

3-22-1943

Memoranda Book 157: Carey Hand Funeral Home records, March 22, 1943 to May 11, 1943

Carey Hand Funeral Home

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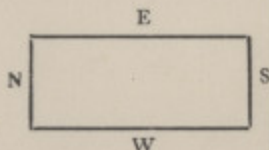
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Carey Hand Funeral Home

Name of deceased *Paul H Mathes*
 Date of death *Mon. Mar-22-43 5 P.M.*
 Cause of death *air plane crash*
 Place of death *McLeod Field S.W. of City*
 Residence *Jacksonville Fla*
 Age *26* Yrs *3* Mo's *3* Days
 Weight *200* Height *6* ft. in. Eyes
 Funeral at *Deat*
 Date *194* M
 Account charged *O Allen Mathes* *(310)*
 Address *Jacksonville Fla P.O.B-868*
 Account guaranteed *Yes*
 Address
 Embalming *Yes* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6-12 cloth* *225.00*
 Casket with Copper Lin.
 Style of Casket *B. Ca State*
 No. of Casket *2-48-Tampa*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *crucifix*
 Cemetery *Deat*
 Section Lot

I Other Graves



X Grave on this date

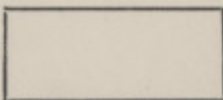
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *New Albany Ind*
 R. R. Ticket
 Cash advanced *Express to Jax*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon *2* *10.00*
 Physician *Judge Duckworth J.P.*
 County or City Burial
 Automobiles *and car* *5.00*
 Baggage or Express Train No. *92*

X Jax extra
stay one night
Had man for to
New Albany Ind
for sev burial
325.00

accident McLeod Field

Carey Hand Funeral Home

Name of deceased Mr John Rogers
 Date of death Tues Jan 23-43 M 4
 Cause of death _____
 Place of death Golden Rod
 Residence Golden Rod
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M _____
 Account charged _____
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming ✓ 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 275.00
 Casket with Copper Lin. ✓
 Style of Casket R. C. style
 No. of Casket 48 Temp
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Lake Howell
 Section _____ Lot _____

I Other Graves 
 X Grave on this date _____

Cremation _____
 Urn Auto P. B. & Min 5.00
 Single Grave _____
 Opening and Closing Grave ✓ 15.00
 Body Shipped to Cash & Min 5.00
 R. R. Ticket _____
 Cash advanced Express 94.55
 Autos _____
 Telegram _____
 Minister Morgan
 Music Organ
 Casket Wagon 10.00
 Physician P. P. Sanford
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

Honey Wright
in charge
355.00
5.00
350.00
\$ 419.55

Carey Hand Funeral Home

Name of deceased Mrs Lena Ferguson
 Date of death Tues Mar - 23 - 43 5:30 PM
 Cause of death Congestive Heart Failure
 Place of death Smith Nursing Home
 Residence Concord Ave
 Age 71 Y'rs. 4 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date _____ 1943 _____ M
 Account charged Lena Ferguson
 Address Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming Yes 25.00
 Robe, Suit, Dress White Rd. Dress 35.00
 Underwear and Hose 5
 Casket 4-3- In. Box 90.00
 Casket with Copper Lin. Yes
 Style of Casket Open Top
 No. of Casket 72 - Tampa
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Ext
 Pillow Set Yes
 Name Plate Victory at
 Cemetery Concord Fla
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

E
 N S
 W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Expenses to Cemetery 20.00
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Brooks
 County or City Burial _____
 Automobiles Cadillac Concord 108.00
 Baggage or Express Train No. 8

253.00

Carey Hand Funeral Home

Name of deceased ANNA WETTERSTRAND
 Date of death Mar 21-43 M
 Cause of death Cancer
 Place of death Lakeland
 Residence _____
 Age 48 Y'rs. 0 Mo's. 16 Days
 Weight 126 Height 5 ft. 9 in. Eyes _____
 Funeral at Lakeland
 Date _____ 1943 M
 Account charged Gentry Ingerson
 Address Lakeland Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body, gilded
 No. of Casket by Express
 Outside Box Box # 86
 Shipping Case or Vault Red Tanning
 Handles 3-24-43
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

X Grave on this date

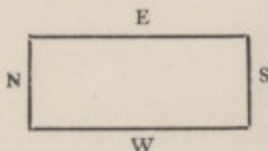
Cremation Body cremated P.M.
 Urn Red 3-24-43
 Single Grave _____
 Opening and Closing Grave Hill Call
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Mrs Ida Lee M. Clifton*
 Date of death *Mar. 24-43* *9 P. M*
 Cause of death *Pul. Tuberculosis*
 Place of death *Stat. T.B. Hospital*
 Residence *De Funiak Springs*
 Age *44* Y'rs. *5* Mo's. *16* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged _____
 Address *W. De Funiak Springs Fla*
 Account guaranteed _____
 Address _____
 Embalming ☒ *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *Funeral Director*
 No. of Casket *Came for Body*
 Outside Box *by auto*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

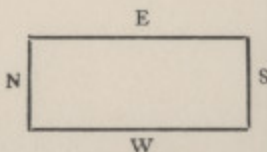
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *(1)* *5.00*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage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

40.00
57

Carey Hand Funeral Home

Name of deceased Thomas B. Gentry
 Date of death 3-22-43 M
 Cause of death _____
 Place of death _____
 Residence Lakeland Fla
 Age 75 Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lakeland
 Date _____ 194 _____ M
 Account charged Gentry Funeral Home F.H.
 Address Lakeland
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin Body covered
 Style of Casket by Express
 No. of Casket 233-762
 Outside Box Thurs Mar 25-43
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



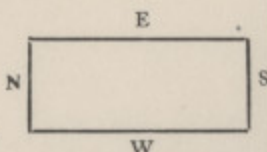
X Grave on this date

Cremation _____
 Urn wooden
 Single Grave Express Ashes
 Opening and Closing Grave _____
 Body Shipped to Gentry Funeral Home
 R. R. Ticket Fla. North
 Cash advanced Lakeland Fla
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 37.50

Carey Hand Funeral Home

Name of deceased Baby Peggy Sue Hatford
 Date of death Thurs Nov 25 - 43 P M
 Cause of death _____
 Place of death Res Winter Garden
 Residence Winter
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Charity Note
 Address _____
 Account guaranteed _____
 Address _____
 Embalming Yes 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3-0 Hatford 42.50
 Casket with Copper Lin. _____
 Style of Casket Oct. N. Pop.
 No. of Casket 103 Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Reg
 Pillow Set yes
 Name Plate ☒
 Cemetery Dix
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Hatford Ala 45.10
 R. R. Ticket 1392 1837 1837 ~~50~~ ~~55~~
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon H. G. & Sta 10.00
 Physician Dr. Sinclair
 County or City Burial _____
 Automobiles _____
 Baggage or ~~Express~~ Train No. _____

122.60

or cash

35.00

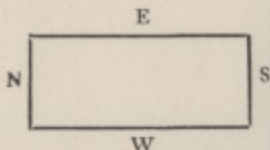
887.60

Dix

Carey Hand Funeral Home

Name of deceased Charles A. Codurise
 Date of death Mar 24-43 M
 Cause of death _____
 Place of death Res
 Residence Fit Meyer
 Age 80 Y'rs. 8 Mo's. 17 Days _____
 Weight 98 Height 5 ft 7 in. Eyes _____
 Funeral at _____
 Date _____ 194 M
 Account charged Lawrence Powell
 Address Fit Meyer
 Account guaranteed OK -
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Cody Squired
 Casket with Copper Lin. 155 - A M
 Style of Casket Feb-26-3-26-43
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cody 88 - A M
 Handles Cremation
 Pillow Set 3-26-43 -
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

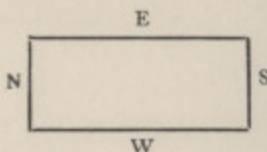
Cremation _____
 Urn wooden
 Single Grave Ashes Exposed
 Opening and Closing Grave X
 Body Shipped to Carey Hand
 R. R. Ticket Fit Meyer
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____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

37.50

Carey Hand Funeral Home

Name of deceased *Miss Mary Jane Richardson*
 Date of death *Sat. Mar - 27 - 1943 3:45 A M*
 Cause of death _____
 Place of death *Veteran's*
 Residence *North Hampton Mass*
 Age *79* Y'rs. *1* Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Deat* _____
 Date _____ 194 _____ M
 Account charged *Miss Pudence Richardson*
 Address *338 E. Jackson*
 Account guaranteed *Catote*
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-6-8-8-14th* 275.00
 Casket with Copper Lin. ☒
 Style of Casket *R. Co. State*
 No. of Casket *7-48-Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Deat*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *North Hampton Mass*
 R. R. Ticket *Excess*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *32*
 Physician *Dr. R. White* 10.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92*
Apr - 21 - 43

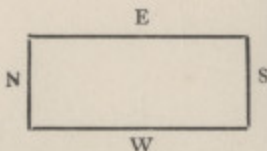
39 Massachusetts Ave
North Hampton Mass

320.00

Carey Hand Funeral Home

Name of deceased Mr Geo H. Bridges
 Date of death Sat - Mar 27-43 P M
 Cause of death _____
 Place of death Res -
 Residence Longwood
 Age _____ Yrs. _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon 3-29-43 194 2-P M
 Account charged Mrs Geo H. Bridges
 Address Longwood Fla
 Account guaranteed Estate
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-2 4-2 75.00
 Casket with Copper Lin. _____
 Style of Casket Geo H. Corp
 No. of Casket 22 Tampa
 Outside Box _____
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

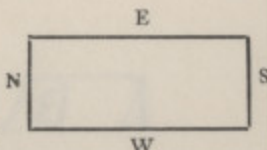
Cremation Cremation 50.00
 Urn _____
 Single Grave Body Cremated
 Opening and Closing Grave 8-4 m
 Body Shipped to Tam 3-30-43
 R. R. Ticket _____
 Cash advanced will call for
 Autos _____
 Telegram _____
 Minister Dean
 Music _____
 Casket Wagon X Res - 10.00
 Physician Dr. Hottel
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

770.00

Carey Hand Funeral Home

Name of deceased John R. Davis
 Date of death Oct. 3-27-43 P. M.
 Cause of death Shot through Heart
 Place of death Winter Park 1120 Orlando Ave
 Residence Tallahassee
 Age 22 Y'rs 3 Mo's 11 Days
 Weight 150 Height 5 ft 4 in. Eyes Blue
 Funeral at Home
 Date Oct 30 1943 M
 Account charged John R. Davis
 Address Tallahassee Fla
 Account guaranteed Cash
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress } 10.00
 Underwear and Hose } 10.00
 Casket 6-3-32 80.00
 Casket with Copper Lin. Yes
 Style of Casket Exp. N. Oak
 No. of Casket 22 Tampa
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Exp
 Pillow Set Yes
 Name Plate Yes
 Cemetery West
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Tallahassee
 R. R. Ticket _____
 Cash advanced Express 18.70
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician Duckworth
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92

Mon - Mon - 29-43 -

153.70

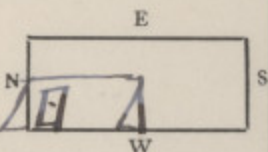
Carey Hand Funeral Home

Name of deceased Mr Geo H Ellman
 Date of death Mon Mar-29-43 P. M
 Cause of death _____
 Place of death Res
 Residence 1810 — Cook Ave
 Age 81 Y'rs. 9 Mo's. 7 Days _____
 Weight 140 Height 5 ft 8 in. Eyes _____
 Funeral at Chapel
 Date Wed Mar 31- 1943 4 P. M
 Account charged Mrs Geo H Ellman
 Address 1810 Cook St - Orlando Fla
 Account guaranteed Mrs Cook at F. Nat Bank
 Address _____
 Embalming & Dress 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4 1/2 x 6 1/2 x 1 1/2 - E. 250.00
 Casket with Copper Lin. _____
 Style of Casket R. C. State
 No. of Casket 7-48-Tomp. a
 Outside Box Yes
 Shipping Case or Vault Great Vault 60.00
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section S- NW 1/4 Lot 51

I Other Graves

Head of
Grave East

X Grave on this date



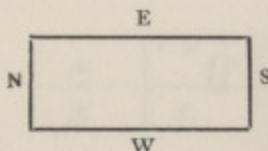
Cremation 1 - Gato P.O. M. 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave Teale 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Burial 21 68.75
 Autos _____
 Telegram _____
 Minister Rev Geo Trapp
 Music Organ 5.00
 Casket Wagon Malloy
 Physician Dr. Malloy
 County or City Burial _____
 Automobiles S. 1 15.00
 Baggage or Express Train No. _____

453.75

Carey Hand Funeral Home

Name of deceased *Mr. J. Edwin Murphy*
 Date of death *Mon. Mar. 29 1943 A.M.*
 Cause of death *arterio-sclerotic heart*
 Place of death *O. J. H.*
 Residence *Baltimore*
 Age *66* Y'rs. *11* Mo's. *13* Days
 Weight *235* Height *5* ft. *10* in. Eyes *blue*
 Funeral at *St. Ignace*
 Date *Mar. 30 1943* M
 Account charged *Julia A. Murphy*
 Address *Baltimore Md*
 Account guaranteed *Estate*
 Address *4 Suss*
 Embalming *Yes* 35.00
 Robe, Suit, Dress *Yes*
 Underwear and Hose *Yes*
 Casket *6-6-6 Birch B. 6th* 465.00
 Casket with Copper Lin. *Yes*
 Style of Casket *R. Ca. 3rd*
 No. of Casket *6000 Shiner*
 Outside Box *Reg*
 Shipping Case or Vault *Yes*
 Handles *Ext*
 Pillow Set *Geo*
 Name Plate *Yes*
 Cemetery *West*
 Section *1* Lot *1*

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Baltimore Md.*
 R. R. Ticket _____
 Cash advanced *Express* 66.29
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *2* 10.00
 Physician *Dr. Mallory*
 County or City Burial _____
 Automobiles *amb. Serv* 5.00
 Baggage or Express Train No. *92*

Mon 3-29-43

581.29

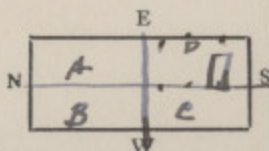
66.29

\$515.00

Carey Hand Funeral Home

Name of deceased Dennis B Woodward
 Date of death Tues. Mar. 30-43 1:30 AM
 Cause of death O.G.H.
 Place of death O.G.H.
 Residence Winter Park 429 Jones Place
 Age 42 Y'rs 3 Mo's 10 Days
 Weight 201 Height 6 ft. in. Eyes
 Funeral at Chapel
 Date 194 M
 Account charged Mrs D.B. Woodward
 Address Winter Park 429 Jones Place
 Account guaranteed
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Dr. in Plank 195.00
 Casket with Copper Lin.
 Style of Casket Cel. 1/2 c
 No. of Casket 1922- Chair
 Outside Box Reg -
 Shipping Case or Vault Consent by Family
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery John Cemetery W. Park
 Section 87- Lot A

I Other Graves



X Grave on this date

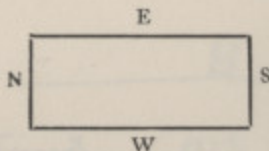
Cremation one aut 5.00
 Urn
 Single Grave
 Opening and Closing Grave T & etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon (1) 5.00
 Physician
 County or City Burial
 Automobiles 3 & 5 15.00
 Baggage or Express Train No. BB

270.00

Carey Hand Funeral Home

Name of deceased Linwood A. Walters
 Date of death Wed Apr 30 1:15 PM
 Cause of death Complications of liver
 Place of death D. G. H.
 Residence S. Orange Blossom Trail
 Age 53 Y'rs. 2 Mo's. 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs Apr 1st 1943 11:20 AM
 Account charged Mrs P. A. Walters
 Address S. Orange Blossom Trail - Shohar
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 1/2 x 8 1/2
 Casket with Copper Lin. ✓
 Style of Casket Eng. H. Cat
 No. of Casket 72 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yls
 Name Plate —
 Cemetery Restoration
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Merriam RR 31.84
 Urn East RR (2) 21.90 43.80
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Alexandria Va.
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music Organ
 Casket Wagon (2) 10.00
 Physician Dr. Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 B

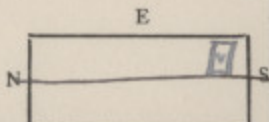
Thurs Night 4-1-43 210.64

4209 of Ins -

Carey Hand Funeral Home

Name of deceased Mr. Norman L. Bryan.
 Date of death Mar. 30 2:40 P.M.
 Cause of death Cerebral Hemorrhage
 Place of death C. F. H. Arthur Seligman
 Residence 1522 - E. Central ave
 Age 65 Y'rs. 5 Mo's. 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, Apr 2 1943 5 P.M.
 Account charged Mr. Norman L. Bryan
 Address 1522 - E. Central ave
 Account guaranteed State
 Address _____
 Embalming ☒ Dressing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 4-3- Metal Ox & Tin 475.00
 Casket with Copper Lin. ☒
 Style of Casket State 1/2 C
 No. of Casket Stevens Shine
 Outside Box Ref
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section ☒ E 1/2 - Lot X7

I Other Graves



X Grave on this date

Lot Bought Direct W 137 1/2

Cremation - 2 - P.B Cars

Urn Car min

Single Grave Car Family

Opening and Closing Grave etc 15.00

Body Shipped to _____

R. R. Ticket 2 Autos 15.00

Cash advanced _____

Autos _____

Telegram _____

Minister Rev. Carroll Tucker

Music Organ Quartet by church 5.00

Casket Wagon (1)

Physician Dr. M. Mallory

County or City Burial _____

Automobiles S.F.S. 15.00

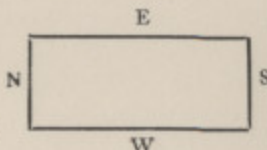
Baggage or Express Train No. 5

560.00

Carey Hand Funeral Home

Name of deceased *Mrs. Gertude Sebring*
 Date of death *Wed Mar 31-43* *At 10 AM*
 Cause of death *Cancer of Cervix*
 Place of death *Res -*
 Residence *623 West Concord*
 Age *Y's* *Mo's* *Days*
 Weight *Height* *ft.* *in.* *Eyes*
 Funeral at *Chapel*
 Date *Thurs Apr -1- 1943-* *2 P. M*
 Account charged *Mrs. G. Sebring*
 Address *623 W. Concord*
 Account guaranteed *Estate Paid*
 Address *2*
 Embalming *Yes* *#28879*
 Robe, Suit, Dress *Rose*
 Underwear and Hose
 Casket *6-6 Metal Shaded By Fin*
 Casket with Copper Lin.
 Style of Casket *State 1/2 C*
 No. of Casket *2007 - C.F.B.*
 Outside Box *Reg -*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *✓*
 Cemetery *West*
 Section *Lot*

I Other Graves



X Grave on this date

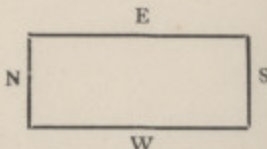
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Race* *Penn*
 R. R. Ticket
 Cash advanced *Express* *86.14*
 Autos
 Telegram
 Minister *W. M. Smith*
 Music *Organ*
 Casket *Wagon* *(2)* *10.00*
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. *76*
Thurs Night Apr 1-43 *573.14*

Paid

Carey Hand Funeral Home

Name of deceased Rev Clarence A Vincent
 Date of death Wed. Mar 31-43 9:15 AM
 Cause of death _____
 Place of death Res-490 Chase Ave
 Residence Winter Park
 Age 83 Yrs. 3 Mo's. 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Memorial Cong Church - W.P.
 Date Sat. April 30 1943 3 AM
 Account charged Mrs C A Vincent
 Address 490 Chase Ave W. Park
 Account guaranteed Estate
 Address _____
 Embalming Serv Chg 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Care 10.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

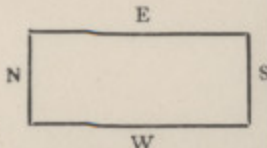
Cremation Cremated 50.00
 Urn Body Cremated 8 AM
 Single Grave Thurs Apr-1-43
 Opening and Closing Grave _____
 Body Shipped to Memorial Serv
 R. R. Ticket at Cong Church
 Cash advanced W. Park 4-
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

90.00

Carey Hand Funeral Home

Name of deceased Milton C. Kepler
 Date of death April 2nd M
 Cause of death Cause not given on form
 Place of death Residence
 Residence Mount Gora, Fla.
 Age 58 Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Rehbaum Fun Home
 Address Mt Gora, 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 Friday
 Outside Box 1:30 P. m.
 Shipping Case or Vault Apr 2-43
 Handles
 Pillow Set
 Name Plate Body Cremated
 Cemetery Sat 8 A. m.
 Section Apr 3-43 Lot

I Other Graves



X Grave on this date

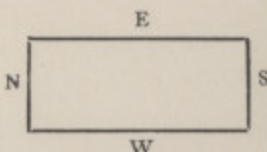
Cremation Ashes expressed to
 Urn Rehbaum F. Home
 Single Grave Mt Gora, Fla.
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750

Carey Hand Funeral Home

Name of deceased Geo F. Noyes
 Date of death Wed Apr 2-43 145 P. M
 Cause of death _____
 Place of death Holiday Nursing Home
 Residence Portland Maine
 Age 78 Y's 8 Mo's 24 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at sect
 Date _____ 194 _____ M
 Account charged Edward S. Noyes
 Address 443 Congress street Portland
 Account guaranteed State
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 br Bed-C. 345.00
 Casket with Copper Lin. ✓
 Style of Casket Det. N. Cap.
 No. of Casket 2638 Shure
 Outside Box Reg. Pail 10.00
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate Kenneth State
 Cemetery sect
 Section _____ Lot _____

I Other Graves



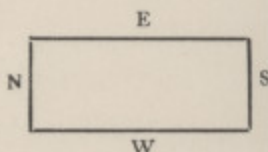
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Portland Maine
 R. R. Ticket Exp 10058-302 Tot 103.60
 Cash advanced _____
 Autos _____
 Telegram (2) 76-76 1.52
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician A. G. Johnson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76
Sat Night 4-5-43 305.12

Carey Hand Funeral Home

Name of deceased *Mrs Marie E Kelley*
 Date of death *Sat apr 3-43* *AM*
 Cause of death _____
 Place of death *O.S.H.*
 Residence *Onida New York*
 Age _____ Y's _____ Mo's _____ Days _____
 Weight *180* Height *5* ft. *6* in. Eyes _____
 Funeral at *Onida*
 Date _____ 194 _____ M
 Account charged *Mr*
 Address _____
 Account guaranteed *OK*
 Address _____
 Embalming *+ Juss* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3-52 Doe* 110.00
 Casket with Copper Lin. ☒
 Style of Casket *Set H.C*
 No. of Casket *1972 Tampa*
 Outside Box *R-19*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ☒
 Cemetery *Onida*
 Section _____ Lot _____

I Other Graves



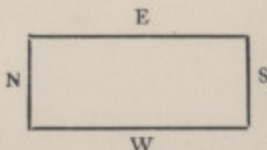
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Onida N.Y.* 82.08
 R. R. Ticket *3374 - 4834*
 Cash advanced *Ext* 5.00
 Autos *with Ser*
 Telegram _____
 Minister _____
 Music _____ 10.00
 Casket Wagon *(2)*
 Physician *J. M. Swan*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *74*
Sat Night 4-3-43 242.08

Carey Hand Funeral Home

Name of deceased Arthur H. Barlow
 Date of death Sat Apr 3-43 AM
 Cause of death _____
 Place of death Res
 Residence West Church
 Age 64 Yrs. 2 Mo's. 18 Days _____
 Weight 170 Height 5 ft. 9 in. Eyes _____
 Funeral at Chapel
 Date Tues. Apr 6- 1943 4:00 M
 Account charged Mrs R. H. Barlow
 Address 1028-23rd St Orlando Fla
 Account guaranteed Payor's
 Address _____
 Embalming Y. D. Ross 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- in Doe 115.00
 Casket with Copper Lin. _____
 Style of Casket Oct No. 2
 No. of Casket 1972 Temp. 2
 Outside Box Reg
 Shipping Case, or Vault _____
 Handles Ext _____
 Pillow Set yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

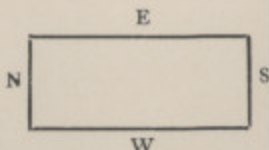
Cremation Family Can No Chg
 Urn Can 5.00
 Single Grave P. B 9:15 AM 15.00
 Opening and Closing Grave Is etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____ 1.24
 Telegram Dr McNair 3.50
 Minister Dr McNair 5.00
 Music yes
 Casket Wagon Q
 Physician _____
 County or City Burial _____
 Automobiles 2 & 3 15.00
 Baggage or Express Train No. _____

798.74

Carey Hand Funeral Home

Name of deceased William H. Henns
 Date of death Sat- Apr 3-43 7 M
 Cause of death _____
 Place of death Tela Sant
 Residence Edmond B.T. & 2- Lockhart
 Age 6 Y'rs. 6 Mo's. 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Apr 5 1943 4 P.M
 Account charged Noah Henns
 Address _____
 Account guaranteed Ins - Life & C
 Address _____
 Embalming Yes
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 5-0 H. Plunk
 Casket with Copper Lin. _____
 Style of Casket Set H. C
 No. of Casket 103- 4000/2
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Set
 Pillow Set Yes
 Name Plate _____
 Cemetery Buenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave White
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Yna Henns
 Autos _____
 Telegram _____
 Minister _____
 Music Organ
 Casket Wagon _____
 Physician Dr. Larson
 County or City Burial _____
 Automobiles 5 & 5
 Baggage or Express Train No. _____

25.00
 3.50
 25.00

25.00
 10.00

5.00

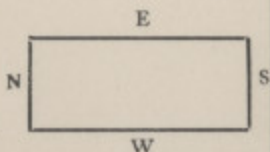
15.00

750.50

Carey Hand Funeral Home

Name of deceased *Mr Chas Phillips*
 Date of death *at age 3-43* P. M.
 Cause of death _____
 Place of death *Res*
 Residence *823 Bassar st*
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight *180* Height *5 ft 7* in. Eyes _____
 Funeral at *Chapel*
 Date *Sun Apr 11* 19*43* *4 P. M*
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *40* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *4-3-52 Oak* 125.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct-St. Oak*
 No. of Casket *1922 Temp. 2*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate ✓
 Cemetery *Woodlawn*
 Section _____ Lot _____

I Other Graves



X Grave on this date

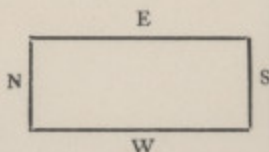
Cremation *P.O. Car* 5.00
 Urn *mini Car* 5.00
 Single Grave _____
 Opening and Closing Grave *T. & H.* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Fanrell Tucker* 5.00
 Music *yes* 5.00
 Casket Wagon _____
 Physician *Dr. Gray*
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. _____

210.00

Carry Hand Funeral Home

Name of deceased *Mr James R. Squires*
 Date of death *Sat Apr 3-43* P.M.
 Cause of death _____
 Place of death *Res-*
 Residence *448 E. 6th Ave*
 Age *76* Y'rs *1* Mo's *11* Days
 Weight *180* Height *5* ft. *8* in. Eyes _____
 Funeral at *West*
 Date _____ 194 *4* M
 Account charged *Mrs Edith Squires*
 Address *448 E. 6th*
 Account guaranteed *OK*
 Address _____
 Embalming *& Dress* 35.00
 Robe, Suit, Dress _____ 10.00
 Underwear and Hose _____ 125.00
 Casket *6-3-3 in Joe*
 Casket with Copper Lin. _____
 Style of Casket *Oct 1/2 Cap.*
 No. of Casket *1972-9*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *2 for*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Burial*
 Urn *Cella Ga-*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Fitzgerald Ga*
 R. R. Ticket *Express 1894-04* 19.50
 Cash advanced _____ 5.00
 Autos *Cornel Sen* .75
 Telegram *-1-*
 Minister _____
 Music _____
 Casket Wagon *Dr J. M. Swan* 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

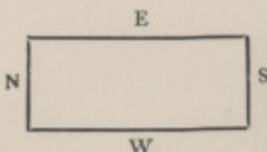
205.25

25.
205.00

Carey Hand Funeral Home

Name of deceased *Mr Geo F. Carleton*
 Date of death *April 3rd* P. M.
 Cause of death *Mixed Choro Myocarditis*
 Place of death *Q. 3rd N.*
 Residence *Haverhill Mass*
 Age *80* Y'rs. *4* Mo's. *3* Days
 Weight *170* Height *6* ft. *—* in. Eyes *—*
 Funeral at *Deat*
 Date *—* 194 *—* M
 Account charged *Mrs John F. Rines*
 Address *54 Everett Ave Winchester*
 Account guaranteed *Estate Mass*
 Address *—*
 Embalming *& Dress* 35.00
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-6 Metal Big 7 in* 1075.00
 Casket with Copper Lin. *James*
 Style of Casket *R. Co Slate*
 No. of Casket *Belmont*
 Outside Box *R-19*
 Shipping Case or Vault *✓*
 Handles *Ext -*
 Pillow Set *Geo Taylor*
 Name Plate *Name & Date*
 Cemetery *Deat*
 Section *—* Lot *—*

I Other Graves



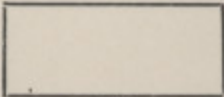
X Grave on this date

Cremation *Funeral*
 Urn *Haverhill Mass*
 Single Grave *—*
 Opening and Closing Grave *—*
 Body Shipped to *Boston Mass* 182.00
 R. R. Ticket *—*
 Cash advanced *—*
 Autos *To New England* 17.50
 Telegram *(1)* 1.24
 Minister *Officer & New England* 35.00
 Music *Excess Baggage* 39.61
 Casket Wagon *(2)* 12.00
 Physician *D. Mallory*
 County or City Burial *—*
 Automobiles *—*
 Baggage or Express Train No. *—*

Shipped Body To E. C. Loader 39.00
at New England Monday
Apr - 6 - 43 - 12.30 Noon

H. G. Babcock
in Charge here

Carey Hand Funeral Home

Name of deceased Albert Allison Farley
 Date of death April 3rd 194 P. M.
 Cause of death _____
 Place of death Fla. Sanit.
 Residence Three Lakes Wis.
 Age 22 Y'rs. — Mo's. 7 Days _____
 Weight 135 Height 5 ft. 7 in. Eyes _____
 Funeral at No Service
 Date _____ 194 _____ M
 Account charged Mrs. Mary Farley Wife
 Address Altamont Springs Fla.
 Account guaranteed _____
 Address _____
 Embalming See tag 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Cash - 20.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Cremation 50.00
 Urn Brass 75.00
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated 8 AM
 R. R. Ticket Mon Apr 5-42
 Cash advanced _____
 Autos will pay for
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon 1 5.00
 Physician Dr. Ruth Smith
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 3

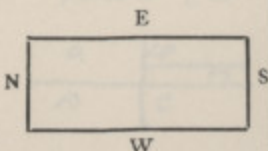
175.00

Carey Hand Funeral Home

Ronald Out

Name of deceased *Behr* *Hansel*
 Date of death *Sat apr 3-43* *106 H* M
 Cause of death *Oslof*
 Place of death *Oslof*
 Residence *610 N. Mill*
 Age *4* Y'rs. *4* Mo's. *4* Days
 Weight *140* Height *5* ft. *10* in. Eyes *Blue*
 Funeral at *194* M
 Date *194* M
 Account charged *J. C. Hansel*
 Address *610 N. Mill St*
 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 *194* Lot *194*

I Other Graves



X Grave on this date

Cremation *Cremation*
 Urn
 Single Grave *Body cremated*
 Opening and Closing Grave *8-4 m*
 Body Shipped to *Tues- 4-6-43*
 R. R. Ticket
 Cash advanced *will call for*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr. Gray*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5. 00

5. 00

Carey Hand Funeral Home

Name of deceased Edgar Lindsey Hall
 Date of death Sun Apr 4-43 8 M
 Cause of death Cardiac Thrombosis
 Place of death Res -
 Residence Suburban Homes Golden Rod
 Age 50 Y'rs 2 Mo's 9 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Apr 7 1943 3 P. M
 Account charged Mrs E L Hall
 Address Orlando St 4-
 Account guaranteed Estate
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- in 4s Clark 195.00
 Casket with Copper Lin. ✓
 Style of Casket Set 12-e
 No. of Casket 1937 S-
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Palm Cemetery
 Section W 1/2 Lot D - Blk 80 Lot _____
 I Other Graves

	E	
a	ap	
N		S
B	c	
	W	

 X Grave on this date _____
 Cremation P.B 5.00
 Urn min 5.00
 Single Grave _____
 Opening and Closing Grave 1 & 1/2 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev L. G. Fairbanks
 Music Organ 5.00
 Casket Wagon (1) Gardner
 Physician Dr. Gardner
 County or City Burial _____
 Automobiles 8 & 5 15.00
 Baggage or Express Train No. 8

335.00

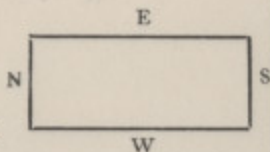
Carey Hand Funeral Home

Name of deceased Baby Geo. Gaston Jr 4th
 Date of death Sun Apr - 4 - 43 P.M.
 Cause of death Tub. Sept -
 Place of death Tub. Sept -
 Residence _____
 Age — Y'rs. 3 Mo's. 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Apr 5 - 1943 12 noon M
 Account charged Geo. Gaston
 Address Delmar Rd - 4 -
 Account guaranteed _____
 Address _____
 Embalming Yes 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2-6-14 Plush 32.50
 Casket with Copper Lin. ✓
 Style of Casket Oct. 14 1943
 No. of Casket 103 - Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Reg
 Pillow Set Yes
 Name Plate ✓
 Cemetery Greenwood
 Section P. Lot 43
space 7 1/2 -
 E
 I Other Graves Miss Sam Homan
Lot
 X Grave on this date
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister A. Fred Turner
 Music Organ
 Casket Wagon _____
 Physician Dr. Larson
 County or City Burial _____
 Automobiles closed car 5.00
 Baggage or Express Train No. _____
67.50

Carey Hand Funeral Home

Name of deceased Dexter Ray Wilcoxson
 Date of death Apr 2-43 M
 Cause of death not given in Permit
 Place of death Hospital Deland Fla
 Residence _____
 Age 25 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Apr 4-1943 4 P. M
 Account charged Mrs D R Wilcoxson
 Address _____
 Account guaranteed Mrs Gulf-
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 State Metal 1/2 E.
 Casket with Copper Lin. _____
 Style of Casket Sumnerhill height
 No. of Casket Body to Deland-
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section G Lot _____

I Other Graves



X Grave on this date

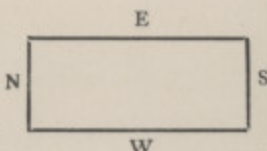
Cremation _____
 Urn _____
 Single Grave White 25.00
 Opening and Closing Grave 15.00
 Body Shipped to P. B. Can 5.00
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Clark
 Music Organ
 Casket Wagon
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

60.00

Carey Hand Funeral Home

Name of deceased *Infant in arms P. F. Gulach*
 Date of death *Apr 5-43* *6 A* M
 Cause of death *Still Born*
 Place of death *Res*
 Residence *505 Collins*
 Age *✓* Y'rs. *✓* Mo's. *✓* Days
 Weight Height ft. in. Eyes
 Funeral at *no serv*
 Date 194 M
 Account charged *Paul F. Gulach*
 Address *505 Collins*
 Account guaranteed
 Address
 Embalming *Cremation* *5.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body Covered*
 Style of Casket *B-A-M Tues 4-6-43*
 No. of Casket
 Outside Box *will call for*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

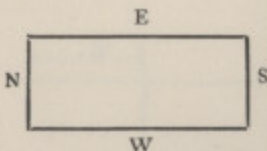
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr. Redding*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

5.00

Carey Hand Funeral Home

Name of deceased *Mrs Nancy Jane Holloway*
 Date of death *Thurs Apr 6-43* A.M.
 Cause of death _____
 Place of death *Res*
 Residence *Jellwood*
 Age *86* Y'rs. *7* Mo's. *10* Days _____
 Weight *125* Height *5* ft. *5* in. Eyes _____
 Funeral at *Chapel*
 Date *Thurs Apr 8* 194*3* 11 A.M.
 Account charged *Johnnie Holloway*
 Address *Apopka*
 Account guaranteed *Sons & Payorants*
 Address _____
 Embalming *& Dress* 35.00
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-De Gr Plunk* 195.00
 Casket with Copper Lin. *✓*
 Style of Casket *Det. 1/2-C.*
 No. of Casket *1927 - S*
 Outside Box *R-eg*
 Shipping Case or Vault *✓*
 Handles *Ext -*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *West*
 Section _____ Lot _____

I Other Graves



X Grave on this date

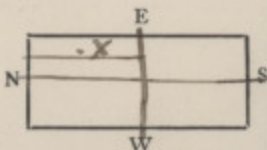
Cremation *Burial Opp Fla*
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Det. Funerals Spring*
 R. R. Ticket *1494 809 809* 31.12
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *By Family Rev Piffin*
 Music *yes*
 Casket Wagon *To Jellwood 10th Sta 50* 15.00
 Physician *Dr. Sennel*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92* 276.12

Thurs 4-8-43-

Carey Hand Funeral Home *Wales*

Name of deceased *Mrs Ethel W. Halls*
 Date of death *Thurs Apr 6-43* *A.M.*
 Cause of death *O.G.H.*
 Place of death *O.G.H.*
 Residence *London England*
 Age *62* Yrs *4* Mo's *14* Days
 Weight *125* Height *5 ft 4* in. Eyes
 Funeral at *Chapel*
 Date *Thurs Apr 8* 1943 *3 P.M.*
 Account charged *Mrs Charlotte Halls*
 Address *% R. M. Pherson Maitland*
 Account guaranteed
 Address
 Embalming *Y Dress* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-52 Doe* *125.00*
 Casket with Copper Lin. *H.C.*
 Style of Casket *Pat H.C.*
 No. of Casket *1972 Tampa*
 Outside Box *R-19*
 Shipping Case or Vault
 Handles *short*
 Pillow Set *Apr*
 Name Plate
 Cemetery *Palm Cemetery H.P.*
 Section *87 E 1/2 Lot A*

I Other Graves



X Grave on this date

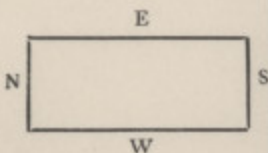
Cremation
 Urn
 Single Grave
 Opening and Closing Grave *4 etc* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram *Dean Johnson*
 Minister *Dean Johnson*
 Music *Organ* *5.00*
 Casket Wagon *Dr Mallons*
 Physician
 County or City Burial
 Automobiles *S.Y.S.* *15.00*
 Baggage or Express Train No. *3*

195.00

Carey Hand Funeral Home

Name of deceased Mr Robt L - Gravelby
 Date of death Wed. Mar 7-43 AM
 Cause of death Cardiac Failure
 Place of death W. La. Port
 Residence 631 - W. Station
 Age 64 Yrs. 4 Mo's. Days
 Weight 180 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs 4-18-43 1943 4:30 P.M.
 Account charged Mrs R. L. Gravelby
 Address 631 - W. Station
 Account guaranteed Estate
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-7 - Elm Doe 80.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 4 Cap
 No. of Casket 1
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

Cremation Cremation 50.00
 Urn wooden
 Single Grave Usual Family Plt
 Opening and Closing Grave Standard
 Body Shipped to Body Cremated
 R. R. Ticket 8-4 On Fri 4-9-43
 Cash advanced
 Autos
 Telegram
 Minister Dean Johnson
 Music Organ
 Casket Wagon 5.00
 Physician Dr. Bernstein
 County or City Burial
 Automobiles
 Baggage or Express Train No.

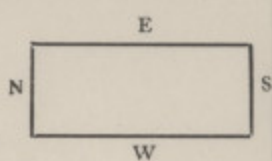
170.00

Carey Hand Funeral Home

Name of deceased Mr. Hugo Blondehl
 Date of death April 7 - 43 3 PM
 Cause of death Heart
 Place of death Res.
 Residence Winter Park Fla.
 Age 56 Y'rs Mo's _____ Days _____
 Weight 170 Height 5 ft. 10 in. Eyes Blue
 Funeral at Grave side
 Date Tue Apr 9 - 43 1943 4 P. M
 Account charged Mrs. B. Bachelor
 Address 520 North 2nd Winter Park Fla
 Account guaranteed Payor's
 Address _____

Embalming ☒
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Care 15.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation 50.00
 Section 65 Lot C

I Other Graves



X Grave on this date

Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave 9 5.00
 Body Shipped to Body Cremated
 R. R. Ticket 8-A-M Thurs 4-8-43
 Cash advanced _____
 Autos Burial on the
 Telegram Bachelor Lot
 Minister Rev. Chuter
 Music _____
 Casket Wagon (1) 5.00
 Physician E. G. Duckworth
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

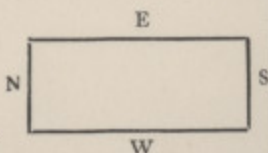
\$ 75.00

*had worked for Mrs
 Bachelor for several
 years at the Land Home*

Carey Hand Funeral Home

Name of deceased Malisa Nell Fuller
 Date of death April 4 M
 Cause of death Cerebral Arterial Sclerosis
 Place of death Lake Helen Fla
 Residence Lake Helen Fla
 Age 91 Y'rs 10 Mo's 13 Days
 Weight 20 Height 5 ft 5 in. Eyes
 Funeral at Lake Land Fla
 Date April 7 194 3 P. M
 Account charged Allen-Summerhill
 Address Lake Land, Fla F. H.
 Account guaranteed Check
 Address
 Embalming
 Robe, Suit, Dress Cremation 37 50
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body arrived
 Outside Box 5 P.M. Wed
 Shipping Case or Vault April 7-43
 Handles
 Pillow Set Body Cremated
 Name Plate 8 A.M. Thurs
 Cemetery April 8-43
 Section Lot

I Other Graves



X Grave on this date

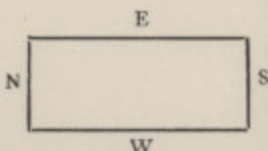
Cremation Ashes exposed
 Urn to -
 Single Grave Allen-Summerhill
 Opening and Closing Grave F. Home
 Body Shipped to Lake Land, Fla
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mrs Sarah E Bearden*
 Date of death *Thurs Apr 8-43* *6.30 P.M.*
 Cause of death _____
 Place of death *At. Home*
 Residence *804 Wilkinson*
 Age *71* Y'rs. *5* Mo's. *8* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date _____ 194 _____ M
 Account charged *H. C. Bearden*
 Address *804 Wilkinson*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *6/3 Grey Blush* *195.00*
 Casket with Copper Lin. _____
 Style of Casket *Oct 1/4 Couch*
 No. of Casket *1927 Shires*
 Outside Box *Rey*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Roswell, Ga.*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Burial*
 Urn *Roswell Ga*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Atlanta Ga*
 R. R. Ticket *15.92 11.33* *27.25*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev W. C. Clark*
 Music _____
 Casket Wagon *(2)* *10.00*
 Physician *Dr. Larson*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92 B*

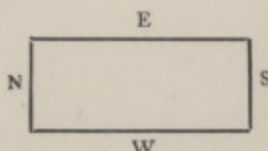
Sum Apr - 11 - 43

267.25

Carey Hand Funeral Home

Name of deceased *Dr. Louis Hoefnd Abel*
 Date of death *Fri Apr 9-43* 3:30 *MA*
 Cause of death *O.S.H.*
 Place of death *O.S.H.*
 Residence *White Plains N.Y.*
 Age *68* Y'rs. *4* Mo's. *19* Days
 Weight *150* Height *5* ft. *9* in. Eyes
 Funeral at *West*
 Date 194 *MA*
 Account charged *F. B. Von Kleeck Jr*
 Address *14 - Mamaronck - Nor*
 Account guaranteed *Estate*
 Address
 Embalming *Y. Duss* 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6 Metal Sil Fin* 435.00
 Casket with Copper Lin. *Same*
 Style of Casket *State H.C.*
 No. of Casket *1*
 Outside Box *Reg.*
 Shipping Case or Vault
 Handles *Ext.*
 Pillow Set
 Name Plate
 Cemetery *West*
 Section Lot

I Other Graves



X Grave on this date

Cremation *Burial Norwich Conn*
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *New London Conn*
 R. R. Ticket *Direct*
 Cash advanced
 Autos
 Telegram *Amo Service* 5.00
 Minister
 Music 10.00
 Casket Wagon *21*
 Physician *Dr. Mellous*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

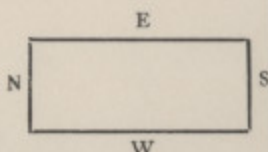
Fri 4-9-43

485.00

Carey Hand Funeral Home

Name of deceased Harbert Harry Jung
 Date of death April 9 - 1943
 Cause of death Sunshine Nursing Home
 Place of death Sunshine Nursing Home
 Residence 210 N. Shine St
 Age 56 Y'rs. 11 Mo's. 14 Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Monday April 12 1943
 Account charged Mrs N. N. Jung
 Address 210 N. Shine St
 Account guaranteed Estate
 Address
 Embalming Yes
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket Gray
 Casket with Copper Lin.
 Style of Casket Oct N.C.
 No. of Casket 1972 Tampa
 Outside Box
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

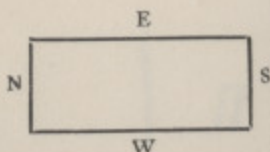
Cremation Body Cremated
 Urn 8a.m. Tuesday
 Single Grave April 13 - 43
 Opening and Closing Grave
 Body Shipped to Will call
 R. R. Ticket
 Cash advanced Auto Exp Insur
 Autos
 Telegram
 Minister Rev Geo Trapp
 Music
 Casket Wagon
 Physician Dr. P. Myers
 County or City Burial
 Automobiles
 Baggage or Express Train No.

185 00

Carey Hand Funeral Home

Name of deceased Mrs ANNA F. MORRIS
 Date of death Sun Apr 11-43 7 P.M.
 Cause of death Hemorrhage
 Place of death Res - 12 S. 1st St
 Residence 12 S. 1st St
 Age 77 Y's 1 Mo's 1 Days
 Weight 240 Height 5 ft 7 in. Eyes
 Funeral at Chapel
 Date Tues Apr 13-1943 5 P.M.
 Account charged Mrs W. H. Blackwood
 Address
 Account guaranteed Payments
 Address
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-xxx 175.00
 Casket with Copper Lin. ✓
 Style of Casket Set of 2
 No. of Casket 1972-1000.9
 Outside Box Box
 Shipping Case or Vault ✓
 Handles Set
 Pillow Set Set
 Name Plate ✓
 Cemetery Woodlawn
 Section Lot

I Other Graves



X Grave on this date

(2) P.B. Car 10.00
 Urn Car Urn
 Single Grave ✓ 15.00
 Opening and Closing Grave ✓
 Body Shipped to
 R. R. Ticket Family Car No Chg
 Cash advanced
 Autos
 Telegram
 Minister Rev A. Fred Turner 5.00
 Music yes 5.00
 Casket Wagon (1)
 Physician Dr. Spruis
 County or City Burial 15.00
 Automobiles S & S
 Baggage or Express Train No.

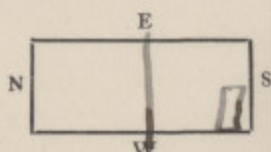
260.00

Carey Hand Funeral Home

Name of deceased Mrs Grace L. Hall
 Date of death Mon Apr 14 - 43 - 11:10 A.M.
 Cause of death Tubercular
 Place of death 3207 Cornell St
 Residence 3207 Cornell St
 Age 58 Yrs. 8 Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Wed Apr 14 1943 4 P.M.
 Account charged Mrs R. B. Hall
 Address 3207 Cornell St
 Account guaranteed Byronna Estab
 Address 3207 Cornell St
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-8 in B. G. L. H. 335.00
 Casket with Copper Lin.
 Style of Casket State 1/2 - C.
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault Cement 60.00
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery Greenwood
 Section S S 1/2 Lot 48

I Other Graves

Head of Grave
East



X Grave on this date

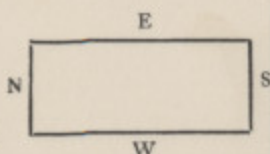
Cremation
 Urn P. B. Can 5.00
 Single Grave Men Can 5.00
 Opening and Closing Grave Yes 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister May Paul Crank
 Music Yes Organ 5.00
 Casket Wagon (1) Larson
 Physician Dr. Larson
 County or City Burial
 Automobiles S. V. S. 15.00
 Baggage or Express Train No. 10

475.00

Carey Hand Funeral Home

Name of deceased Mrs. Nettie Ledford
 Date of death Apr 11 ^{P.M.}
 Cause of death Myocardial Failure
 Place of death 58th St.
 Residence Savannah - Fla -
 Age 64 Yrs. 6 Mo's. 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Dest
 Date Apr 11 194 ^M
 Account charged Rev. J. B. Ledford
 Address Winchester Ky
 Account guaranteed CA
 Address _____
 Embalming + Dress
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-2 Black Slip
 Casket with Copper Lin. 4
 Style of Casket Oct 1/2 - e
 No. of Casket 1927
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set yes
 Name Plate ✓
 Cemetery Dest
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Burial
 Urn Winchester Ky
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Lexington Ky
 R. R. Ticket RR
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician Dr. Gray
 County or City Burial _____
 Automobiles _____
 Baggage or ~~Express~~ Train No. 92

Wed Apr - 14 - 43

35.00
 1.75
 195.00

51 25

10.00

273 01

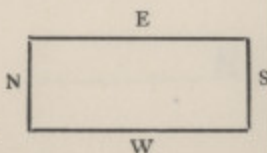
175

271.26

Carey Hand Funeral Home

Name of deceased Baby D. D. Tice
 Date of death Nov 12-43 8-PM
 Cause of death _____
 Place of death Res -
 Residence 1323 Long St
 Age _____ Y'rs. 1 Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged J. D. Tice
 Address 1323 Long St
 Account guaranteed Cash
 Address _____
 Embalming Cremation 10.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body Cremated
 Style of Casket 8-4 2nd
 No. of Casket Mid-Apr-14-43
 Outside Box _____
 Shipping Case or Vault _____
 Handles will call for
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

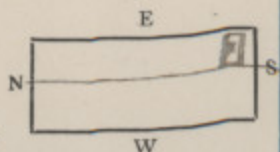
Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. J. Redding
 County or City Burial _____
 Automobiles _____
 Baggage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

10.00

Carey Hand Funeral Home

Name of deceased Willard M. Eberhart
 Date of death Wed Apr - 14 - 43 120 PM
 Cause of death Res
 Place of death Res
 Residence 202 - N. Baseline Ave
 Age 67 Y'rs 8 Mo's 16 Days
 Weight 120 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date 194 P-M
 Account charged Mrs M M Eberhart
 Address 202 - Baseline Ave
 Account guaranteed Estate
 Address
 Embalming J. Duss 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 Metal Set Lin 487.50
 Casket with Copper Lin. ✓
 Style of Casket State H. Corp
 No. of Casket 1000 Tampa
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles ✓
 Pillow Set ✓
 Name Plate Name + Date
 Cemetery Greenwood
 Section 9 E 1/2 Lot 13

I Other Graves



X Grave on this date

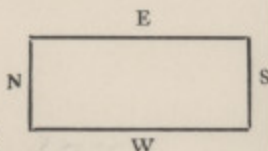
Cremation BB Car 5.00
 Urn Car Mini 5.00
 Single Grave 15.00
 Opening and Closing Grave Trete
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Lowell Tucker + M. Cook
 Music Organ 5.00
 Casket Wagon 1
 Physician Dr Redding
 County or City Burial
 Automobiles S + S 15.00
 Baggage or Express Train No. 28

627.50

Carey Hand Funeral Home

Name of deceased Baby Willis
 Date of death Wed. Apr - 14 - 43 A M
 Cause of death Res
 Place of death Res
 Residence 402 E. Church st
 Age ✓ Y'rs 2 Mo's 2 Days ✓
 Weight ✓ Height ✓ ft ✓ in. Eyes ✓
 Funeral at No Surv
 Date Edus 6. Hall 194 M
 Account charged 402 E Church
 Address Cash
 Account guaranteed Cash
 Address ✓
 Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. ✓
 Style of Casket ✓
 No. of Casket ✓
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery ✓
 Section ✓ Lot ✓

I Other Graves



X Grave on this date

Cremation Cremation
 Urn wooden
 Single Grave will call for
 Opening and Closing Grave ✓
 Body Shipped to ✓
 R. R. Ticket Body Cremated
 Cash advanced 88-4 on
 Autos ✓ 4-16-43
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon ✓
 Physician Dr. Redding
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓

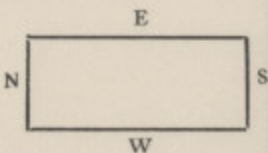
10

10

Carey Hand Funeral Home

Name of deceased *Infant Paul S. G. Olson*
 Date of death *Wed Apr - 14 - 43* 6:30 M P
 Cause of death *Calypathic Hospital*
 Place of death *Calypathic Hospital*
 Residence *718 Lake Tennesse Dr*
 Age *✓* Y'rs *✓* Mo's *1* Days *✓*
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *Chapel*
 Date *Thurs Apr 15 1943* 4 P. M.
 Account charged *B. E. G. Olson*
 Address *718 Lake Tennesse Dr*
 Account guaranteed *✓*
 Address *✓*
 Embalming *Care of body* 5.00
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *2-0 H. Pink* 27.50
 Casket with Copper Lin. *✓*
 Style of Casket *Oct- Stange Top*
 No. of Casket *103 97-*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Reg -*
 Pillow Set *Yes -*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *9 -* Lot *✓*

I Other Graves



X Grave on this date

Cremation *✓*
 Urn *✓*
 Single Grave *Baby- Grave* 12.50
 Opening and Closing Grave *✓* 4.50
 Body Shipped to *✓*
 R. R. Ticket *✓*
 Cash advanced *✓*
 Autos *✓*
 Telegram *Mark Hobbs*
 Minister *Ray Rogers*
 Music *Organ*
 Casket Wagon *✓*
 Physician *Dr. Haupt*
 County or City Burial *✓*
 Automobiles *Claude Pan* 5.00
 Baggage or Express Train No. *✓*

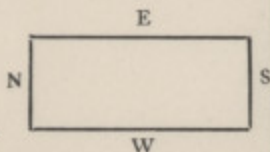
54.50

5¢ left for Minister

Carey Hand Funeral Home

Name of deceased *Mr. Whittington C. Wren*
 Date of death *Wed. Apr. 24-43* 6:30 P.M.
 Cause of death *acute heart attack*
 Place of death *Res.*
 Residence *2045 Long St.*
 Age *51* Yrs. *1* Mo's *17* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date _____ 194____ M
 Account charged *Mrs. W. C. Wren*
 Address *2045 Long St.*
 Account guaranteed *Insurance*
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress *✓* 1.35
 Underwear and Hose _____
 Casket *6-3 Gr. Oak* 125.00
 Casket with Copper Lin. _____
 Style of Casket *Oct. & E*
 No. of Casket *1972*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext.*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Mt. South*
 Section _____ Lot _____

I Other Graves



X Grave on this date

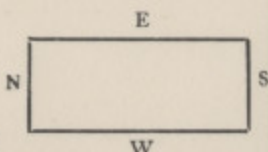
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Teata* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos *(1)* 5.00
 Telegram _____
 Minister *Rev. Snow*
 Music *Organ*
 Casket Wagon *(1)* 5.00
 Physician *Duckworth*
 County or City Burial _____
 Automobiles *S. & S* 15.00
 Baggage or Express Train No. _____

201 35

Carey Hand Funeral Home

Name of deceased Mrs. Luna T. Campbell
 Date of death Apr - 15 - 43 - 7 - AM
 Cause of death _____
 Place of death Res.
 Residence 1009 E. Wash St
 Age 76 Y'rs 1 Mo's 19 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel Memorial Service
 Date Apr - 17 - 43 1943 10 AM
 Account charged Georgia Phillips
 Address 1009 E. Wash St
 Account guaranteed Fayonants
 Address _____
 Embalming Care of Body 15.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket See Chg 20.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Body Guard
 Handles 11 - AM Thurs Apr - 15 - 43
 Pillow Set _____
 Name Plate Address Deposit
 Cemetery Woodlawn
 Section D 5 Lot 488

I Other Graves



X Grave on this date

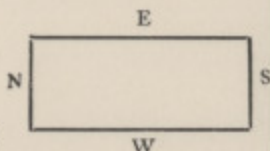
Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Memorial C. S.
 R. R. Ticket See in Chap
 Cash advanced Readers
 Autos Organ
 Telegram _____
 Minister _____
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr.
 County or City Burial _____
 Automobiles Cloud Car
 Baggage or Express Train No. _____

Apr 17 - 43
\$90.00
4.50
94.50

Carey Hand Funeral Home

Name of deceased Henry W. Marsh
 Date of death April 13th M
 Cause of death Crossed Throat
 Place of death Lake Wales Fla.
 Residence Lake Wales Fla.
 Age 82 Y'rs. 11 Mo's. 12 Days
 Weight 160 Height 5 ft. 10 in. Eyes Brown
 Funeral at Lake Wales Fla.
 Date April 1943 P. M
 Account charged Carey Hand Funeral Home
 Address Lake Wales - Fla
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremations 37.50
 Underwear and Hose _____
 Casket Body arrived Thurs 5:30 P.M.
 Casket with Copper Lin. April 15-43 4 weeks
 Style of Casket Body Cremated
 No. of Casket 7 P.M. Thurs
 Outside Box April 15-43
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation ashes delivered to- 40.50
 Urn Bony 45-10%
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket del. to
 Cash advanced 10-A.M-4-16-43
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

or to k

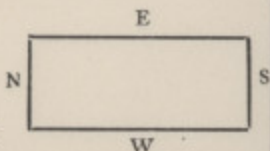
78.00
37.50

\$40.50

Carey Hand Funeral Home

Name of deceased Baby Franklin
 Date of death Thurs Apr 15-43 9 P.M.
 Cause of death O.S.H.
 Place of death O.S.H.
 Residence Apopka
 Age 1 Yrs. 1 Mo's. 1 Days
 Weight 10 Height 10 ft. 10 in. Eyes 10
 Funeral at Grave side
 Date 104 M
 Account charged Joseph Franklin
 Address Apopka Fla
 Account guaranteed 1 Payment
 Address 1 Payment
 Embalming 104
 Robe, Suit, Dress 104
 Underwear and Hose 104
 Casket 2-0 H.P. 15.00
 Casket with Copper Lin. 104
 Style of Casket 104
 No. of Casket 104
 Outside Box 104
 Shipping Case or Vault 104
 Handles 104
 Pillow Set 104
 Name Plate 104
 Cemetery Apopka
 Section 104 Lot 104

I Other Graves



X Grave on this date

Cremation 104
 Urn 104
 Single Grave 104
 Opening and Closing Grave 104
 Body Shipped to 104
 R. R. Ticket 104
 Cash advanced 104
 Autos 104
 Telegram 104
 Minister Patterson of Apopka
 Music 104
 Casket Wagon 104
 Physician 104
 County or City Burial 104
 Automobiles 104
 Baggage or Express Train No. 104

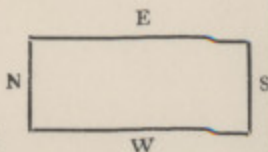
60-Day Note

25.00

Carey Hand Funeral Home

Name of deceased *Mrs Lela Brooklyn*
 Date of death *Thurs Apr 16-43* *3:40 PM*
 Cause of death *Res -*
 Place of death *Peace*
 Residence *Peace*
 Age *60* Y'rs. *7* Mo's. *11* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grove Side*
 Date *Sunday Apr 18* 19*43* *4 PM*
 Account charged *Carl Brooklyn*
 Address *Peace*
 Account guaranteed *Yes* *Just*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *White*
 Underwear and Hose _____
 Casket *6-3-2 6 1/2 x 6 1/2*
 Casket with Copper Lin. _____
 Style of Casket *Ext. H Cap*
 No. of Casket *118 Penn*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext -*
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Peace*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Sp of Flower* *10.00*
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Teste* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Cunn*
 Music _____
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Hunter*
 County or City Burial _____
 Automobiles *S. v. S.* *15.00*
 Baggage or Express Train No. _____

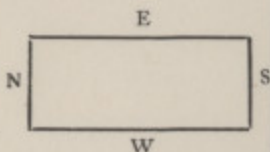
230.00

225.00

Carey Hand Funeral Home

Name of deceased *Mrs Phoebe Jane Green*
 Date of death *Oct - Apr 17 / 43* 5.30 M *9*
 Cause of death _____
 Place of death *Res -* _____
 Residence *Columbment Fla* _____
 Age *81* Y'rs *9* Mo's *26* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Dest* _____
 Date _____ 194 _____ M
 Account charged *Mrs Thos B Green* _____
 Address *Columbment Fla -* _____
 Account guaranteed _____
 Address _____
 Embalming *& Dress* _____ 35.00
 Robe, Suit, Dress *✓* _____
 Underwear and Hose *✓* _____
 Casket *6-3- De Luxe Black* _____ 195.00
 Casket with Copper Lin. *✓* _____
 Style of Casket *Oct 12. C* _____
 No. of Casket *1927- Stone* _____
 Outside Box *Reg* _____
 Shipping Case or Vault *✓* _____
 Handles *Ext -* _____
 Pillow Set *Geo* _____
 Name Plate *✓* _____
 Cemetery *Dest* _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Banghamton N.Y.* _____
 R. R. Ticket _____
 Cash advanced *Express 82.84* _____
 Autos *Tax 2.49* _____
 Telegram *(11)* _____
 Minister _____
 Music *T. Columbment* _____
 Casket Wagon *K. S. A* _____
 Physician _____
 County or City Burial *De Columbment* _____
 Automobiles _____
 Baggage or Express Train No. *92* _____

85.33
 1.24
 10.00
 5.00
 5.00

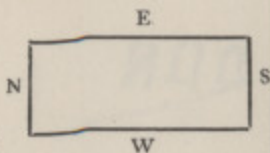
Sunday Apr 18-43

Consigned to Wallace Osier
23 Bigelow st
Banghamton N.Y.

Carey Hand Funeral Home

Name of deceased Mrs. Elmona Gland
 Date of death Oct 17-43 12 P.M.
 Cause of death Chronic Occlusion
 Place of death Res -
 Residence 1608 Crystal Lake Ave
 Age 75 Y'rs. 9 Mo's. 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday 4-29 1943 3 P.M.
 Account charged L & Gland
 Address Deland At 5-Box 310
 Account guaranteed Coyne
 Address _____
 Embalming Yes
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket See City
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremation

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Body Cremated

R. R. Ticket 8-11 Niles

Cash advanced Apr 29-43

Autos none

Telegram Dearest Greenwood

Minister Cremation

Music _____

Casket Wagon 1

Physician Dr. Larson

County or City Burial _____

Automobiles _____

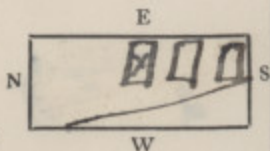
Baggage or Express Train No. _____

125.00

Carey Hand Funeral Home

Name of deceased *Mr. C. Eugene Lemire*
 Date of death *Jan 20-18-43* P.M.
 Cause of death *Coronary occlusion*
 Place of death *Westfield, N.Y.*
 Residence *1128 Princeton Ave*
 Age *49* Yrs. *-* Mo's. *3* Days *-*
 Weight *145* Height *5* ft. *6* in. Eyes *-*
 Funeral at *Chapel*
 Date *Wed Jan 21* 194*3* *4 P.* M.
 Account charged *Mr. C. Eugene Lemire*
 Address *1128-W. Princeton -*
 Account guaranteed *Estate*
 Address *-*
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *-*
 Underwear and Hose *-*
 Casket *6-6-4 in Oak 6th* *275.00*
 Casket with Copper Lin. *-*
 Style of Casket *High top*
 No. of Casket *5818* *Columns*
 Outside Box *Reg*
 Shipping Case or Vault *-*
 Handles *Ext*
 Pillow Set *Yes - Towel and P. Set*
 Name Plate *Embossed*
 Cemetery *Greenwood*
 Section *P* Lot *35*

I Other Graves



X Grave on this date

Cremation *Yes* *5.00*
 Urn *(2) Cor. P.B.* *10.00*
 Single Grave *-*
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to *-*
 R. R. Ticket *-*
 Cash advanced *-*
 Autos *-*
 Telegram *-*
 Minister *Father Bishop* *5.00*
 Music *Yes* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. Berry*
 County or City Burial *-*
 Automobiles *505* *15.00*
 Baggage or Express Train No. *-*

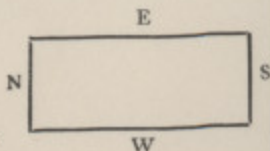
Catholic
Prayers at Chapel

365.00

Carey Hand Funeral Home

Name of deceased Mr James T. Jenkins
 Date of death Jan 18-43 P.M.
 Cause of death _____
 Place of death Residence
 Residence Peace Fla
 Age 77 Y'rs. 9 Mo's. 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home Side
 Date _____ 1943 M
 Account charged Mrs Della Jenkins
 Address Peace Fla
 Account guaranteed Mrs -
 Address _____
 Embalming Yes
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-31. Doe
 Casket with Copper Lin. _____
 Style of Casket See N. Cop
 No. of Casket 72-9000
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set Yes
 Name Plate Peace
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

25' -
75' -

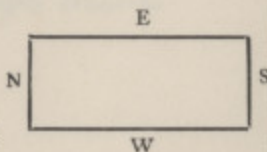
100' -

Had 100' insurance
family in per circumstances

Carey Hand Funeral Home

Name of deceased M. Francois Calvet
 Date of death Sun Apr - 18 - 43 P.M.
 Cause of death C. G. H.
 Place of death C. G. H.
 Residence 214 E. Jackson
 Age 60 Y'rs. Mo's. Days
 Weight 145 Height 5 ft. 9 in. Eyes
 Funeral at C. G. H.
 Date Wed Apr 21 1943 2:30 M.P.
 Account charged Mrs. Francois Calvet
 Address
 Account guaranteed
 Address
 Embalming Yes
 Robe, Suit, Dress P.M. Sewing
 Underwear and Hose Yes
 Casket 4-7 in. Calvet
 Casket with Copper Lin. Yes
 Style of Casket C. G. H.
 No. of Casket 2500 Orleans
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

Cremation Cremation
 Urn wooden
 Single Grave Body Cremated
 Opening and Closing Grave 8 A.M.
 Body Shipped to Thurs 4-22-43
 R. R. Ticket will call for
 Cash advanced
 Autos
 Telegram
 Minister Rather Bishop
 Music music
 Casket Wagon (1)
 Physician Dr. M. Mallory
 County or City Burial
 Automobiles
 Baggage or Express Train No.

35.00
 15.00
 135.00

5000

5.00
 5.00

245.00

Carey Hand Funeral Home

Name of deceased Leester Woodard
 Date of death April 19 - 1:30 P. M
 Cause of death _____
 Place of death St. Y. H.
 Residence Winter Park, Fla.
 Age 41 Y'rs. — Mo's. 3 Days
 Weight 145 Height 5 ft 8 in. Eyes _____
 Funeral at Chapel
 Date Wed - Apr 21, 1943 5-P. M
 Account charged Mrs. Henry Gray
 Address 437 Monroe Ave. Winter Park, Fla.
 Account guaranteed Payments cash
 Address _____
 Embalming ☒ Pressing 35.00
 Robe, Suit, Dress ☒ _____
 Underwear and Hose ☒ _____
 Casket 4-3-2-1 Soc - 110.00
 Casket with Copper Lin. _____
 Style of Casket Oct N-C
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set Yls
 Name Plate _____
 Cemetery Palms Cemetery
 Section 18 Lot A
Single Grave
E
 I Other Graves N S
W
 X Grave on this date _____
 Cremation aut 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave ltz 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. Meredith
 Music _____
 Casket Wagon no chg
 Physician Lee Gray
 County or City Burial _____
 Automobiles 5.75 15.00
 Baggage or Express Train No. _____

Paid old acct 75.00
Both acct 250.00

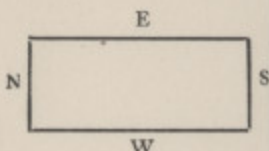
180.00
9.00
175.00

Carey Hand Funeral Home

Name of deceased Sharon Canada
 Date of death April 20th 8:15 A.M.
 Cause of death Heart - Coronary Thrombosis
 Place of death Res.
 Residence Ft. Christmas Fla.
 Age 73 Y'rs. 7 Mo's. 7 Days
 Weight 175 Height 5 ft. 10 in. Eyes Blue
 Funeral at Graveside
 Date Thurs April 22 1943 2:30 P.M.
 Account charged Mrs. Sharon Canada
 Address Ft. Christmas Fla.
 Account guaranteed Estate
 Address
 Embalming Yes Dressing
 Robe, Suit, Dress Blue sm 19 1/2
 Underwear and Hose
 Casket 6-3-22 Pine
 Casket with Copper Lin.
 Style of Casket Get. of Cap.
 No. of Casket 12- Pine
 Outside Box Reg
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate
 Cemetery Ft. Christmas
 Section Lot

35.00
 17.50
 1.50
 110.00

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 By Friends
 Music By Friends
 Casket Wagon (1) & Res
 Physician Dr. T. H. Adams
 County or City Burial Titusville Fla.
 Automobiles 845
 Baggage or Express Train No.

15.00

15.00

15.00

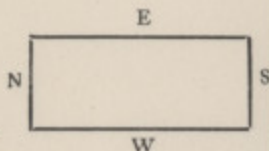
209.00

Carey Hand Funeral Home

Name of deceased *Mrs. Carrie B. Rankin.*
 Date of death *April 21st* *A.M.*
 Cause of death *Myocardial Failure Diabetes*
 Place of death *O.S.H.*
 Residence *Amherst aptms*
 Age *79* Y'rs. *6* Mo's. *7* Days
 Weight *100* Height *5 ft. 5* in. Eyes
 Funeral at *Cent*
 Date *194* *M*
 Account charged *Mrs. Ada Wichten Dahl*
 Address *Amherst apt*
 Account guaranteed *Estate*
 Address
 Embalming *& Dressing*
 Robe, Suit, Dress *White Gown*
 Underwear and Hose
 Casket *4-3-1/2 B.C.*
 Casket with Copper Lin.
 Style of Casket *Get. H. Oak*
 No. of Casket *Deleans*
 Outside Box *R-13*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Cent*
 Section Lot

30.00
 12.50
 235.00

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 *Local Ser*
 Telegram
 Minister
 Music
 Casket Wagon *(2)*
 Physician *Dr. F. Gray*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*
 Express Charges collect *297.50*

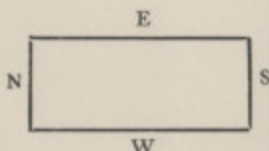
T. J. J. J.

To Sales & J. J. J. J.

Carey Hand Funeral Home

Name of deceased Curry C. Canada
 Date of death April 20 5 P.M.
 Cause of death Heart
 Place of death Hollywood
 Residence Ft Christmas, Fla
 Age 39 Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at Grave
 Date 194 M
 Account charged J. A. Wright
 Address of Sub to Bush Co
 Account guaranteed Sanford Fla
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 in Box 135.00
 Casket with Copper Lin.
 Style of Casket Set A. C.
 No. of Casket 12 - Time
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Ft Christmas
 Section Lot

I Other Graves



X Grave on this date

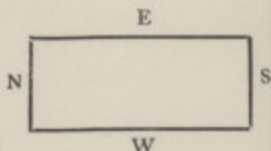
Cremation
 Urn
 Single Grave
 Opening and Closing Grave 1 ste 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced Gusson F. Home 60.00
 Autos
 Telegram
 Minister
 Music
 Casket Wagon X 1 time 10.00
 Physician
 County or City Burial
 Automobiles S V S 15.00
 Baggage or Express Train No.

extra work 235.00
 auto 250.00
 \$ 257.50

Carry Hand Funeral Home

Name of deceased Mr. Louis M. Reynolds
 Date of death Tue Apr 23-43 7 M
 Cause of death 6.33 Hemiplegia
 Place of death Osining New York
 Residence Osining New York
 Age 75 Yrs. 80 Mo's. 26 Days
 Weight 150 Height 5 ft. 10 in. Eyes Blue
 Funeral at First
 Date April 24 1943 M
 Account charged Mrs. Louis M. Reynolds
 Address 42 Sherman Ave. Osining N.Y.
 Account guaranteed Yes
 Address Osining
 Embalming Yes 35.00
 Robe, Suit, Dress Yes
 Underwear and Hose Yes
 Casket 6-4-4 6/16th 250.00
 Casket with Copper Lin. Yes
 Style of Casket N.C. State
 No. of Casket 2208 Orleans
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery First
 Section 1 Lot 1

I Other Graves



X Grave on this date

Cremation Wildwood N.Y.
 Urn Louis N.Y. 10.84
 Single Grave Yes
 Opening and Closing Grave Yes
 Body Shipped to Osining N.Y.
 R. R. Ticket Pos. S.A. 2.00 30.00
 Cash advanced Yes
 Autos To Wildwood 124
 Telegram 41
 Minister Yes
 Music Yes 10.00
 Casket Wagon 2
 Physician Dr. Mallory
 County or City Burial Yes
 Automobiles Yes
 Baggage or ~~Express~~ Train No. Yes

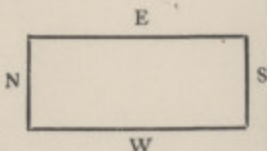
on the S. A. L. 337.00
Execut. Dues & Wildwood 12.00
for the Main Line 335.00

Carey Hand Funeral Home

Ausdall

Name of deceased *John L. Van Ausdall*
 Date of death *Tue Apr 23-43* *H M*
 Cause of death *Myocarditis - Nephritis*
 Place of death *Alexander Place*
 Residence *Alexander Place*
 Age *79* Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Sun Apr 25* 194*3* *2:30 P M*
 Account charged
 Address
 Account guaranteed
 Address
 Embalming *Yes* 35.00
 Robe, Suit, Dress
 Underwear and Hose *Yes* 60.00
 Casket *4-3-8s Box*
 Casket with Copper Lin.
 Style of Casket *See 4-3-8s*
 No. of Casket *72-9*
 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

Single Grave

Opening and Closing Grave

Body Shipped to *Body Cremated*

R. R. Ticket

Cash advanced

Autos

Telegram

Minister

Music

Casket Wagon *42* 5.00

Physician *Dr. Tindall*

County or City Burial

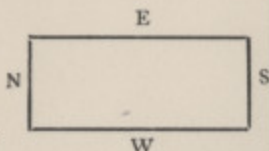
Automobiles

Baggage or Express Train No. *\$* 750.00

Carey Hand Funeral Home

Name of deceased *Infant Whitson*
 Date of death *Sat Apr - 24-43* *5-A.M.*
 Cause of death *OG St*
 Place of death *OG St*
 Residence *511 Grove Park Dr*
 Age *✓* Y'rs *✓* Mo's *✓* Days *6 hrs*
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *Grave side*
 Date *Sat - 4-24-43* *194* *4 P.M.*
 Account charged *John Whitson*
 Address *Cork*
 Account guaranteed *Cork*
 Address *✓*
 Embalming *✓*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *2-0-* *12.50*
 Casket with Copper Lin. *✓*
 Style of Casket *Spr H.M.*
 No. of Casket *H.M.*
 Outside Box *Reg -*
 Shipping Case of Vault *✓*
 Handles *Small*
 Pillow Set *✓*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *✓* Lot *✓*

I Other Graves



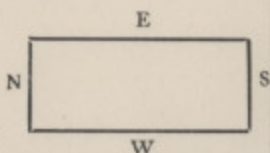
X Grave on this date

Cremation *✓*
 Urn *✓*
 Single Grave *Baby Grave* *12.50*
 Opening and Closing Grave *4.50*
 Body Shipped to *✓*
 R. R. Ticket *✓*
 Cash advanced *✓*
 Autos *✓*
 Telegram *✓*
 Minister *✓*
 Music *✓*
 Casket Wagon *✓*
 Physician *✓*
 County or City Burial *✓*
 Automobiles *Cloud Pa* *5.00*
 Baggage or Express Train No. *34.50*

Carey Hand Funeral Home

Name of deceased *Miss Alice Campbell*
 Date of death *Apr - 23 - 43* M
 Cause of death *not given on permit*
 Place of death *Orlando*
 Residence *Windsor Park*
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at
 Date..... 194..... M
 Account charged *Esclatone & Higgins*
 Address
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *Body June 1*
 Casket with Copper Lin *11 - A.M.*
 Style of Casket *Sat 4-24-43*
 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

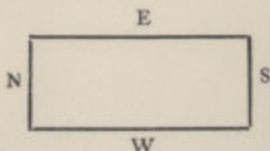
Cremation *Body Cremated 8-A.M.*
 Urr *Apr - 25 - 43*
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Ashe Del*
 R. R. Ticket *To the*
 Cash advanced *Esclatone & Higgins*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Christina A. Hill*
 Date of death *Mon. Apr. 25-43* *2-11* M
 Cause of death _____
 Place of death *O. G. H.*
 Residence *617 Citrus Ave*
 Age *64* Y'rs. *11* Mo's. *3* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tuesday May 27* 1943 *4 P. M.*
 Account charged *Mrs. J. J. Lomax, Bradford*
 Address *617 West Columbia Ave*
 Account guaranteed *Cash*
 Address _____
 Embalming *& Dress* 35.00
 Robe, Suit, Dress 17.50
 Underwear and Hose _____
 Casket *6-3-Gr Plush* 195.00
 Casket with Copper Lin. *✓*
 Style of Casket *Oct. 12-2*
 No. of Casket *1927-3 hours*
 Outside Box *R. 29*
 Shipping Case or Vault *✓*
 Handles *Ext.*
 Pillow Set *yes*
 Name Plate *yes*
 Cemetery *Greenwood*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *3- Aut.* 15.00
 Urn _____ 25.00
 Single Grave *What?* 15.00
 Opening and Closing Grave *To etc.*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Powell Tucker*
 Music *yes*
 Casket Wagon *1* 5.00
 Physician *Dr. Malloy*
 County or City Burial _____
 Automobiles *4.50* 15.00
 Baggage or Express Train No. _____

Pd Cash

322.50

7.50

\$322.00

Carey Hand Funeral Home

Name of deceased Bely Neumanns
 Date of death Apr 25-43 P.M.
 Cause of death _____
 Place of death O.S.H.
 Residence Alcoa
 Age 4 Y'rs 4 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date _____ 194 _____ M
 Account charged Paul Neumanns
 Address Alcoa, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0-7-P. 10.00
 Casket with Copper Lin. _____
 Style of Casket Open
 No. of Casket 1
 Outside Box Req
 Shipping Case or Vault _____
 Handles Small
 Pillow Set _____
 Name Plate _____
 Cemetery Alcoa
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____

E
 N S
 W

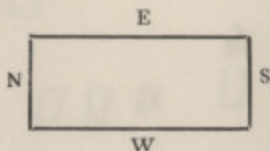
Cremation Family Bought
 Urn Casket + Stone
 Single Grave None
 Opening and Closing Grave work
 Body Shipped to _____
 R. R. Ticket Have Permit
 Cash advanced for same
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

10.00

Carey Hand Funeral Home

Name of deceased Wm D Brown
 Date of death Mon Apr - 24 - 93 AM
 Cause of death _____
 Place of death Res
 Residence 556 - Citrus ave
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel
 Date Tues Apr 27 1913 2-P M
 Account charged Wm D Brown
 Address 556 Citrus ave
 Account guaranteed same as above
 Address _____
 Embalming Yes
 Robe, Suit, Dress Blue Sing
 Underwear and Hose Yes
 Casket 6-3-12
 Casket with Copper Lin. Yes
 Style of Casket Oct-A-Cat
 No. of Casket 1041- Pullman
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate at Rest
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

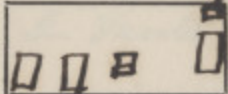


X Grave on this date

Cremation Car R. B. & I 5.00
 Urn Car main 5.00
 Single Grave _____ 15.00
 Opening and Closing Grave Yes etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Cole & Baker 2.50
 Music Yes 5.00
 Casket Wagon (1)
 Physician Dr. Lunk
 County or City Burial _____ 15.00
 Automobiles S & S
 Baggage or Express Train No. 8

200.00

Carey Hand Funeral Home

Name of deceased Edward Smith
 Date of death Wed Apr - 27 - 43 8 30 M P
 Cause of death Lobar Pneumonia
 Place of death State T. B. Hospital
 Residence 430 S. Roselin Ave
 Age 56 Y'rs. 9 Mo's. 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date _____ 194 _____ M
 Account charged Louis H. Miller
 Address 430 S. Roselin Ave
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 4-3 Case Sore Chg. 50.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt. H. Cap
 No. of Casket 72 9m. 1.0
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate ✓
 Cemetery Cremation
 Section 2 Lot 47
 Deposit in family lot may - 3 - 1943
 I Other Graves ✓

 X Grave on this date _____
 Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave space in 5.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev A Fred Turner
 Music yes - 4 auto 5.00
 Casket Wagon (1) 5.00
 Physician Dr. Thompson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 750.00

Body Cremated

8 A. M. Fri 4-30-43

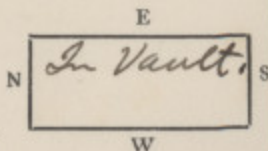
urn Buried in

Greenwood Cemetery

Carey Hand Funeral Home

Name of deceased Thos. Masterison
 Date of death Thurs. Apr. 29 - 11 A.M.
 Cause of death _____
 Place of death O. J. H.
 Residence 1914 Woodward Ave.
 Age 54 Yrs. 0 Mo's. 19 Days
 Weight 125 Height 5-7 ft. in. Eyes _____
 Funeral at Chapel
 Date Sat. May 1, 1943 5 P.M.
 Account charged Mr. J. C. Masterison
 Address 1914 Woodward Ave.
 Account guaranteed Payments
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 4-3 Hi. Spec. 125.00
 Casket with Copper Lin. Metel Liner 50.00
 Style of Casket Set H. Cap.
 No. of Casket 1972 Tampa
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Set
 Pillow Set yes
 Name Plate _____
 Cemetery Tampa
 Section _____ Lot _____

I Other Graves



X Grave on this date

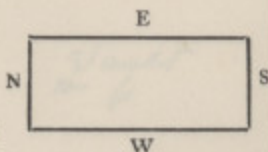
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. A. Fred Turner
 Music yes 5.00
 Casket Wagon (2) 10.00
 Physician Dr. Horace Day
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 225.00

only Sun. 17th

Carey Hand Funeral Home

Name of deceased John Lipschitz
 Date of death Thu Jan 29 M
 Cause of death Thurs Apr 29- 11 AM
 Place of death 430-9th St Petersburg Fla.
 Residence 430-9th St Petersburg Fla.
 Age 71 Y'rs 3 Mo's 23 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Chapel
 Date Thursday Apr 29 1943 6 PM
 Account charged Mrs John Lipschitz
 Address 430-9th St Petersburg Fla
 Account guaranteed estate
 Address _____
 Embalming Dr 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-4a 10th 50.00
 Casket with Copper Lin ✓
 Style of Casket 9.97
 No. of Casket H. m.
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles that
 Pillow Set ✓
 Name Plate ✓
 Cemetery Jewish
 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 _____
 Music _____
 Casket Wagon CI 5.00
 Physician Dr. Bernstein
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. 7

120.00

Carey Hand Funeral Home *Thal*

Name of deceased *Lewis Joachim Thal*
 Date of death *April 29* *A.M.*
 Cause of death *Congestive Occlusion*
 Place of death *Dr. Holard's Office*
 Residence *853 Lawrence Ave. Winter Park*
 Age *65* Yrs. *3* Mo's. *2* Days
 Weight *240* Height *5 ft 10* in. Eyes
 Funeral at *Prayer at Rev. Nelson Chapel*
 Date *Wed May 5* *1943* *5 P. M.*
 Account charged *Mrs Edith F. Joachim Thal*
 Address *853 Lawrence Ave Winter Park*
 Account guaranteed *Estate*
 Address
 Embalming *& Dress* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6- Metal 3 7/8* 625.00
 Casket with Copper Lin. *Inner*
 Style of Casket *State H. Cap.*
 No. of Casket *Taylor*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *ext*
 Pillow Set *flr*
 Name Plate *Name + Date*
 Cemetery *in Vault*
 Section _____ Lot _____
10-1- mo
5-12 Mo-
 I Other Graves _____
 X Grave on this date _____
 Cremation *ext* 5.00
 Urn *P. B. Case* 5.00
 Single Grave *Tombstone with build*
 Opening and Closing Grave *Mausoleum*
 Body Shipped to *Palmer County, Pa.*
 R. R. Ticket *1- mo* 10.00
 Cash advanced *5- mo* 25.00
 Autos _____
 Telegram _____
 Minister *Rev. L. H. Cairn*
 Music *Boys Glee Club*
 Casket Wagon *(3)* 10.00
 Physician *Dr. R. Holard*
 County or City Burial _____
 Automobiles *S. & S.* 15.00
 Baggage or Express Train No. _____

725.00

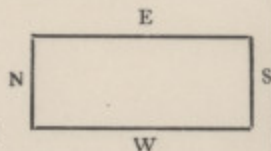
Teeth Body to Rev in the Park

11:20 A.M. 4-30-

Carey Hand Funeral Home

Name of deceased Mrs Susan A. Randall
 Date of death April 29- M
 Cause of death
 Place of death Mayflower Hotel - Sanford Fla
 Residence Sanford Fla
 Age 94 Y's 1 Mo's 7 Days
 Weight 70 Height 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date 194 M
 Account charged J. S. Dwyer
 Address Mayfair Hotel Sanford
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- See Chg 35.00
 Casket with Copper Lin.
 Style of Casket See St. Cath
 No. of Casket 72
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Reg
 Pillow Set yes
 Name Plate
 Cemetery Crematorium
 Section Lot

I Other Graves



X Grave on this date

Cremation Crematorium 50.00
 Urn
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Cremated 8-AM
 R. R. Ticket San May 2-43
 Cash advanced
 Autos will call for
 Telegram
 Minister
 Music Music 10.00
 Casket Wagon to Sanf
 Physician Dr.
 County or City Burial
 Automobiles
 Baggage or Express Train No. B

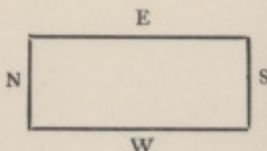
see by chg

135.00
25.00
160.00

Carey Hand Funeral Home

Name of deceased Floyd J. Meek
 Date of death April 29 P. M.
 Cause of death Myocardial degeneration
 Place of death Home
 Residence Macy St - Orlando Fla
 Age 68 Y'rs 7 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat May - 1 1943 11-11 A M
 Account charged City
 Address _____
 Account guaranteed _____
 Address _____
 Embalming Y 8
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- Spr.
 Casket with Copper Lin. _____
 Style of Casket Spr.
 No. of Casket H.M.
 Outside Box _____
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

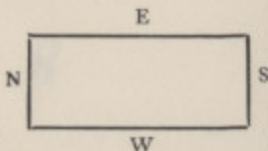
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to City Burial
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Sal Army
 Music _____
 Casket Wagon Y
 Physician Dr. Kirk
 County or City Burial _____
 Automobiles _____
 Baggage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

10
35
25
5
25

Carey Hand Funeral Home

Name of deceased Geo H. Carpenter
 Date of death Apr 30 - 43 3:45 PM
 Cause of death _____
 Place of death Res -
 Residence 2610 S. Fern Ave
 Age 70 Y'rs 1 Mo's 19 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Reverend Son S. Paul Ave
 Date Sun May 2 - 1943 4 P.M.
 Account charged F. E. Carpenter
 Address Paul Ave Duland -
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress Blue Sing 17.50
 Underwear and Hose _____
 Casket 6-3-Gr Doe 115.00
 Casket with Copper Lin. _____
 Style of Casket Ext. No Cap
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



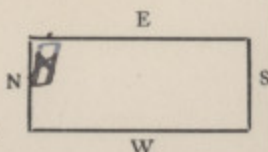
X Grave on this date

Cremation Family Car 35.00
 Urn P.B. Car 5.00
 Single Grave Car Mini 8.00
 Opening and Closing Grave 4 C. etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister R. A. Atkinson
 Music by Minister 5.00
 Casket Wagon (1) Moon
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____ 207.50

Carey Hand Funeral Home

Name of deceased Cecilia B Donnelly
 Date of death Wed Apr 30 - 43 - 3.30 MA
 Cause of death Auto Sent
 Place of death 708 Anderson st
 Residence 708 Anderson st
 Age 77 Y'rs. 4 Mo's. 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun May 2 1943 3 P.M
 Account charged Miss May Handman
 Address 708 Anderson st
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress Blue 15.00
 Underwear and Hose _____
 Casket 6-3-4 130.00
 Casket with Copper Lin. _____
 Style of Casket Oct. Sh. C
 No. of Casket 118 Funer
 Outside Box _____
 Shipping Case or Vault Concrete 60.00
 Handles Set
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section 2- Lot 19

I Other Graves



X Grave on this date

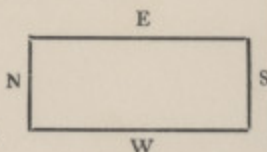
Cremation 1-oute 5.00
 Urn P. B. Case 5.00
 Single Grave Case 5.00
 Opening and Closing Grave 4 etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev M C Donby 5.00
 Music yes 5.00
 Casket Wagon (1) 5.00
 Physician Dr. L. G. M.
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

295.00

Carey Hand Funeral Home

Name of deceased Violet J. Holmes
 Date of death Apr 27 1945 M
 Cause of death Stroke
 Place of death Richmond, Va
 Residence Richmond, Va
 Age 4 Yrs. Mo's. Days
 Weight. Height. ft. in. Eyes
 Funeral at Grave Side
 Date May 3 1943 4 P. M.
 Account charged Lloyd Holmes
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 4-0-W8
 Casket with Copper Lin.
 Style of Casket Set Full Dress
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Reg
 Pillow Set
 Name Plate Chulucote
 Cemetery Greenwood
 Section Lot

I Other Graves



X Grave on this date

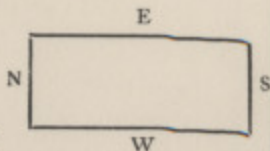
Cremation
 Urn
 Single Grave
 Opening and Closing Grave 9.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev R A Means
 Music
 Casket Wagon 47
 Physician
 County or City Burial
 Automobiles Olds
 Baggage or Express Train No.

\$35.00

Carey Hand Funeral Home

Name of deceased Mr Geo William Fitch
 Date of death Apr 22 1943 M
 Cause of death Not given on Permit
 Place of death St. Petersburg Fla
 Residence Boca Ciega Inn Gulf Port Fla
 Age 26 Y'rs 6 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg
 Date _____ 1943 M
 Account charged Ralph Cookery
 Address T.H. St. Petersburg Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____ **37.50**
 Underwear and Hose _____
 Casket Body Burial
 Casket with Copper Liner Ant. S.P.M.
 Style of Casket Fun Apr-30-43
 No. of Casket _____
 Outside Box Body Cremation
 Shipping Case or Vault 8-A.M. Sat
 Handles May 1st - 43
 Pillow Set Patro Express N
 Name Plate Cookery F. Home
 Cemetery St. Petersburg
 Section _____ Lot Fla

I Other Graves



X Grave on this date

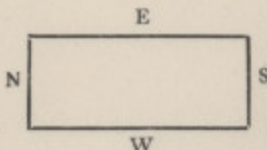
Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express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

37.50

Carey Hand Funeral Home

Name of deceased Imo Addis S Jones
 Date of death Apr 28 - 43 M
 Cause of death not given on Permit
 Place of death St Petersburg
 Residence St Petersburg Fla
 Age 83 Y'rs. 4 Mo's 28 Days
 Weight 190 Height 5 ft. 5 in. Eyes
 Funeral at St Petersburg
 Date 194 M
 Account charged Ralph Cookery T. Home
 Address St Petersburg Fla
 Account guaranteed Let
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body arrived by
 Casket with Copper Lin. Auto 8-PM
 Style of Casket lin Apr 30 - 43
 No. of Casket
 Outside Box Body cremated
 Shipping Case or Vault 8-4 M Sat
 Handles May - 1 - 43
 Pillow Set Casket referred to
 Name Plate Carey Hand
 Cemetery St Petersburg
 Section Lot Fla

I Other Graves



X Grave on this date

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

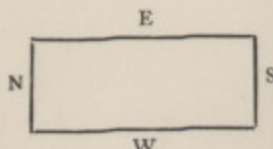
37.50

May - 1 Carey Hand Funeral Home

1943

Name of deceased Mrs. Clara Bell Woodruff
 Date of death Apr 29-43 M
 Cause of death nephritis
 Place of death St. Joe, Ind. Fla
 Residence St. Joe, Ind. Fla
 Age 81 Yrs. 0 Mo's. Days
 Weight 110 Height 5 ft. 6 in. Eyes
 Funeral at Opala -
 Date May 1 194 M
 Account charged St. Joe, Ind.
 Address Opala Fla
 Account guaranteed Ok -
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body
 Casket with Copper Lin. by auto
 Style of Casket 1030 A.M.
 No. of Casket Sat May 1 - 1st
 Outside Box
 Shipping Case or Vault Body
 Handles Cremated 8-AM
 Pillow Set Sun May 2-43-
 Name Plate
 Cemetery will call for
 Section Lot

I Other Graves



X Grave on this date

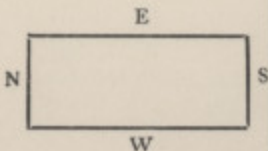
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased David F. Kirkland
 Date of death Mon May 3-43 A 10:30 M
 Cause of death Tumor of lung
 Place of death County Home
 Residence Orlando R.R. 3-B-1 R-35
 Age 52 Y'rs 10 Mo's 12 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Home Side
 Date Wed May - 5 1943 10:30 AM
 Account charged Mrs David F. Kirkland
 Address Orlando Fla. R.R. 3-B-1 R-35
 Account guaranteed small inv.
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____ } 10.00
 Underwear and Hose _____ }
 Casket 6-3- in box x 50.00
 Casket with Copper Lin. _____
 Style of Casket sq. dr. e
 No. of Casket 22-9
 Outside Box Rec
 Shipping Case or Vault _____
 Handles Rec
 Pillow Set yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave note 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev John W. Bellflower
 Music _____
 Casket Wagon 11 moon 5.00
 Physician _____
 County or City Burial _____
 Automobiles S.V. 15.00
 Baggage or Express Train No. _____

130.00
spa flowers 10.00
140.00

Carey Hand Funeral Home

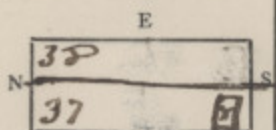
Name of deceased *Mr Josiah T. Wilcox*
 Date of death *Tues May 4-43* *H M*
 Cause of death
 Place of death *Tex - Orlando Rt 3*
 Residence *Orlando Fla Rt 3*
 Age *77* Y's *8* Mo's *2* Days
 Weight *145* Height *5* ft *7* in. Eyes
 Funeral at *Leet*
 Date *194* *M*
 Account charged *K. O. Wilcox*
 Address *Rt 3 - Orlando Fla*
 Account guaranteed
 Address
 Embalming *& Durs* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Fleming* *110.00*
 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 *5000*
 Urn *wood*
 Single Grave
 Opening and Closing Grave *Body*
 Body Shipped to *Cremated 8-AM*
 R. R. Ticket *Wed May - 5-43*
 Cash advanced
 Autos *will pay for*
 Telegram
 Minister *Leet*
 Music
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Duncan McEwan*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *8*
200.00

Carey Hand Funeral Home

CHARLES

Name of deceased Mrs Ben Grace 30
 Date of death May 4-43 10 AM
 Cause of death Acute nephritis - acute de-holia
 Place of death Res
 Residence Apopka, Fla
 Age 38 Yrs 2 Mo's 29 Days
 Weight 160 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date May - 7 1943 3 PM
 Account charged James S. Grace
 Address Apopka, Fla 310
 Account guaranteed James -
 Address
 Embalming & Dress 35.
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-6 360. 360.
 Casket with Copper Lin. ✓
 Style of Casket R. Ca Slot
 No. of Casket 48 Tampa
 Outside Box Triumph 218
 Shipping Case or Vault Cement 60.00
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Apopka
 Section 37+38 Lot

I Other Graves



X Grave on this date

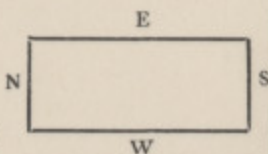
Cremation P. B. Ca 5.00
 Urn Auto 5.00
 Single Grave
 Opening and Closing Grave Teste 15.
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev Patterson 5.
 Music yes 5.
 Casket Wagon (1)
 Physician Dr. M. Bude
 County or City Burial
 Automobiles S. Y. J 15.
 Baggage or Express Train No. 505.00

waited for the
 Orlando Transit Co

Carey Hand Funeral Home

Name of deceased Lennie S. Johnson
 Date of death May-5-43 2-15- M
 Cause of death Myocardial Insufficiency
 Place of death Res
 Residence 319- Hollins
 Age 60 Y'rs. 6 Mo's. 13 Days
 Weight 100 Height 5 ft. 9 in. Eyes
 Funeral at Lakeland
 Date Fri May 21 1943 3 P. M
 Account charged Mrs E. F. Martin
 Address 420 Lakeland St Orlando Fla
 Account guaranteed Payments
 Address
 Embalming J. G. Gussing 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 Emb Doe 100.00
 Casket with Copper Lin. ☒
 Style of Casket Ext. H.C.
 No. of Casket 12- Fern
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Lake Hill
 Section Lot

I Other Graves



X Grave on this date

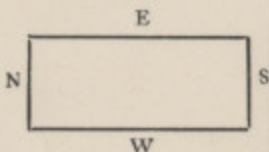
Cremation Auto M + P. B. 5.00
 Urn
 Single Grave
 Opening and Closing Grave Ty etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev Morgan
 Music
 Casket Wagon (1) 5.00
 Physician Dr Beidall
 County or City Burial 15.00
 Automobiles S. & S
 Baggage or Express Train No. B

775.00

Carey Hand Funeral Home

Name of deceased Charles N. Congdon
 Date of death Feb 13-1938 M
 Cause of death Winter Haven Fla
 Place of death Winter Haven
 Residence Winter Haven
 Age Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Alley Smith
 Address Wm. E. Smith & Son Winter Haven
 Account guaranteed
 Address
 Embalming Cremation
 Robe, Suit, Dress
 Underwear and Hose 4-0-11
 Casket Lead Case
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Body Arrived by
 Shipping Case or Vault Express 4.25
 Handles # 76 - Thursday morning May 6-43
 Pillow Set
 Name Plate Body Cremated
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn wooden
 Single Grave ashes Express 5
 Opening and Closing Grave
 Body Shipped to Wm. E. Smith
 R. R. Ticket Funeral Home
 Cash advanced Winter Haven Fla
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

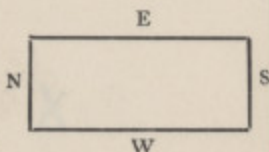
18 75
 18 75

18 75

Carey Hand Funeral Home

Name of deceased Wm C Rankin
 Date of death May-7-43 P M
 Cause of death Cancer-Stomach, Liver & Gall Bladder
 Place of death Res -
 Residence Charles St
 Age 69 Y'rs. 5 Mo's. 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date May 9th 1943 M
 Account charged Wm C Rankin
 Address 1840 Charles St
 Account guaranteed Payments
 Address _____
 Embalming & Dress 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6/3 Grey Dove 115 00
 Casket with Copper Lin. ✓
 Style of Casket Oct H. Cap
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles ✓
 Pillow Set Yls
 Name Plate _____
 Cemetery River Side Jacksonville
 Section _____ Lot _____

I Other Graves



X Grave on this date

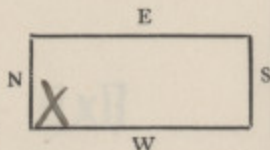
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Jackmanville Fla
 R. R. Ticket _____
 Cash advanced Bought direct 15.65
 Autos _____
 Telegram _____
 Minister West
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 1160 00

Carey Hand Funeral Home

Name of deceased *Mr. Alex Ray Bryan*
 Date of death *Sat - May - 8 - 43* *H.M.*
 Cause of death *Per*
 Place of death *N. Mill*
 Residence *N. Mill*
 Age *56* Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Tues May - 11 - 1943* *2 P. M.*
 Account charged *Mrs. Eula Bryan*
 Address *828 N. Mill St.*
 Account guaranteed *Payments*
 Address
 Embalming *Yes* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-12-12* *115.00*
 Casket with Copper Lin.
 Style of Casket *Bel. N. Cap*
 No. of Casket *1972*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Shot O.S. Fin*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section *M* Lot *20*

I Other Graves

space one



X Grave on this date

Cremation *Outs*
 Urn *P. B. Car*
 Single Grave *Car Min*
 Opening and Closing Grave *12.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. H. M. Churn*
 Music *Yes*
 Casket *Wagon (11)* *5.00*
 Physician *Dr. Ford*
 County or City Burial
 Automobiles *S. & S.* *15.00*
 Baggage or Express Train No.

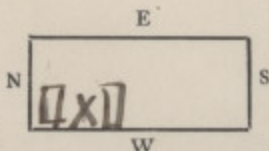
200.00

Carey Hand Funeral Home

Name of deceased Margaret J. Hart
 Date of death Sun May 9-43 11:45 MP
 Cause of death Cerebral Hemorrhage
 Place of death Wible Nursing Home
 Residence Wible Nursing Home
 Age 71 Y'rs. 1 Mo's. 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Episcopal Church
 Date Tues Apr 11 1943 5:30 MP
 Account charged The Howard Sisters
 Address East Rob and
 Account guaranteed _____
 Address _____
 Embalming yes 35.00
 Robe, Suit, Dress yes
 Underwear and Hosiery yes
 Casket 6-3 1/2 Do 115.00
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket 1972-
 Outside Box Reg
 Shipping Case or Vault yes
 Handles ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section A Lot 32

I Other Graves

space 2 1/2



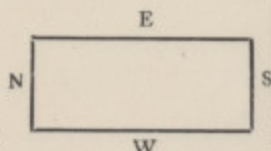
X Grave on this date

Cremation C-B-B- 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music By Church
 Casket Wagon (1) 5.00
 Physician Dr
 County or City Burial _____
 Automobiles S & J 15.00
 Baggage or Express Train No. 8
790.00

Carey Hand Funeral Home

Name of deceased Sylvester Claunch
 Date of death Sun May-9-42 5:15 P.M.
 Cause of death Auto Accident in Groce
 Place of death Q.H. on arrival
 Residence Groce
 Age 43 Y'rs. Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date May 1942 M
 Account charged Mrs. Lula Claunch
 Address Groce
 Account guaranteed Mrs
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- In Groce
 Casket with Copper Lin. Oct of Cap
 Style of Casket Oct of Cap
 No. of Casket 1922 9
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Reg
 Pillow Set ✓
 Name Plate ✓
 Cemetery West
 Section _____ Lot _____

I Other Graves



X Grave on this date

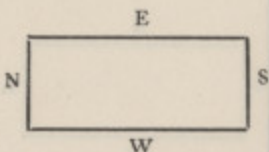
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Tishomingo
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician Dr. Duckworth J. L.
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

10.00
770.00

Carey Hand Funeral Home

Name of deceased *Mr. Joseph Greenwood*
 Date of death *May 10-43* *H.M.*
 Cause of death *Senary Decession*
 Place of death *Res -*
 Residence *811 Montana Ave*
 Age *76* Y'rs *11* Mo's *3* Days
 Weight *180* Height *5* ft *8* in. Eyes
 Funeral at *Chapel*
 Date *Wed. May 12 1943* *10:30 AM*
 Account charged *Mrs. Effie J. Greenwood*
 Address *811 Montana Ave*
 Account guaranteed *Waltham*
 Address
 Embalming *Dressing* 35.00
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket *6-6 State W. Co.* 375.00
 Casket with Copper Lin.
 Style of Casket *State*
 No. of Casket *150* *Trans*
 Outside Box *Yes*
 Shipping Case or Vault
 Handles *Yes*
 Pillow Set
 Name Plate
 Cemetery *Waltham, Mass*
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Waltham Mass*
 R. R. Ticket
 Cash advanced *Expenses & Cost* 94.49
 Autos 1.24
 Telegram *(1)*
 Minister *M. C. Kennedy*
 Music
 Casket Wagon *(2)* 10.00
 Physician *Dr. Malloy*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92*

515.75