Oct 14 Sat.  
 No. of Casket 2012 Sherrin  
 Outside Box \_\_\_\_\_  
 Shipping Case or Vault \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Pillow Set yes  
 Name Plate \_\_\_\_\_  
 Cemetery Orlando  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves E  
N  S

X Grave on this date W  
Ashes expressed to -  
 Cremation 50.00  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave etc ~~15.00~~  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket Body Cremated  
 Cash advanced Sat 18 A. M.  
 Autos Nov 21 - 42  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon (1) 5.00  
 Physician Dr. Moon  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

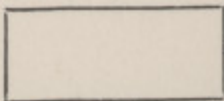
\$ 165.00  
75.00  
150.00

Pd Cash 11-19-42



# Carry Hand Funeral Home *Colored*

Name of deceased *Malheur Williams*  
 Date of death *Nov 15* *2:30 P. M*  
 Cause of death .....  
 Place of death *Apoka*  
 Residence *Apoka 7 La*  
 Age *53* Yrs *1* Mo's *24* Days .....  
 Weight ..... Height ..... ft. in. Eyes .....  
 Funeral at *Graveside*  
 Date *Thurs Nov 19* 194*2* *9 A.M*  
 Account charged *County*  
 Address .....  
 Account guaranteed .....  
 Address *Stark & Strong had the case*  
 Embalming .....  
 Robe, Suit, Dress .....  
 Underwear and Hose .....  
 Casket *Coffin*  
 Casket with Copper Lin. ....  
 Style of Casket .....  
 No. of Casket .....  
 Outside Box .....  
 Shipping Case or Vault .....  
 Handles .....  
 Pillow Set .....  
 Name Plate .....  
 Cemetery *County Home*  
 Section ..... Lot .....

I Other Graves .....  
 X Grave on this date .....  


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

*\$ 14.50*  
  
  
  
  
  
  
  
  
  
  
  
*\$ 14.50*

# Carry Hand Funeral Home

Name of deceased *Mr. James Harris*  
 Date of death *Nov 15* M  
 Cause of death *Renal Insufficiency*  
 Place of death *Res*  
 Residence *Lakeland Fla.*  
 Age *80* Y'rs *3* Mo's *27* Days  
 Weight *125* Height *5* ft. *8* in. Eyes *Grey*  
 Funeral at *Lakeland Fla*  
 Date *Nov* 194*2* M  
 Account charged *County - Insurance F.H.*  
 Address *Lakeland - Fla*  
 Account guaranteed *Check*  
 Address  
 Embalming  
 Robe, Suit, Dress *Cremation* 3750  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin.  
 Style of Casket *Body arrived*  
 No. of Casket *by auto Thru*  
 Outside Box *6 P.M. Nov*  
 Shipping Case or Vault *19-42*  
 Handles  
 Pillow Set  
 Name Plate *Body Cremated*  
 Cemetery *Friday 8 a.m.*  
 Section *Nov 20-42* Lot

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

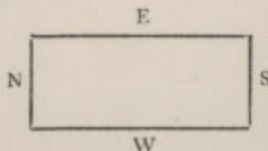
Cremation *Will Call*  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No.

3750

# Carey Hand Funeral Home

Name of deceased Harmon Ray Heimig  
 Date of death Sun Nov 20-42 8:55 A.M.  
 Cause of death \_\_\_\_\_  
 Place of death Res  
 Residence Oak Island Pine Barrens  
 Age 59 Yrs 11 Mo's 26 Days \_\_\_\_\_  
 Weight 160 Height 5 ft. 8 in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Sun Nov 22, 1942 4 P.M.  
 Account charged Mrs. Clara Heimig  
 Address Oak Island Pine Barrens  
 Account guaranteed Insurance Est.  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 6-6-42 B.C. 250.00  
 Casket with Copper Lin. ✓  
 Style of Casket R.C. Stat 12-C  
 No. of Casket 7-48 Tampa  
 Outside Box ✓  
 Shipping Case or Vault ✓  
 Handles Yes  
 Pillow Set Yes  
 Name Plate ✓  
 Cemetery Temple  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation Cremation 50.00  
 Urn wooden  
 Single Grave ✓  
 Opening and Closing Grave ✓  
 Body Shipped to ✓  
 R. R. Ticket ✓  
 Cash advanced ✓  
 Autos ✓  
 Telegram ✓  
 Minister Rev. Owens  
 Music Organ 5.00  
 Casket Wagon ✓  
 Physician Dr. M. M. Anderson  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 8

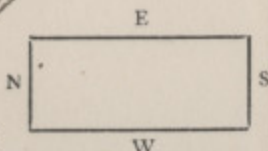
340.00



# Carey Hand Funeral Home

Name of deceased *Miss Marie Veist*  
 Date of death *Nov 19<sup>th</sup> 1942* M  
 Cause of death *Reflected Grief from of Adam*  
 Place of death *Rea - Kota*  
 Residence *Imatella, Fla*  
 Age *74* Yrs. Mo's. Days.  
 Weight *120* Height *5* ft. *6* in. Eyes.  
 Funeral at  
 Date *1942* M  
 Account charged *Beyers Funeral Home*  
 Address *Laurelburg, Pa -*  
 Account guaranteed *OK -*  
 Address  
 Embalming *Conservation* *37.50*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *Body Covered*  
 Casket with Copper Lin. *6-6-42*  
 Style of Casket *Sat - 11-21-42*  
 No. of Casket  
 Outside Box *Body Covered*  
 Shipping Case or Vault *8-A-M*  
 Handles *Sum - 11-22-42*  
 Pillow Set  
 Name Plate *Engraved John & Mary*  
 Cemetery *Beyers*  
 Section *Laurelburg* Lot *11-22-42*

I Other Graves



X Grave on this date

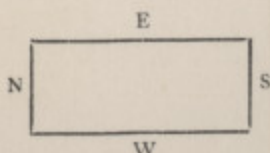
Cremation  
 Urn *wooden*  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon  
 Physician  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *OK*

*37.50*

# Carey Hand Funeral Home

Name of deceased Sam Martin 30 P.  
 Date of death Mon Nov 25-42 10 M.  
 Cause of death Heart  
 Place of death Chapel  
 Residence 1823 Delmon Block  
 Age 42 Y'rs. 3 Mo's 14 Days  
 Weight 135 Height 5 ft. in. Eyes  
 Funeral at Chapel  
 Date Mon Nov 23 1942 4 P. M.  
 Account charged Mrs Lusia Martin  
 Address 1823 Delmon St  
 Account guaranteed Estate Payments  
 Address  
 Embalming Yes 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket 6-3- Gr. Maple 125.00  
 Casket with Copper Lin.  
 Style of Casket Set of 4  
 No. of Casket 1312 Choir  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Set  
 Pillow Set Set  
 Name Plate Embossed  
 Cemetery Greenwood  
 Section Lot

I Other Graves



X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave Tea etc 15.00  
 Body Shipped to P. B. Car 5.00  
 R. R. Ticket Car Min 5.00  
 Cash advanced  
 Autos Fi Car No Chg  
 Telegram  
 Minister Father Bishop  
 Music Organ  
 Casket Wagon  
 Physician Dr Knowles  
 County or City Burial  
 Automobiles 8x5 15.00  
 Baggage or Express Train No.

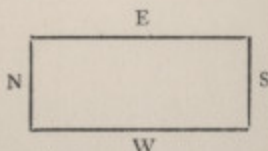
210.00

8200.00

## Carry Hand Funeral Home

Name of deceased *Mrs. Effie J. Dodge*  
Date of death *Mon Nov 27 - 1942* M  
Cause of death *920th*  
Place of death *920th*  
Residence *531 Grand Ave*  
Age *83* Y'rs Mo's Days  
Weight *145* Height *5* ft *5* in. Eyes  
Funeral at *Chapel*  
Date *Wed Nov 25 1942* *2 P.M.*  
Account charged *Mrs. Blanch Sigler*  
Address *540 Grand Ave - Allentown*  
Account guaranteed *Insurance*  
Address  
Embalming *Dressing* 35.00  
Robe, Suit, Dress 5.25  
Underwear and Hose  
Casket *4-3- by coupe - City* 60.00  
Casket with Copper Lin. *See H. C.*  
Style of Casket  
No. of Casket *2012-8*  
Outside Box *Reg*  
Shipping Case or Vault ☒  
Handles *Short*  
Pillow Set *Yes*  
Name Plate  
Cemetery  
Section Lot

### I Other Graves



X Grave on this date

Cremation *Cremation*  
Urn *wooden*  
Single Grave ☒  
Opening and Closing Grave ☒  
Body Shipped to *Body Cremated*  
R. R. Ticket *8-4 N. Pass 11-24-*  
Cash advanced *Edgar Express - To*  
Autos *Mrs Frank Henderson*  
Telegram *Ripon Wis*  
Minister  
Music  
Casket Wagon *41*  
Physician *Dr Andrews*  
County or City Burial  
Automobiles  
Baggage or Express Train No. *4*

154.23



# Carey Hand Funeral Home

Name of deceased *Mrs. Xenia K. Jenkins*  
 Date of death *Nov 22-42* *9 P.M.*  
 Cause of death \_\_\_\_\_  
 Place of death *Ret*  
 Residence *Quincy Vista Rt 3 Box 598*  
 Age *81* Y'rs *3* Mo's *7* Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Tues Nov 24 1942* *3 P.M.*  
 Account charged *Jenkins*  
 Address *Delandt Fl*  
 Account guaranteed *Estate*  
 Address \_\_\_\_\_  
 Embalming *Dressing* 35 00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *6/3 Grey Cufe* 90 00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Open H.C.*  
 No. of Casket *Shier 2012*  
 Outside Box *Reg.*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Shad*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Greenwood*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
*Single Grave*  
 I Other Graves E  

NS

W  
 X Grave on this date \_\_\_\_\_  
 Cremation *Funerary Car* 5 00  
 Urn *P.B. Car* 5 00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *etc* 15 00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket *Cement Vault* 60 00  
 Cash advanced \_\_\_\_\_  
 Autos *Amb* 10 00  
 Telegram \_\_\_\_\_  
 Minister *Rev Geo Traff*  
 Music \_\_\_\_\_  
 Casket Wagon *LI* 5 00  
 Physician *Dr. Glauzer*  
 County or City Burial \_\_\_\_\_  
 Automobiles *515* 15 00  
 Baggage or Express Train No. \_\_\_\_\_

\$240 00

# Carey Hand Funeral Home

Name of deceased Cornelius E. Spencer  
 Date of death Nov 23 12:30 a.m.  
 Cause of death \_\_\_\_\_  
 Place of death Res.  
 Residence 1814 Woodward Ave  
 Age 27 Y'rs 11 Mo's 5 Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at No Service  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged Robert C. Spencer  
 Address 1814 Woodward Ave  
 Account guaranteed Cash Check  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket Service Chg 25.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket \_\_\_\_\_  
 Outside Box Body Cremated  
 Shipping Case or Vault Yes B.C.M.  
 Handles Nov 24-42  
 Pillow Set \_\_\_\_\_  
 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 Shipped to Ashes Exp'd  
 R. R. Ticket to  
 Cash advanced Chas. C. Spencer  
 Autos 321 Raleigh Rd  
 Telegram Henry M. H. H.  
 Minister Chicago, Ill.  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

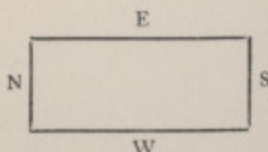
75.00

# Carry Hand Funeral Home

Colne

Name of deceased Jesse Reid  
 Date of death Nov 23 1923 10 a.m.  
 Cause of death Mania Cerebral Hemorrhage  
 Place of death County Home  
 Residence 642 Carter St  
 Age 59 Y'rs 8 Mo's 23 Days  
 Weight      Height      ft.      in. Eyes       
 Funeral at his home  
 Date      1923      M  
 Account charged County  
 Address       
 Account guaranteed       
 Address       
 Embalming       
 Robe, Suit, Dress       
 Underwear and Hose       
 Casket Coffin 14.50  
 Casket with Copper Lin.       
 Style of Casket       
 No. of Casket       
 Outside Box       
 Shipping Case or Vault       
 Handles       
 Pillow Set       
 Name Plate       
 Cemetery 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 A. Moon  
 County or City Burial       
 Automobiles       
 Baggage or Express Train No.     

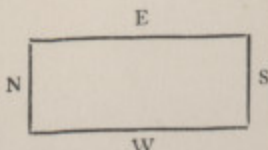
14.50



# Carry Hand Funeral Home

Name of deceased *Mrs. Dayton H. Boynton*  
 Date of death *Nov-24-42* *A* *M*  
 Cause of death *Flu*  
 Place of death *Flu*  
 Residence *1153 Orange Ave. Winter Park*  
 Age *74* Yrs *2* Mo's *17* Days *26*  
 Weight *122* Height *6* ft. *1* in. Eyes *Blue*  
 Funeral at *Chapel*  
 Date *Friday Nov 27 1942* *4 P. M*  
 Account charged *Mrs. Watie E. Boynton*  
 Address *1153 Orange Ave. Winter Park*  
 Account guaranteed *Watie E. Boynton*  
 Address *Flu*  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6/6 Yes Joe* *125.00*  
 Casket with Copper Lin.  
 Style of Casket *Oct. H. Cap*  
 No. of Casket *1311- Shrin*  
 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 *50.00*  
 Urn *Urns*  
 Single Grave *Body Cremated*  
 Opening and Closing Grave *8-4 PM*  
 Body Shipped to *Sat 11-27-42*  
 R. R. Ticket  
 Cash advanced *will call for*  
 Autos  
 Telegram  
 Minister *F + M Lodge*  
 Music *Organ* *5.00*  
 Casket Wagon *(1)*  
 Physician *Dr. Larson*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *AB*

*215.00*

# Carey Hand Funeral Home

Name of deceased Baby Willborn  
 Date of death Nov 23-42 A.M  
 Cause of death O.S.H.  
 Place of death O.S.H.  
 Residence 1509-E. 6th Ave. Orlando  
 Age 1 Y'rs 2 Mo's 2 Days 2  
 Weight 1 Height 4 ft. 2 in. Eyes Blue  
 Funeral at Travlers  
 Date Thurs. Nov 26 1942 11:45 A.M  
 Account charged J. H. Jones  
 Address Killbuck  
 Account guaranteed Check  
 Address \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 2-0 9x23 12.50  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Open  
 No. of Casket 1  
 Outside Box Reg  
 Shipping Case or Vault \_\_\_\_\_  
 Handles small  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery Alpha  
 Section \_\_\_\_\_ Lot 37

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

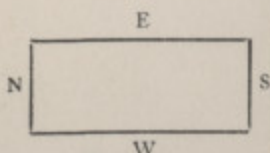
Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave 2nd City 2.50  
 Opening and Closing Grave 5.00  
 Body Shipped to Cloud Car 5.00  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. 8

25.00

# Carry Hand Funeral Home

Name of deceased *Mr. Harry Eugene Treasler*  
 Date of death *11-25-42* *Had been dead* M  
 Cause of death *apparently 3-8a*  
 Place of death *Camp at Toccoa*  
 Residence *Robinson Ills.*  
 Age Y'rs. Mo's. Days.  
 Weight Height ft. in. Eyes.  
 Funeral at *Deat*  
 Date 194 M  
 Account charged *Dr. B. C. Treasler*  
 Address *Hartwell Ga.*  
 Account guaranteed *ok*  
 Address  
 Embalming *X*  
 Robe, Suit, Dress *Robes Shalmy 180* 35.  
 Underwear and Hose 10.  
 Casket *6-4- Metal S. H. Co* 50.  
 Casket with Copper Lin. *Inner*  
 Style of Casket *State*  
 No. of Casket *Jerome* *Temp. 2*  
 Outside Box *Reg -*  
 Shipping Case or Vault  
 Handles *ok*  
 Pillow Set *ok*  
 Name Plate  
 Cemetery *Deat*  
 Section Lot

I Other Graves



X Grave on this date

Cremation *Funial at*  
 Urn *Hartwell Ga.*  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to *Toccoa Ga.*  
 R. R. Ticket *Express* 36. 94  
 Cash advanced  
 Autos  
 Telegram  
 Minister  
 Music *C. H. & Express Sta* 5.  
 Casket Wagon *Camp Toccoa* 25.  
 Physician *Dr. Ford*  
 County or City Burial  
 Automobiles  
~~Baggage~~ or Express Train No. *92*

*Tric Nov-27-42* *561.96*

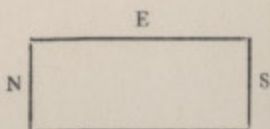
*found dead in Camp had  
 been dead 3 or 4-8a*



# Carey Hand Funeral Home

Name of deceased *Mr. John B. Hanis*  
 Date of death *Thurs. Nov. 25-42* P.M. *4:30*  
 Cause of death \_\_\_\_\_  
 Place of death *Home*  
 Residence *Okla Vista*  
 Age *80* Y'rs. *10* Mo's. *25* Days \_\_\_\_\_  
 Weight *160* Height *5* ft. *7* in Eyes \_\_\_\_\_  
 Funeral at *M.E. Church Okla Vista*  
 Date *Sun Nov. 29* 1942 *4 P M*  
 Account charged *Mrs J. B. Hanis*  
 Address *Okla Vista, Okla*  
 Account guaranteed *C. G. Low* (Not)  
 Address *812 Oak St Okla*  
 Embalming *Yes*  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *6-3- in Maple* *125.00*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *Oct H. E*  
 No. of Casket *1312 B*  
 Outside Box *Yes*  
 Shipping Case or Vault *Yes*  
 Handles *Ext*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Lake Hill*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation *Burial Lot 10*  
 Urn *Pd. Corp. for same*  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *Yes* *15.00*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon *Yes* *5.00*  
 Physician *Dr. Hester*  
 County or City Burial \_\_\_\_\_  
 Automobiles *8 & 5* *15.00*  
 Baggage or Express Train No. \_\_\_\_\_

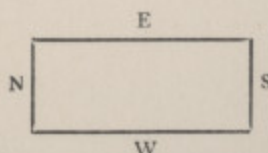
**\$95.00**

*9 AM, Nov 26 for*  
*Coast 5:00 PM*

# Carey Hand Funeral Home

Name of deceased *Mr. Paul Hall*  
 Date of death *Wed Nov 27 1942* M  
 Cause of death *O & H*  
 Place of death *O & H*  
 Residence *Winter Garden*  
 Age *31* Y'rs. *8* Mo's. *17* Days  
 Weight *170* Height *5 ft. 9 in.* Eyes  
 Funeral at *Chapel*  
 Date *Sun. Nov 29, 1942* *3 P. M*  
 Account charged *Mrs. Ester Hall*  
 Address *Winter Garden Fla.*  
 Account guaranteed *Estete Insurance*  
 Address  
 Embalming *J. D. Duro* *35.00*  
 Robe, Suit, Dress *Anderson* *1.00*  
 Underwear and Hose *5*  
 Casket *6-6- Metal* *Copper Lin* *Two* *565.00*  
 Casket with Copper Lin. *Same*  
 Style of Casket *State H. C. 42*  
 No. of Casket *Quanda-*  
 Outside Box *Reg*  
 Shipping Case or Vault ☒  
 Handles *Ext -*  
 Pillow Set *Yes*  
 Name Plate ☒  
 Cemetery *Woodlawn*  
 Section *H. 4* *space 6* Lot *51*

I Other Graves



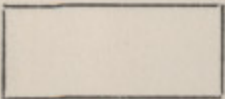
X Grave on this date

Cremation  
 Urn  
 Single Grave  
 Opening and Closing Grave *Triste* *15.00*  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos *Amb Sew 11-26-42* *5.00*  
 Telegram  
 Minister *A. Guy of W. G.*  
 Music *Organ* *5.00*  
 Casket Wagon *4*  
 Physician *Dr. M. Andrews*  
 County or City Burial  
 Automobiles *3 x 3* *15.00*  
 Baggage or Express Train No. *18*  
641.00

# Carey Hand Funeral Home

Name of deceased Mrs. Anne Cruise  
 Date of death Nov-28-42 12:45 A M  
 Cause of death \_\_\_\_\_  
 Place of death Res.  
 Residence 42- Miller Ave  
 Age 81 Yrs. 5 Mo's. 16 Days  
 Weight 145 Height 5 ft. 5 in. Eyes \_\_\_\_\_  
 Funeral at St. James Catholic Church  
 Date Mon Nov 30 1942 9-A M  
 Account charged Mrs. Anna Grundle  
 Address 42- Miller Ave Orlando  
 Account guaranteed Debit  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hosiery \_\_\_\_\_  
 Casket 6-3-Set Plunk 195.00  
 Casket with Copper Lin. ✓  
 Style of Casket Oct 1/2-C  
 No. of Casket 1827-Thier  
 Outside Box Res  
 Shipping Case or Vault ✓  
 Handles Set  
 Pillow Set Yes  
 Name Plate Crucifix  
 Cemetery Woodlawn  
 Section C Lot 136

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  



Cremation Car P. B. 5.00  
 Urn Car Monks 5.00  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave 7+1/2 15.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Father Bishop  
 Music By Church 5.00  
 Casket Wagon (1)  
 Physician Dr. M. Swan  
 County or City Burial \_\_\_\_\_  
 Automobiles S. S. 15.00  
 Baggage or Express Train No. \_\_\_\_\_

275.00

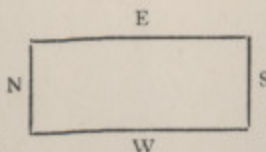


# Carey Hand Funeral Home

Name of deceased *Charles Edward Holloway*  
 Date of death *Nov 28* *10:30 P M*  
 Cause of death \_\_\_\_\_  
 Place of death *B. F. H.*  
 Residence *1345 Monte Carlo Terrace*  
 Age *74* Yrs. Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight *170* Height *5* ft. *7* in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Tuesday Dec 1* 1942 *2 P M*  
 Account charged \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account guaranteed *Payments*  
 Address \_\_\_\_\_  
 Embalming *+ Dressing*  
 Robe, Suit, Dress *Blue*  
 Underwear and Hose \_\_\_\_\_  
 Casket *6-3-6*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket *Sgt. H. P.*  
 No. of Casket *2012 S.*  
 Outside Box *Reg*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Short*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Lake Hill*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

95.00  
 10.00  
 90.00

I Other Graves



X Grave on this date

Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave *etc*  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev. Murphy*  
 Music *Organ*  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. McEwen*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

15.00

5.00

15.00

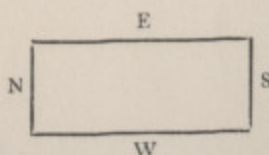
**170.00**

# Carry Hand Funeral Home

Name of deceased Ernest Baggett  
 Date of death Nov 27 11 A.M.  
 Cause of death \_\_\_\_\_  
 Place of death O. S. H.  
 Residence Cr. Wilcrest & Highland  
 Age \_\_\_\_\_ Y'rs \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Wed Dec 2 1942 4 P. M.  
 Account charged Mrs. Erna Baggett  
 Address \_\_\_\_\_  
 Account guaranteed Payor's  
 Address \_\_\_\_\_  
 Embalming & Dressing  
 Robe, Suit, Dress shirt  
 Underwear and Hose 100-25  
 Casket 6-3-12  
 Casket with Copper Lin. ✓  
 Style of Casket Oct. 12-2  
 No. of Casket 1391-3  
 Outside Box Reg  
 Shipping Case or Vault ✓  
 Handles Ext  
 Pillow Set Yes  
 Name Plate Ernest Baggett  
 Cemetery Grindman  
 Section E Lot 330

35.00  
 2.25  
 1.00  
 175.00

I Other Graves



X Grave on this date

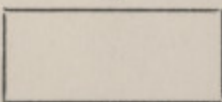
Cremation P. B. Car  
 Urn Car  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave Y etc  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Parrell Tucker  
 Music \_\_\_\_\_  
 Casket Wagon (1)  
 Physician Dr.  
 County or City Burial \_\_\_\_\_  
 Automobiles 8.45  
 Baggage or Express Train No. \_\_\_\_\_

5.00  
 5.00  
 15.00  
 5.00  
 15.00

258.60

# Carey Hand Funeral Home

Name of deceased *Miss Anna Simahue*  
 Date of death *Mon Nov-30-42 145 PM*  
 Cause of death \_\_\_\_\_  
 Place of death *Res-*  
 Residence *914 Glendora Dr*  
 Age *80* Y'rs. \_\_\_\_\_ Mo's \_\_\_\_\_ Days \_\_\_\_\_  
 Weight *90* Height *5* ft. *6* in. Eyes \_\_\_\_\_  
 Funeral at *St James Catholic Church*  
 Date *Wed Dec 2- 1942 9-A M*  
 Account charged *Mrs Catharine Chasboro*  
 Address *914 Glendora Dr*  
 Account guaranteed *Parents*  
 Address \_\_\_\_\_  
 Embalming *Yes*  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *4-3-22*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *6-2-11*  
 No. of Casket *1472*  
 Outside Box *9-13*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Yes*  
 Pillow Set *Yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Mount*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves \_\_\_\_\_  
 X Grave on this date \_\_\_\_\_  


Cremation *Yes 54 P2 Mo*  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to *Birmingham Ala*  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon *(2)* 10.00  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles *S & S* 15.00  
 Baggage or Express Train No. *46*  

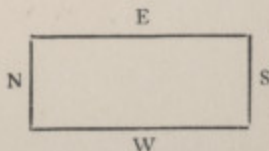
235.00



# Carey Hand Funeral Home

Name of deceased Forest H. Hardin  
 Date of death Nov-30-42 9:30 A  
 Cause of death Chro. Myocarditis  
 Place of death County Home  
 Residence 1234 17th St  
 Age 68 Y'rs 3 Mo's 18 Days  
 Weight 180 Height 5 ft. 7 in. Eyes  
 Funeral at Chapel  
 Date Wed Dec 2 1942 2 P. M  
 Account charged Mrs F. H. Hardin  
 Address 1234-17th St - Orlando Fla  
 Account guaranteed  
 Address  
 Embalming 1 Dissection 25 00  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6/3 Gray Union 20 00  
 Casket with Copper Lin.  
 Style of Casket H. M. F. T. Sp  
 No. of Casket N. M.  
 Outside Box ☒  
 Shipping Case or Vault  
 Handles Short  
 Pillow Set  
 Name Plate  
 Cemetery Cremation  
 Section Lot

I Other Graves



X Grave on this date

Cremation 50 00  
 Urn  
 Single Grave  
 Opening and Closing Grave  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister E. Lee Smith  
 Music  
 Casket Wagon U 5 00  
 Physician Dr. Moon  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. \$ 100.00

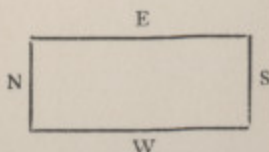
Dec - 1<sup>st</sup> 1942

# Carry Hand Funeral Home

Name of deceased Lillian May H. Berkeble  
Date of death Nov 27 M  
Cause of death Cause not given on cert  
Place of death Res  
Residence St. Petersburg Fla.  
Age 71 Yrs 11 Mo's 3 Days  
Weight 170 Height 5 ft. 10 in. Eyes Blue  
Funeral at St. Petersburg Fla  
Date Nov 1942 M  
Account charged Ralph G. Cooksey F.H.  
Address St. Petersburg Fla  
Account guaranteed Check  
Address \_\_\_\_\_  
Embalming \_\_\_\_\_  
Robe, Suit, Dress Cremation  
Underwear and Hose \_\_\_\_\_  
Casket \_\_\_\_\_  
Casket with Copper Lin. \_\_\_\_\_  
Style of Casket Body arranged  
No. of Casket 1602 m. Tully  
Outside Box Sec 1-42  
Shipping Case or Vault \_\_\_\_\_  
Handles \_\_\_\_\_  
Pillow Set Body Cremated  
Name Plate Nov 8 a.m.  
Cemetery 1942  
Section \_\_\_\_\_ Lot \_\_\_\_\_

37.50

I Other Graves



X Grave on this date

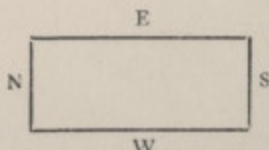
Cremation Asker expressed to  
Urn Ralph G. Cooksey F.H.  
Single Grave St. Petersburg Fla  
Opening and Closing Grave \_\_\_\_\_  
Body Shipped to \_\_\_\_\_  
R. R. Ticket \_\_\_\_\_  
Cash advanced \_\_\_\_\_  
Autos \_\_\_\_\_  
Telegram \_\_\_\_\_  
Minister \_\_\_\_\_  
Music \_\_\_\_\_  
Casket Wagon \_\_\_\_\_  
Physician \_\_\_\_\_  
County or City Burial \_\_\_\_\_  
Automobiles \_\_\_\_\_  
Baggage or Express Train No. \_\_\_\_\_

37.50

### Carey Hand Funeral Home

Name of deceased Li. John R. Powell  
Date of death Sept 1<sup>st</sup> 1943 12:15 PM  
Cause of death Coronary Occlusion  
Place of death C. E. H.  
Residence Canton New York  
Age 28 Yrs 4 Mo's 17 Days  
Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
Funeral at Destinization  
Date Dec 1943 \_\_\_\_\_ M  
Account charged Li. P. F. Powell  
Address Canton, New York.  
Account guaranteed Check  
Address \_\_\_\_\_  
Embalming & Dressing 35.00  
Robe, Suit, Dress \_\_\_\_\_  
Underwear and Hosiery \_\_\_\_\_  
Casket 6 Metal O.S. Fin 625.00  
Casket with Copper Lin. inner  
Style of Casket Slate  
No. of Casket Not numbered  
Outside Box Reg  
Shipping Case or Vault ✓  
Handles Ext  
Pillow Set 2 of 2  
Name Plate ✓  
Cemetery Destinization  
Section \_\_\_\_\_ Lot \_\_\_\_\_

### I Other Graves



X Grave on this date

Cremation .....  
Urn .....  
Single Grave .....  
Opening and Closing Grave .....  
Body Shipped to *Canton. N.Y.*  
R. R. Ticket .....  
Cash advanced *Express*  
Autos .....  
Telegram .....  
Minister .....  
Music .....  
Casket Wagon *(2)*  
Physician *Dr. F. J. Pyles*  
County or City Burial .....  
Automobiles .....  
Baggage or Express Train No. *92*

Baggage or Express Train No. 92  
 Gr. 12-2-42  
 % 75667  
 20.  
 Gr. W & K 767.79 75667  
 acct 75667  
 Ck. Refund \$11.12  
 mailed  
 12-2-42

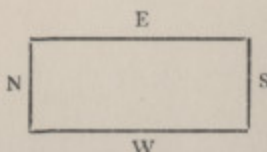


# Carey Hand Funeral Home *Closed*

Name of deceased *Leah Mae McMillan*  
 Date of death *Dec-2-99* *A* *M*  
 Cause of death *Bronchitis Pneumonia*  
 Place of death *93 St*  
 Residence *Winter Garden*  
 Age *—* Y'rs *4* Mo's *1* Days *—*  
 Weight *—* Height *—* ft. *—* in. Eyes *—*  
 Funeral at *—*  
 Date *—* 194 *—* *M*  
 Account charged *County*  
 Address *—*  
 Account guaranteed *—*  
 Address *—*  
 Embalming *—*  
 Robe, Suit, Dress *—*  
 Underwear and Hose *—*  
 Casket *2-0* *HT*  
 Casket with Copper Lin. *—*  
 Style of Casket *—*  
 No. of Casket *—*  
 Outside Box *Reg*  
 Shipping Case or Vault *—*  
 Handles *—*  
 Pillow Set *—*  
 Name Plate *—*  
 Cemetery *County Home*  
 Section *—* Lot *—*

*14.50*

I Other Graves



X Grave on this date

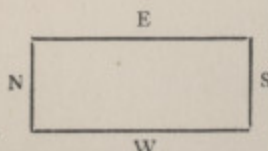
Cremation *—*  
 Urn *—*  
 Single Grave *—*  
 Opening and Closing Grave *—*  
 Body Shipped to *—*  
 R. R. Ticket *—*  
 Cash advanced *—*  
 Autos *—*  
 Telegram *—*  
 Minister *—*  
 Music *—*  
 Casket Wagon *—*  
 Physician *Dr Sinclair*  
 County or City Burial *—*  
 Automobiles *—*  
 Baggage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

*14.50*

# Carey Hand Funeral Home

Name of deceased *Mr. Edward Ostrom*  
 Date of death *Dec-2-nd-42* P.M.  
 Cause of death *myocardial degeneration*  
 Place of death *Fla. Spt*  
 Residence *Belmont Fla Spt 6-yr*  
 Age *85* Y'rs *1* Mo's *15* Days  
 Weight *170* Height *5 ft. 9* in. Eyes  
 Funeral at *Spt*  
 Date *194* M  
 Account charged *Carey Funeral Home*  
 Address *Millbrook N.Y.*  
 Account guaranteed  
 Address *40 81 Fairchild*  
 Embalming *YD* *35.00*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *6-3-12* *75.00*  
 Casket with Copper Lin.  
 Style of Casket *Box A. 2*  
 No. of Casket *2012-8*  
 Outside Box *819*  
 Shipping Case or Vault  
 Handles *Short*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Spt*  
 Section Lot

I Other Graves



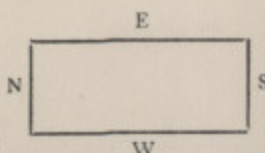
X Grave on this date

Cremation  
 Urn  
 Single Grave *1*  
 Opening and Closing Grave  
 Body Shipped to *Long Beach N.Y.*  
 R. R. Ticket  
 Cash advanced *Express* *83 84*  
 Autos  
 Telegram  
 Minister  
 Music  
 Casket Wagon *(2)* *10.00*  
 Physician *Dr. Lynn*  
 County or City Burial  
 Automobiles  
 Baggage or Express Train No. *72*  
*Thurs Night 12-3-42* *203.84*

# Carey Hand Funeral Home

Name of deceased *Mrs. Florence H. Morgan*  
 Date of death *Thurs. Dec-3-42* P.M.  
 Cause of death \_\_\_\_\_  
 Place of death *Res*  
 Residence *1001- N. 9th St. Orlando*  
 Age *88* Y'rs *1* Mo's *7* Days \_\_\_\_\_  
 Weight *100* Height *5* ft. *6* in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Sat. Dec 5, 1942* *4 P.M.*  
 Account charged *Peter E. Morgan*  
 Address *1001 N. 9th St. Orlando*  
 Account guaranteed *Cash*  
 Address \_\_\_\_\_  
 Embalming *YD* *25.00*  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *Simple Chg* *20.00*  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket \_\_\_\_\_  
 No. of Casket *Body Cremated*  
 Outside Box *Mandy 84.00*  
 Shipping Case or Vault *Dec 7-42*  
 Handles \_\_\_\_\_  
 Pillow Set \_\_\_\_\_  
 Name Plate \_\_\_\_\_  
 Cemetery *Will call*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

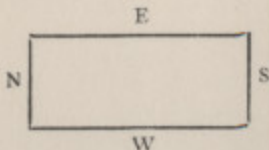
Cremation *Cremation* *50.00*  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *No minister*  
 Music \_\_\_\_\_  
 Casket Wagon *CP* *5.00*  
 Physician *E. G. Schuchert Jr.*  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. *100.00*



# Carry Hand Funeral Home

Name of deceased *Mr. Albert Lee Perdue*  
 Date of death *Dec 4* 1942 *10 A M*  
 Cause of death *Res*  
 Place of death *Guthrie Ave*  
 Residence *Guthrie Ave*  
 Age *76* Y'rs *9* Mo's *29* Days  
 Weight *150* Height *5* ft. *10* in. Eyes *Blue*  
 Funeral at *Chapel*  
 Date *Sunday Dec 6* 1942 *4 P M*  
 Account charged *F. P. Perdue*  
 Address *Box 2101 - Calhoun Fly*  
 Account guaranteed  
 Address *4 Sess*  
 Embalming *Yes* *35.00*  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket *W. Grey Crape* *75.00*  
 Casket with Copper Lin.  
 Style of Casket *Light Oak*  
 No. of Casket *2812* *Shrin*  
 Outside Box *Reg*  
 Shipping Case or Vault  
 Handles *Short*  
 Pillow Set *yes*  
 Name Plate  
 Cemetery *Woodlawn*  
 Section Lot

I Other Graves



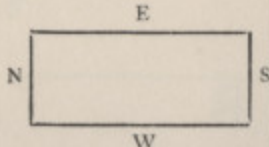
X Grave on this date

Cremation *Auto* *5.00*  
 Urn  
 Single Grave  
 Opening and Closing Grave *etc* *15.00*  
 Body Shipped to  
 R. R. Ticket  
 Cash advanced  
 Autos  
 Telegram  
 Minister *Rev Murphy* *5.00*  
 Music *yes* *5.00*  
 Casket Wagon *01* *5.00*  
 Physician *Dr. M. Andrews*  
 County or City Burial  
 Automobiles *SVS* *15.00*  
 Baggage or Express Train No. *24* *155.00*

# Carey Hand Funeral Home

Name of deceased Mrs. Jessie B. Cras  
 Date of death Nov 30-42 M  
 Cause of death Not given on funeral permit  
 Place of death Ft Myers Fla.  
 Residence Ft Myers Fla.  
 Age 65 Y's Mo's Days  
 Weight 160 Height 5 ft. 9 in. Eyes  
 Funeral at Ft Myers Fla  
 Date Dec 1 1942 M  
 Account charged Lawrence A. Powell F.H.  
 Address Ft Myers Fla  
 Account guaranteed Check  
 Address  
 Embalming  
 Robe, Suit, Dress Cremation 37.50  
 Underwear and Hose  
 Casket  
 Casket with Copper Lin.  
 Style of Casket Body arrived  
 No. of Casket Friday noon  
 Outside Box by express  
 Shipping Case or Vault Dec 4-42  
 Handles  
 Pillow Set  
 Name Plate Body cremated  
 Cemetery St. Mat. Sat. Dec 5-42  
 Section Lot

I Other Graves



X Grave on this date

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

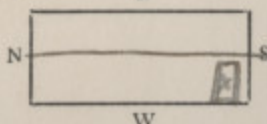
37.50

# Carey Hand Funeral Home

Name of deceased Mrs Roberts  
 Date of death Dec-4-42 9:20 P. M  
 Cause of death Cerebral Hemorrhage  
 Place of death Home  
 Residence 29 S. Keystone Dr Orlando  
 Age 75 Y'rs. — Mo's. 21 Days  
 Weight 170 Height 5 ft. 8 in. Eyes —  
 Funeral at Grave Side  
 Date Sun Dec 6 194 10 A M  
 Account charged Mrs Roberts  
 Address Orlando Fla 5-8451 R.H.  
 Account guaranteed Ins American  
 Address —  
 Embalming Yes 35.00  
 Robe, Suit, Dress Blue Serge 9.00  
 Underwear and Hosiery —  
 Casket 6-3 1/2 cups 90.00  
 Casket with Copper Lin —  
 Style of Casket Exp H Cap  
 No. of Casket 2012  
 Outside Box Reg  
 Shipping Case or Vault —  
 Handles Short  
 Pillow Set Yes  
 Name Plate —  
 Cemetery Lake Hill  
 Section W 1/2 B-18 Lot 18

W 1/2 - 3-18

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 Rev J. W. Austin  
 Music — 5.00  
 Casket Wagon (1)  
 Physician —  
 County or City Burial —  
 Automobiles S & S 15.00  
 Baggage or Express Train No. —

169.00

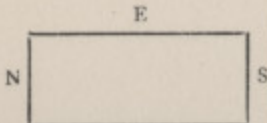
Burial Lot & 20.00  
189.00



# Carey Hand Funeral Home

Name of deceased Two Babies  
 Date of death ..... M  
 Cause of death .....  
 Place of death .....  
 Residence .....  
 Age..... Y'rs..... Mo's..... Days.....  
 Weight..... Height..... ft..... in. Eyes.....  
 Funeral at .....  
 Date ..... 194..... M  
 Account charged Mrs J.B. Magruder  
 Address C. E. Dine  
 Account guaranteed .....  
 Address .....  
 Embalming .....  
 Robe, Suit, Dress .....  
 Underwear and Hose .....  
 Casket Quaintness of  
 Casket with Copper Liner Two Babies  
 Style of Casket from Cemetery at  
 No. of Casket Sanford 4th  
 Outside Box Dec 4-1942-  
 Shipping Case or Vault .....  
 Handles Dead one 50 yrs ago  
 Pillow Set Comie Magruder 1897  
 Name Plate 9m B. Magruder 1884  
 Cemetery .....  
 Section..... Lot.....

I Other Graves



X Grave on this date

Cremation Q.S. Box  
 Urn Auto & Sanford & Son  
 Single Grave .....  
 Opening and Closing Grave Greenwood  
 Body Shipped to Auto  
 R. R. Ticket .....  
 Cash advanced Buried at the  
 Autos plot of the grave of  
 Telegram Mrs J.B. Magruder  
 Minister Dec 15-1942  
 Music .....  
 Casket Wagon .....  
 Physician .....  
 County or City Burial .....  
 Automobiles .....  
 Baggage or Express Train No. ....

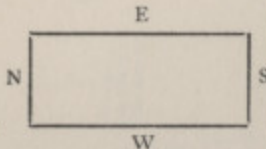
3.00  
 15.00  
 5.00

\$25.00

# Carey Hand Funeral Home

Name of deceased *Mrs. Thomas G. Wilson*  
 Date of death *Dec. 6-42* *H M*  
 Cause of death *Cerebral Hemorrhage*  
 Place of death *Res*  
 Residence *1405 - 22nd St*  
 Age *81* Y'rs *10* Mo's *1* Days  
 Weight Height ft. in. Eyes  
 Funeral at *Grave side*  
 Date *Mon Dec 7 - 1942* *3 P M*  
 Account charged *Byrd Wilson*  
 Address *Deer*  
 Account guaranteed *Payonants*  
 Address  
 Embalming *YD*  
 Robe, Suit, Dress *White ARK # 897*  
 Underwear and Hose  
 Casket *6-3 in Maple*  
 Casket with Copper Lin. *Yes*  
 Style of Casket *Top H. C*  
 No. of Casket *2012 - Shm*  
 Outside Box *Reg*  
 Shipping Case or Vault *✓*  
 Handles *Shut -*  
 Pillow Set *yes*  
 Name Plate *✓*  
 Cemetery *Deer*  
 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 *41 Family* *5.00*  
 Telegram  
 Minister *Blackstone*  
 Music *Byrd Family* *5.00*  
 Casket Wagon *41*  
 Physician *Dr. Moore*  
 County or City Burial  
 Automobiles *S.V.3* *15.00*  
 Baggage or Express Train No.

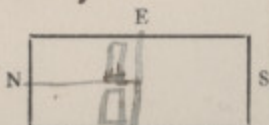
*\$163.50*

# Carey Hand Funeral Home

Name of deceased Francis Gill  
 Date of death Thurs Dec 4-42 M  
 Cause of death Pneumonia  
 Place of death Mobile Ala  
 Residence Orlando RT 4- New Castle  
 Age 40 Yrs 8 Mo's 27 Days  
 Weight 150 Height 5 ft. 8 in. Eyes  
 Funeral at Grave Side  
 Date Thurs Dec 8- 1942 4 P.M.  
 Account charged Mrs Ruby Gill Wife  
 Address Orlando RT 4-  
 Account guaranteed Insurance  
 Address

Embalming  
 Robe, Suit, Dress  
 Underwear and Hose  
 Casket 6-2 Spr H.P.H.  
 Casket with Copper Lin.  
 Style of Casket  
 No. of Casket  
 Outside Box  
 Shipping Case or Vault  
 Handles  
 Pillow Set  
 Name Plate  
 Cemetery Gravewood  
 Section 26-NW 1/4 Lot 3

I Other Graves



X Grave on this date

Cremation Body Buried - A.C.X.H.B.A.  
 Urn  
 Single Grave Buried 2 ft  
 Opening and Closing Grave 1.50  
 Body Shipped to  
 R. R. Ticket Auto - Main Con  
 Cash advanced  
 Autos  
 Telegram  
 Minister Rev  
 Music  
 Casket Wagon (1)  
 Physician  
 County or City Burial  
 Automobiles 3.50  
 Baggage or Express Train No.

15.00

15.00

15.00

15.00

15.00

15.00

15.00

15.00

15.00

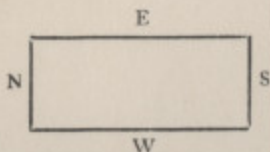
50.00



# Carey Hand Funeral Home

Name of deceased Mrs. John L. Kimblich  
 Date of death Mon Dec - 7 - 42 P.M.  
 Cause of death \_\_\_\_\_  
 Place of death Res -  
 Residence 39 E. Princeton  
 Age 73 Y'rs 1 Mo's 13 Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Tues. 12-8 1942 3 P.M.  
 Account charged Mrs. John L. Kimblich  
 Address \_\_\_\_\_  
 Account guaranteed Estate  
 Address \_\_\_\_\_  
 Embalming Yes 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 4-3-52 Oak 135.00  
 Casket with Copper Lin. Yes  
 Style of Casket Set  
 No. of Casket 1311-Shun  
 Outside Box Yes  
 Shipping Case or Vault Yes  
 Handles Ext  
 Pillow Set Yes  
 Name Plate \_\_\_\_\_  
 Cemetery Cremation  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

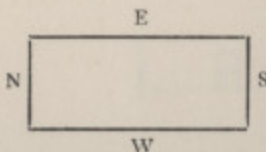
Cremation Cremation 50.00  
 Urn wooden  
 Single Grave Body Cremated  
 Opening and Closing Grave 830 A.M.  
 Body Shipped to Wed Dec - 9 - 42  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced will call for  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Monis Book  
 Music Organ 5.00  
 Casket Wagon 11  
 Physician Dr. Keith  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

225.00

**Carey Hand Funeral Home**  
**MISS NORMA PEPPER**

Name of deceased *Miss* *Pepper*  
 Date of death *Dec 4-42* M  
 Cause of death *Heart at Arcadia Fla.*  
 Place of death *Punta Gorda*  
 Residence *Punta Gorda*  
 Age *81* Y'rs *6* Mo's *12* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *12-8-42* 194 *11 A* M  
 Account charged *Mrs. John Weeks*  
 Address *Punta Gorda Fla.*  
 Account guaranteed *ok*  
 Address \_\_\_\_\_  
 Embalming *Cremation* 50.00  
 Robe, Suit, Dress \_\_\_\_\_ 12.50  
 Underwear and Hose *M. C. Bellm F.H.*  
 Casket \_\_\_\_\_  
 Casket with Copper Lin. *Net* 37.50  
 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

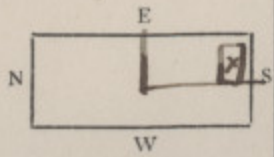
Cremation \_\_\_\_\_  
 Urn *wooden*  
 Single Grave *will call for*  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket *Body Cremated*  
 Cash advanced *8.30 - F.H.*  
 Autos *Had 12-9-42*  
 Telegram \_\_\_\_\_  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

37.50

# Carey Hand Funeral Home

Name of deceased John J. Marsh  
 Date of death Dec 8-42 A M  
 Cause of death Indo-car-ditis  
 Place of death Res -  
 Residence 3205 E. South -  
 Age 52 Y's 7 Mo's 29 Days -  
 Weight - Height - ft. - in. Eyes -  
 Funeral at Home  
 Date Wed. 12-9 1942 2 P. M  
 Account charged Mrs John J. Marsh  
 Address 3205 E. South -  
 Account guaranteed Insurance  
 Address -  
 Embalming Yes 35.00  
 Robe, Suit, Dress Blue 10.00  
 Underwear and Hose -  
 Casket 6-3 In Maple 90.00  
 Casket with Copper Lin. -  
 Style of Casket Low W. C  
 No. of Casket 2012-5-  
 Outside Box Reg  
 Shipping Case or Vault -  
 Handles Short  
 Pillow Set Yes  
 Name Plate -  
 Cemetery Lake View  
 Section BLK 18 SE 1/4 Lot 3

I Other Graves



X Grave on this date

Cremation -  
 Urn -  
 Single Grave Burial Lot 10.00  
 Opening and Closing Grave - 15.00  
 Body Shipped to Fun. Par. No. Chgo  
 R. R. Ticket -  
 Cash advanced -  
 Autos -  
 Telegram -  
 Minister Shring  
 Music -  
 Casket Wagon -  
 Physician Dr. Redding  
 County or City Burial -  
 Automobiles 5 & 5 15.00  
 Baggage or Express Train No. -

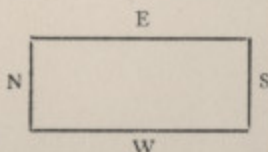
**175.00**



# Carey Hand Funeral Home

Name of deceased *Salvador J. M. & Mrs. James C. Hart*  
 Date of death *Tues. Dec 8-42* *2 P. M.*  
 Cause of death .....  
 Place of death *09 St.*  
 Residence *1213 Columbia Ave.*  
 Age *✓* Y'rs *✓* Mo's *✓* Days .....  
 Weight ..... Height ..... ft. .... in. Eyes .....  
 Funeral at .....  
 Date *None* *194* *M*  
 Account charged *James C. Hart*  
 Address *1213 Columbia Ave.*  
 Account guaranteed *Cash*  
 Address .....  
 Embalming *Cremation* *5.00*  
 Robe, Suit, Dress .....  
 Underwear and Hose .....  
 Casket .....  
 Casket with Copper Lin. ....  
 Style of Casket .....  
 No. of Casket .....  
 Outside Box .....  
 Shipping Case or Vault .....  
 Handles .....  
 Pillow Set .....  
 Name Plate .....  
 Cemetery .....  
 Section ..... Lot .....

I Other Graves



X Grave on this date

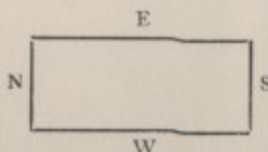
Cremation *Body Cremated*  
 Urn *9-4 M*  
 Single Grave *Wed - 12-9-42*  
 Opening and Closing Grave .....  
 Body Shipped to *will call for*  
 R. R. Ticket .....  
 Cash advanced .....  
 Autos .....  
 Telegram .....  
 Minister .....  
 Music .....  
 Casket Wagon .....  
 Physician *Dr. Anderson*  
 County or City Burial .....  
 Automobiles .....  
 Baggage or Express Train No. ....

*5.00*

# Carey Hand Funeral Home

Name of deceased Mr. J. E. Martin  
 Date of death Tues. Dec - 8 - 1942 12<sup>00</sup> P.M.  
 Cause of death \_\_\_\_\_  
 Place of death Res. Lake Park  
 Residence Mail Orlando St. 2 -  
 Age 26 Y'rs 2 Mo's 31 Days \_\_\_\_\_  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at No Service  
 Date \_\_\_\_\_ 194 \_\_\_\_\_ M  
 Account charged Mrs. Mother Martin  
 Address Fair Villa Fla.  
 Account guaranteed Catala  
 Address \_\_\_\_\_  
 Embalming Cremation - 50c  
 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



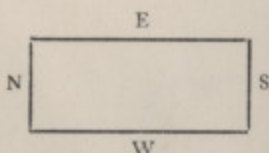
X Grave on this date

Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to Mr. Martin left  
 R. R. Ticket Instructions No Service  
 Cash advanced \_\_\_\_\_  
 Autos Body transported 9-AM  
 Telegram Wed 12-9-42 -  
 Minister \_\_\_\_\_  
 Music will call for  
 Casket Wagon \_\_\_\_\_  
 Physician \_\_\_\_\_  
 County or City Burial \_\_\_\_\_  
 Automobiles \_\_\_\_\_  
 Baggage or Express Train No. \_\_\_\_\_

# Carey Hand Funeral Home

Name of deceased Charles D. Mahaffey  
 Date of death Dec 6 11:45 A M  
 Cause of death  
 Place of death O. G. N. upon interring  
 Residence Apopka, Fla  
 Age 64 Yrs 2 Mo's 7 Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at Chapel  
 Date Wed Dec 9 1942 4 P M  
 Account charged Thos D. Mahaffey  
 Address Apopka, Fla.  
 Account guaranteed Insurance  
 Address \_\_\_\_\_  
 Embalming ☒ Shriner 35.00  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket 6/3 Grey oak 135.00  
 Casket with Copper Lin. \_\_\_\_\_  
 Style of Casket Oct. N-Cab  
 No. of Casket Shriner 1311  
 Outside Box Req  
 Shipping Case or Vault \_\_\_\_\_  
 Handles Yt  
 Pillow Set Yt  
 Name Plate \_\_\_\_\_  
 Cemetery Apopka  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation \_\_\_\_\_  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave etc 15.00  
 Body Shipped to \_\_\_\_\_  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister Rev H. Sargent  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_ 5.00  
 Physician Dr. W. Mallery  
 County or City Burial \_\_\_\_\_  
 Automobiles 5 v 5 15.00  
 Baggage or Express Train No. \_\_\_\_\_  
205.00



# Carey Hand Funeral Home

*W. P. Munday*

Name of deceased *Infant / Mrs. J. M.*

Date of death *Nov 10-12* M

Cause of death

Place of death *03 St.*

Residence *1013 Greenway Ave*

Age *✓* Yrs *✓* Mo's *✓* Days

Weight Height ft. in. Eyes

Funeral at

Date *12-11-12* 194 *10 A* M

Account charged *Mrs. W. P. Munday*

Address *1013 Greenway Ave*

Account guaranteed *ok*

Address

Embalming

Robe, Suit, Dress

Underwear and Hose

Casket *2-0* *W. P.* *12.50*

Casket with Copper Lin.

Style of Casket *sq*

No. of Casket *4-m*

Outside Box *Reg*

Shipping Case or Vault

Handles *small*

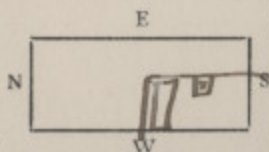
Pillow Set *✓*

Name Plate *✓*

Cemetery *Greenwood*

Section *B* *S-W 1/4* Lot *120*

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave *4.50*

Body Shipped to

R. R. Ticket

Cash advanced

Autos

Telegram

Minister

Music

Casket Wagon *X. Haffels Del / Box* *2.50*

Physician *Dr. Collins* *2.50*

County or City Burial *Auto & Son*

Automobiles

Baggage or Express Train No.

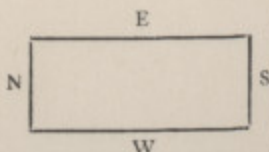
*22.00*

# Carey Hand Funeral Home

Name of deceased Mr. Glenn P. DANN  
 Date of death Fri Dec 11-42 7 A  
 Cause of death Old Age  
 Place of death Home  
 Residence Winter Garden Rt one  
 Age 48 Y'rs 9 Mo's    Days     
 Weight 160 Height 5 ft. 10 in. Eyes     
 Funeral at Home  
 Date Sun Dec 13 1942 3 P  
 Account charged Mrs G. P. Dann  
 Address Winter Garden Rt one  
 Account guaranteed Insurance  
 Address     
 Embalming Yes  
 Robe, Suit, Dress Suit  
 Underwear and Hose     
 Casket 6-3-10  
 Casket with Copper Lin.     
 Style of Casket Set. of 2  
 No. of Casket 1922  
 Outside Box Reg  
 Shipping Case or Vault     
 Handles     
 Pillow Set Yes  
 Name Plate     
 Cemetery Deer  
 Section    Lot   

35.00  
 10.00  
 11.25  
 120.00

I Other Graves



X Grave on this date

Cremation     
 Urn     
 Single Grave     
 Opening and Closing Grave Del Or  
 Body Shipped to     
 R. R. Ticket     
 Cash advanced     
 Autos     
 Telegram     
 Minister By Family  
 Music     
 Casket Wagon (1)  
 Physician     
 County or City Burial     
 Automobiles 3 v 5  
 Baggage or Express Train No.   

15.00

5.00

15.00

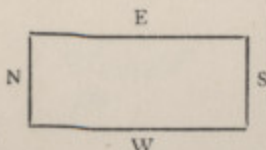
201.25  
 1.25

202.50

# Carey Hand Funeral Home

Name of deceased *Mr Jacob E. Vite*  
 Date of death *Fri Dec 11-42* P.M.  
 Cause of death *Angina Pectoris*  
 Place of death *Boardway Fla.*  
 Residence *Wiles Indch.*  
 Age *83* Y'rs *9* Mo's *13* Days  
 Weight \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Eyes \_\_\_\_\_  
 Funeral at *Destination*  
 Date *Dec 11* 194 *2* M  
 Account charged *Glen E. Vite*  
 Address \_\_\_\_\_  
 Account guaranteed *check*  
 Address \_\_\_\_\_  
 Embalming *Dressing*  
 Robe, Suit, Dress \_\_\_\_\_  
 Underwear and Hose \_\_\_\_\_  
 Casket *6-6- Metal Sun M-Tri* 475.00  
 Casket with Copper Lin. *Inner*  
 Style of Casket *Lot H. Cap*  
 No. of Casket *Garfield*  
 Outside Box *Reg*  
 Shipping Case or Vault \_\_\_\_\_  
 Handles *Ext*  
 Pillow Set *yes*  
 Name Plate *yes*  
 Cemetery *Destination*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_

I Other Graves



X Grave on this date

Cremation *Tel. & Tel* 8<sup>15</sup> 5.00  
 Urn \_\_\_\_\_  
 Single Grave \_\_\_\_\_  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped to *Buchanan, Mich*  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram *Phone 438*  
 Minister \_\_\_\_\_  
 Music \_\_\_\_\_  
 Casket Wagon *(2)* 10.00  
 Physician *Dr*  
 County or City Burial \_\_\_\_\_  
 Automobiles *Express* 88.83  
 Baggage or Express Train No. *72*  
*Sun Night 12-13-42* 613.83



# Carey Hand Funeral Home

Name of deceased *Miss Dorothy E. Brynner*  
 Date of death *Fri Dec 11-42* *3:30 P.M.*  
 Cause of death \_\_\_\_\_  
 Place of death *Res.*  
 Residence *Winter Park*  
 Age *82* Y'rs *3* Mo's *11* Days \_\_\_\_\_  
 Weight *80* Height *5* ft. *4* in. Eyes \_\_\_\_\_  
 Funeral at *Chapel*  
 Date *Thurs Dec 15* 1942 *4 P.M.*  
 Account charged *Miss Jennie M. Brynner*  
 Address *W. Park 5500 Opera-*  
 Account guaranteed *Batons*  
 Address \_\_\_\_\_  
 Embalming *Y D* 35.00  
 Robe, Suit, Dress ✓  
 Underwear and Hose ✓  
 Casket *6-6- R. Co State* 325.00  
 Casket with Copper Lin. ✓  
 Style of Casket *R. Co State*  
 No. of Casket *48- Tampa*  
 Outside Box *Reg* *and*  
 Shipping Case or Vault ✓  
 Handles *Ext*  
 Pillow Set *yes*  
 Name Plate \_\_\_\_\_  
 Cemetery *Dist*  
 Section \_\_\_\_\_ Lot \_\_\_\_\_  
 I Other Graves E  

N
S
W

Vault

#

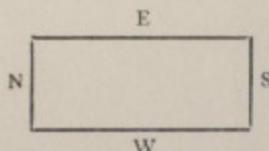
 X Grave on this date  
 Cremation *Vault* *500 P. No.*  
 Urn \_\_\_\_\_ 30.00  
 Single Grave *6- Mo V. ant*  
 Opening and Closing Grave \_\_\_\_\_  
 Body Shipped *to Mrs R.C.*  
 R. R. Ticket \_\_\_\_\_  
 Cash advanced \_\_\_\_\_  
 Autos \_\_\_\_\_  
 Telegram \_\_\_\_\_  
 Minister *Rev Chidister*  
 Music \_\_\_\_\_  
 Casket Wagon \_\_\_\_\_  
 Physician *Dr. Gardner*  
 County or City Burial \_\_\_\_\_  
 Automobiles *21* 10.00  
 Baggage or Express Train No. *B*  

400.00

# Curry Hand Funeral Home

Name of deceased *John A. et al*  
 Date of death ..... M  
 Cause of death .....  
 Place of death .....  
 Residence .....  
 Age..... Y'rs..... Mo's..... Days.....  
 Weight..... Height..... ft..... in. Eyes.....  
 Funeral at .....  
 Date ..... 194..... M  
 Account charged .....  
 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 .....  
 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. ....