

9-12-1943

Memoranda Book 160: Carey Hand Funeral Home records, September 12, 1943 to November 11, 1943

Carey Hand Funeral Home

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Carry Hand Funeral Home

Name of deceased Robert Henry Fitzgerald
 Date of death Sept 11 P.M.
 Cause of death Coronary Occlusion
 Place of death Res
 Residence Delande Rt. 5- Box 714 Cumy
 Age 74 Yrs. 4 Mo's. 26 Days
 Weight 170 Height 6 ft. — in. Eyes —
 Funeral at —
 Date — 194 M
 Account charged Mrs Ellen Josephine Fitzgerald
 Address Delande Rt 5
 Account guaranteed Estate
 Address —
 Embalming Y D 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 Metal 550.00
 Casket with Copper Lin. —
 Style of Casket State H Cap
 No. of Casket —
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles ext
 Pillow Set yes
 Name Plate name & date & burial
 Cemetery 4-15-69
 Section 9-11-43 Lot —

I Other Graves E

N
S
W

 X Grave on this date

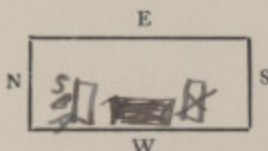
Cremation Excess baggage 4.27
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Tulsa Okla 122.06
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon 2 10.00
 Physician Dr. Mallons
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. 92

9-13-43 7721.33
Sept 13. Credit R.R.T. 122.06
Tel 599.27
4.50
603.77

Carey Hand Funeral Home

Name of deceased *Mrs. Georgianna Hill*
 Date of death *Sat Sept 11-43* 420 P M
 Cause of death _____
 Place of death *Res*
 Residence *Maidland*
 Age *76* Y'rs *6* Mo's *4* Days _____
 Weight *100* Height *5* ft *5* in. Eyes _____
 Funeral at *Chapel*
 Date *Mon Sept 13* 194*3* *11 A* M
 Account charged *James H. Hill*
 Address *Maidland*
 Account guaranteed *Estab*
 Address _____
 Embalming *✓* *35.00*
 Robe, Suit, Dress *White Cape* *15.00*
 Underwear and Hose *✓*
 Casket *✓* *3 Blue Plush* *350.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Set 1/2 - C*
 No. of Casket *2820* *Shiner*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext. Stated*
 Pillow Set *yes - Eng Cape*
 Name Plate *✓*
 Cemetery *Maidland*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *✓* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced *Spa Town* *12.00*
 Autos _____
 Telegram _____
 Minister *By Family*
 Music *yes -*
 Casket Wagon *(1)* *5.00*
 Physician *Dr. Stetson*
 County or City Burial _____
 Automobiles *S.V.S.* *15.00*
 Baggage or Express Train No. *8*

447.00

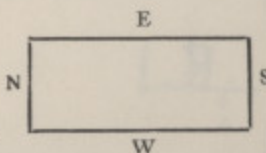
Carry Hand Funeral Home

Name of deceased Euell Marsh
 Date of death Sept 10 7:30 PM
 Cause of death Pulmonary T. B.
 Place of death Asheville N.C. (Where)
 Residence Asheville N.C.
 Age 25 Y'rs 4 Mo's 14 Days
 Weight _____ Height _____ ft _____ in. Eyes Blue
 Funeral at Church of God
 Date _____ 194 3 7:30 P.M.

Account charged _____
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-5 Bct
 Casket with Copper Lin. _____
 Style of Casket Ord 1-e
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Comm 60.00
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Lake Hill
 Section _____ Lot _____

I Other Graves



X Grave on this date

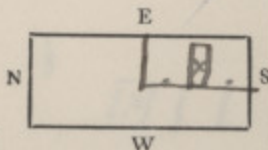
Cremation auto 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon V 5.00
 Physician C. E. Moore - V.A.F. (Asheville N.C.)
 County or City Burial _____
 Automobiles S&S 15.00
 Baggage or Express Train No. _____

100.00

Carey Hand Funeral Home

Name of deceased *Virginia Nell Sullivan*
 Date of death *Sept 13 - 1943* *109 M*
 Cause of death *measles*
 Place of death *Asphyctic / Hospital*
 Residence *Chula Vista Fla*
 Age *13* Y'rs *9* Mo's *5* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed. Sept 15 - 1943* *4 P. M*
 Account charged *Mrs Mary S. Peary*
 Address *Chula Vista Fla*
 Account guaranteed *yes*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-3 1/2 Cap*
 Casket with Copper Lin. _____
 Style of Casket *Oct N. Cap*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *SE 1/4* Lot *47*

I Other Graves



X Grave on this date

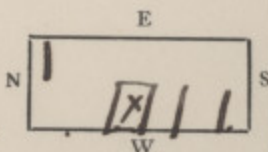
Cremation *1 Auto* *5.00*
 Urn *1 - auto* *5.00*
 Single Grave _____
 Opening and Closing Grave *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced *Burial 24* *50.00*
 Autos _____
 Telegram _____
 Minister *Irwin*
 Music *yes*
 Casket Wagon _____
 Physician *Dr. Tindall*
 County or City Burial _____
 Automobiles *SAS* *15.00*
 Baggage or Express Train No. _____

200.00

Carey Hand Funeral Home

Name of deceased Mr. Wm. Bunnery
 Date of death Thurs. Sept-16-43 P.M.
 Cause of death _____
 Place of death Smith Nursing Home
 Residence Smith Nursing Home
 Age about 78 yrs. Mo's _____ Days _____
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Chapel
 Date Sat- Sept-18-1943 3 P.M.
 Account charged Mrs. Smith
 Address Smith Nursing Home
 Account guaranteed _____
 Address _____
 Embalming AD
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 6-3-Gr. Dr.
 Casket with Copper Lin. ✓
 Style of Casket Sgt. H. C.
 No. of Casket 71-Temple
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Shat
 Pillow Set for
 Name Plate enclosed
 Cemetery Greenwood
 Section B- Lot 40

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave Tele

Body Shipped to _____

R. R. Ticket Auto

Cash advanced _____

Autos _____

Telegram _____

Minister Father Bishop

Music _____

Casket Wagon (1)

Physician Dr. C. L. Kirk

County or City Burial _____

Automobiles 5 & 5

Baggage or Express Train No. _____

25.00
 4.00
 1.00
 75.00

15.00

15.00

735.00

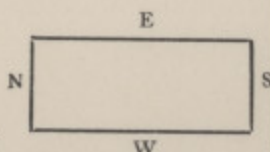
50.00
 80.00

all the money
 there is in city

Carey Hand Funeral Home

Name of deceased *Mr John T Luscombe*
 Date of death *Sept 13-43* M
 Cause of death *Not given in Perm*
 Place of death
 Residence *809 Passaic St*
 Age *69* Y'rs *2* Mo's *14* Days
 Weight Height ft. in. Eyes
 Funeral at
 Date *194* M
 Account charged *Excelsior & Higgins*
 Address
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body buried*
 Style of Casket *by ant 6-PM*
 No. of Casket *Phone 9-16-43*
 Outside Box
 Shipping Case or Vault *Body cremated*
 Handles *R A M Sat Sept 17-43*
 Pillow Set
 Name Plate *Del Asher &*
 Cemetery *Excelsior & Higgins*
 Section *Sat-9-18-43* 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

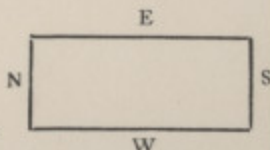
Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Mary Elizabeth Dodd
 Date of death Thurs Sept 16-1943 P.M.
 Cause of death Septicemia Gangrene in foot
 Place of death 1st
 Residence Winter Garden
 Age 75 Y'rs 4 Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Residence - Winter Garden
 Date Sunday Sept 19 1943 3 P.M.
 Account charged M. E. Dodd
 Address Winter Garden Fla
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 1/3 Grey slate 175.00
 Casket with Copper Lin.
 Style of Casket 1/2 Couch Oct
 No. of Casket Tampa 1850
 Outside Box Reg.
 Shipping Case or Vault
 Handles Exp
 Pillow Set yes
 Name Plate
 Cemetery Minneola Fla
 Section Lot

I Other Graves



X Grave on this date

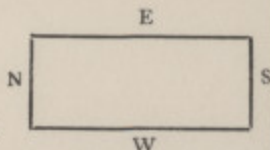
Cremation 1 auto 5.00
 Urn
 Single Grave
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev Guy
 Music By Family
 Casket Wagon 1st 5.00
 Physician Dr. Winter
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No.

\$250.00

Carey Hand Funeral Home

Name of deceased *Mr. Sogossian Ohan*
 Date of death *Tue Sept 17-43* *820* M
 Cause of death
 Place of death *Co Hall & N. Change*
 Residence *132 W. Concord*
 Age *68* Yrs *1* Mo's *2* Days
 Weight *135* Height *5* ft. *7* in. Eyes
 Funeral at *Chapel*
 Date *Mon Sept 20 1943* *11-A* M
 Account charged *Mrs. Sogossian Ohan*
 Address *132 W. Concord*
 Account guaranteed *Catate*
 Address
 Embalming *& Dress* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *See Chg* *35.00*
 Casket with Copper Lin.
 Style of Casket *Set*
 No. of Casket
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles *Set*
 Pillow Set *Set*
 Name Plate ☒
 Cemetery *Cremation*
 Section Lot

I Other Graves



X Grave on this date

Cremation *Cremation* *50.00*
 Urn *wooden*
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced *Body Cremated*
 Autos *8-A M J Tues 9-21-43* *1.10*
 Telegram *See*
 Minister *Dean Johnson*
 Music *Organ* *5.00*
 Casket Wagon *(1)*
 Physician *Duckworth* *Crem*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

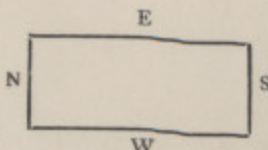
126.10

Carey Hand Funeral Home

Name of deceased *Infant of Walter Morrey*
 Date of death *Sept-17-43* *7-P-M*
 Cause of death *Congenital debility*
 Place of death *At Home*
 Residence *Yonkers*
 Age *1* Yrs *2* Mo's *2* Days *7 hrs*
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-Pan*
 Casket with Copper Lin. _____
 Style of Casket *Sgt. A. M.*
 No. of Casket *A. M.*
 Outside Box *Recd*
 Shipping Case or Vault _____
 Handles *Small*
 Pillow Set _____
 Name Plate _____
 Cemetery *County Home*
 Section _____ Lot _____

I Other Graves

X Grave on this date



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

14.50

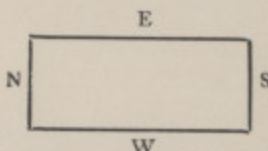
1450

Carey Hand Funeral Home

Name of deceased Mrs. Lillian Johnson
 Date of death Tue Sept 17 1943 P. M.
 Cause of death myocardial degeneration
 Place of death Res - will be cremated
 Residence Givens st
 Age 56 Y'rs 4 Mo's 14 Days
 Weight 125 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Mon Sept 20 1943 10 A. M.
 Account charged Mrs. Walter Johnson
 Address 1015 Givens st
 Account guaranteed
 Address
 Embalming Y
 Robe, Suit, Dress White
 Underwear and Hose
 Casket See Chg
 Casket with Copper Lin.
 Style of Casket Ext
 No. of Casket 1972
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Cumtation
 Section Lot

35.00
 7.50
 35.00

I Other Graves



X Grave on this date

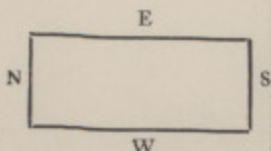
Cremation Cremation 50.00
 Urn wooden
 Single Grave Body cremated 8-11-43
 Opening and Closing Grave See Sept
 Body Shipped to 21-43
 R. R. Ticket Out 2.50
 Cash advanced
 Autos C. S. Service
 Telegram
 Minister Mrs. Patton of Lansing
 Music Organ
 Casket Wagon (1) 5.00
 Physician Dr. Kirk
 County or City Burial
 Automobiles
 Baggage or Express Train No.

35.00
 7.50
 35.00
 50.00
 2.50
 5.00
 735.00

Carey Hand Funeral Home

Name of deceased *Mrs. Alice Smith*
 Date of death *Sun Sept 19-43* *AM*
 Cause of death _____
 Place of death *Res*
 Residence *Golden Rod -*
 Age *74* Y'rs. *-* Mo's *1* Days _____
 Weight *165* Height *5 ft. 6* in. Eyes _____
 Funeral at *best -*
 Date _____ 194 *M*
 Account charged *E. P. Smith*
 Address *Maitland Fla R.F.D.*
 Account guaranteed *Cash & Payments*
 Address _____
 Embalming *Y*
 Robe, Suit, Dress *White*
 Underwear and Hose _____
 Casket *6-2 in. Dore*
 Casket with Copper Lin _____
 Style of Casket *Set A C*
 No. of Casket *1850 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext -*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Macon Ga*

R. R. Ticket *1292 - 920*

22.12

Cash advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon *(2)*

10.00

Physician *Dr. Evans*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

211.12

cr cash

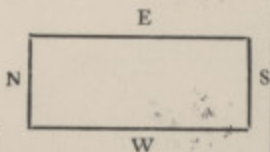
100.00

101.12

Carey Hand Funeral Home

Name of deceased *Mrs. Melissa P. Dwyer*
Date of death *Jan. Sept-19-43* P. M.
Cause of death *Trauma*
Place of death *Tampa*
Residence *713 Woodward Ave*
Age *70* Yrs. *4* Mo's *25* Days
Weight *125* Height *5* ft. *5* in. Eyes
Funeral at *DeWitt*
Date *1943* M
Account charged *Funeral Home -*
Address *713 Woodward Ave. Orlando -*
Account guaranteed
Address
Embalming *Y. D.* 35.
Robe, Suit, Dress ☒
Underwear and Hose ☒
Casket *6-6-6 B. E. G. Metal* 250.00
Casket with Copper Lining ☒
Style of Casket *White A Cap*
No. of Casket *Temples*
Outside Box *Reg*
Shipping Case or Vault ☒
Handles *Exp*
Pillow Set *Yes*
Name Plate *Yes*
Cemetery *DeWitt*
Section Lot

I Other Graves



X Grave on this date

Cremation

Urn Ormal

Single Grave Pleasantly N.Y.

Opening and Closing Grave

Body Shipped to *Atlantic City N.J.*

R. R. Ticket 3841 1018

Cash advanced	82 04	774
---------------	-------	-----

Autos

Telegram

Minister

Music

Casket Wagon (2)

Physician *Dr. C. W. Lynn*

County or City Burial

Automobiles

Baggage or ~~Express~~ Train No. 92

Qef-1-43-

43339

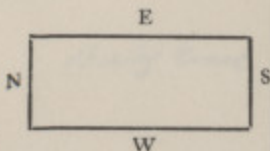
Atlantic City Penn. 1.00

434.39

Carey Hand Funeral Home

Name of deceased *Mrs. Margaret Taylor*
 Date of death *Mon Sept 20-43* 3:30 P. M.
 Cause of death *O.S.H.*
 Place of death *O.S.H.*
 Residence *Winter Park College Point*
 Age *65* Y'rs *1* Mo's *4* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Sept 22 1943* 4 P. M.
 Account charged *Mrs. A. Taylor*
 Address *College Point W. Park*
 Account guaranteed *OK*
 Address _____
 Embalming *2 D* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3 in. Maple* 95.00
 Casket with Copper Lin. _____
 Style of Casket *Oct. H. Cap*
 No. of Casket *1912* 50.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Cremation* 50.00
 Urn *wooden*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket *Body Cremated*
 Cash advanced *P.A.M. Home*
 Autos *Sept- 23 43*
 Telegram _____
 Minister *Friends Lutheran*
 Music *Organ* 5.00
 Casket Wagon *D. Mellors*
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

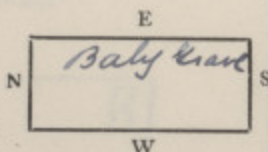
Marble Urn 185.00
 # _____ 30.00
 _____ 215.00

Carey Hand Funeral Home

Patricia Ann

Name of deceased *Baby Serovinsky*
 Date of death *Mon Sept 20-43* *11* M
 Cause of death *Congenital heart disease*
 Place of death *CHH*
 Residence *307 - E. South St*
 Age *Yrs* *Mo's* *Days* *14 hrs*
 Weight *Height* *ft* *in.* Eyes
 Funeral at *Graveside*
 Date *Wed Sept 22, 1944* *9.2* M
 Account charged *Matthew P. Serovinsky*
 Address *307 - E. South St Deland Fla*
 Account guaranteed *Cash*
 Address
 Embalming *Yes* *Dressing (Care of body)* *5.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2/0 White Pine* *14.00*
 Casket with Copper Lin.
 Style of Casket *Sgs. N. M.*
 No. of Casket
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Short*
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section Lot

I Other Graves

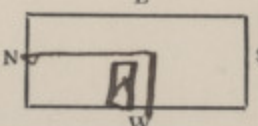


X Grave on this date

Cremation
 Urn
 Single Grave *Baby Grave* *12.50*
 Opening and Closing Grave *etc* *4.50*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos *Auto* *3.00*
 Telegram
 Minister *Father Bishop*
 Music
 Casket Wagon
 Physician *Dr. Berry*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$99.00

Carey Hand Funeral Home

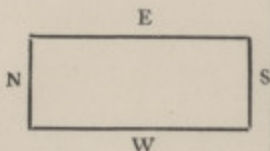
Name of deceased *Mr Joseph E. Austin*
 Date of death *Sept 21-43* *7-45* *MA*
 Cause of death *O.D.H.*
 Place of death *O.D.H.*
 Residence *Trailer Camp Rt-3-*
 Age *95* Y'rs *1* Mo's *14* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Thurs April 23 1943* *4PM*
 Account charged *Mrs Effie Austin*
 Address *Calends W.R.D 3-*
 Account guaranteed *Insurance*
 Address
 Embalming *& Dress* *35.00*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6 Walnut Fin* *475.00*
 Casket with Copper Lin.
 Style of Casket *State 1/2-C*
 No. of Casket *7-250-Tony*
 Outside Box
 Shipping Case or Vault *Convent* *60.00*
 Handles *Ext wood*
 Pillow Set *yes Taylor*
 Name Plate
 Cemetery *Burnside*
 Section *S N.W. 1/4* Lot *49*
Bought direct
 I Other Graves

 X Grave on this date
 Cremation *P.B. Par* *5.00*
 Urn *Par mnr* *5.00*
 Single Grave *auto* *5.00*
 Opening and Closing Grave *T & etc* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev T. M. Lee*
 Music *yes*
 Casket Wagon *(1)* *5.00*
 Physician *Dr Anderson*
 County or City Burial
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *4*
620.00

Arbutnot

Carey Hand Funeral Home

Name of deceased Mrs EULA B ARBUTHNOT
 Date of death Sept 20 1943 8:27 P M
 Cause of death Off myocarditis
 Place of death Chapel
 Residence Manhosa 501
 Age 61 Yrs 3 Mo's 27 Days
 Weight 110 Height 5 ft. 11 in. Eyes Blue
 Funeral at Chapel
 Date Sept 24 1943 11-A M
 Account charged Mrs. Ray M. Cracker
 Address 501- Manhosa
 Account guaranteed Yes
 Address Manhosa
 Embalming Yes
 Robe, Suit, Dress Flesh
 Underwear and Hose Yes
 Casket 4-3- G.M. Cloth
 Casket with Copper Lin. Yes
 Style of Casket 48-Tampa
 No. of Casket R. Co. State N. Co.
 Outside Box Yes
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Greenwood
 Section 10 Lot 10

I Other Graves



X Grave on this date

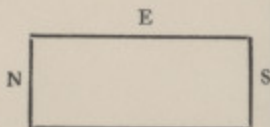
Cremation Auto
 Urn None
 Single Grave Whole
 Opening and Closing Grave Yes
 Body Shipped to None
 R. R. Ticket None
 Cash advanced None
 Autos None
 Telegram None
 Minister Yes
 Music Yes
 Casket Wagon Yes
 Physician Dr. F. Olson
 County or City Burial Yes
 Automobiles Yes
 Baggage or Express Train No. None

359.00
 66.50
 282.50
 352.50

Carey Hand Funeral Home

Name of deceased Fred H Thuring
 Date of death Tues Sept 21-43 3 P.M.
 Cause of death Alcoholism
 Place of death Res
 Residence Conway Gardens Conway Fla
 Age 40 Yrs 1 Mo's 4 Days
 Weight 160 Height 5 ft. 11 in. Eyes Blue
 Funeral at Chapel
 Date Fri Sept-24 194 3 8 P.M.
 Account charged _____
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-4- Mahogany 535.00
 Casket with Copper Lin. ✓
 Style of Casket State H. Cap.
 No. of Casket 300 Tampa
 Outside Box Rtg
 Shipping Case or Vault _____
 Handles Ext wood
 Pillow Set Yes Pine Del
 Name Plate Name & Date 5.00
 Cemetery Alachua
 Section _____ Lot _____

I Other Graves



X Grave on this date

W

Cremation Cash to Minister 10.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Perm. Ind.
 R. R. Ticket _____
 Cash advanced to Rev Sandy 648 10.00
 Autos 4030 - 4000 3774 133.80
 Telegram _____
 Minister Rev M C Sandy 86.48
 Music By Family
 Casket Wagon (21) 10.00
 Physician Buckworth
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92

Sun Oct-3-43 728.80
Allen F. Home 4030 47125
Perm Ind 682
Mrs Beards 681.68
N.Y. 50.36
732.04

Ernest W. Smerage.
Carey Hand Funeral Home

Name of deceased	<i>Mrs. Ernest W. Smerage</i>		
Date of death	<i>Wed - Sept 22-43</i>		M
Cause of death	<i>Coronary Throm</i>		
Place of death	<i>Res - Dickinson, N.D.</i>		
Residence	<i>1219 - E. Haley Ave</i>		
Age	<i>69</i> Y'rs.	<i>1</i> Mo's.	<i>19</i> Days
Weight	<i>185</i>	Height	<i>5 ft. 9 in.</i> Eyes
Funeral at	<i>Chapel</i>		
Date	<i>Friday Sept 24 1943</i>		<i>3 P.</i> M
Account charged	<i>Mrs. Edith K. Smerage</i>		
Address	<i>1219 E. Haley - Grand Forks</i>		
Account guaranteed	<i>Estate</i>		
Address			
Embalming & Dressing			<i>35.00</i>
Robe, Suit, Dress	<input checked="" type="checkbox"/>		
Underwear and Hosiery	<input checked="" type="checkbox"/>		
Casket	<i>4-3-51 61th</i>		<i>160.00</i>
Casket with Copper Lin.	<input checked="" type="checkbox"/>		
Style of Casket	<i>State of Calif</i>		
No. of Casket	<i>31 - Tompa</i>		
Outside Box	<input checked="" type="checkbox"/>		
Shipping Case or Vault	<input checked="" type="checkbox"/>		
Handles	<i>ext</i>		
Pillow Set	<i>yes</i>		
Name Plate	<input checked="" type="checkbox"/>		
Cemetery	<i>Calumet</i>		
Section		Lot	

I Other Graves

X Grave on this date

E

N S

W

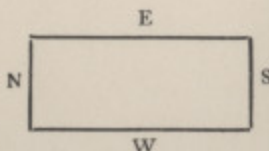
Cremation		<i>50.00</i>
Urn	<i>wooden</i>	
Single Grave		
Opening and Closing Grave	<i>Body 8 AM</i>	
Body Shipped to	<i>Calumet</i>	
R. R. Ticket	<i>Sat 9-25-43</i>	
Cash advanced	<i>will be paid for</i>	
Autos		
Telegram		
Minister	<i>Leean Johnson</i>	
Music	<i>Organ</i>	<i>5.00</i>
Casket Wagon	<i>(1)</i>	
Physician	<i>Dr. Larson</i>	
County or City Burial		
Automobiles		
Baggage or Express Train No.	<i>2</i>	

250.00

Carey Hand Funeral Home

Name of deceased Laura Norris
 Date of death Thu Sept. 24-43 AM
 Cause of death Chro myocapillie - Senility
 Place of death County Home
 Residence County Home
 Age 87 Y'rs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at Grave Side
 Date Thu Sept 24 1943 3- P.M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3- Case
 Casket with Copper Lin.
 Style of Casket See
 No. of Casket 1st
 Outside Box None
 Shipping Case or Vault
 Handles Shad
 Pillow Set
 Name Plate
 Cemetery County Home
 Section. Lot.

I Other Graves



X Grave on this date

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

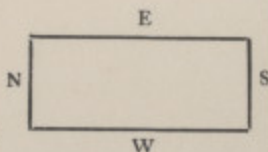
14.50

14.50

Carey Hand Funeral Home

Name of deceased Infant Mummy
 Date of death Jan. 24-43 M
 Cause of death Still Born
 Place of death ASH.
 Residence Beane
 Age ✓ Y'rs ✓ Mo's ✓ Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date 9-25-43 194 17 M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0- 14.50
 Casket with Copper Lin. _____
 Style of Casket Sgt. A M
 No. of Casket 4 M
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves



X Grave on this date

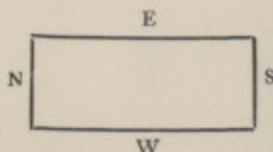
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Moore
 County or City Burial _____
 Automobiles _____
 Baggage or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

14.50

Carey Hand Funeral Home

Name of deceased Baby Talagan
 Date of death Sun Sept-26-49 8:15 AM
 Cause of death Still Born
 Place of death O. J. H.
 Residence 812 1/2 W. Church st
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at Chapel
 Date Tues Sept 27- 1949 11 AM
 Account charged Jessie W. Talagan
 Address 812 1/2 W. Church
 Account guaranteed Payments
 Address ✓
 Embalming Care of Body 5.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓ 1.50
 Casket 2-4.00
 Casket with Copper Lin. ✓
 Style of Casket See N. 7.7
 No. of Casket H. m
 Outside Box Reg-
 Shipping Case or Vault ✓
 Handles Small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Lake Mary
 Section Family Plot Lot ✓

I Other Graves



X Grave on this date

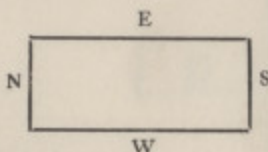
Cremation ✓
 Urn ✓
 Single Grave ✓
 Opening and Closing Grave 5.00
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister Simon
 Music Organ
 Casket Wagon ✓
 Physician Dr. Day
 County or City Burial ✓
 Automobiles Clared Car 5.00
 Baggage or Express Train No. ✓

30 00

Carey Hand Funeral Home

Name of deceased *Mrs. Allie K. Hale*
 Date of death *Sun Sept-26-43* P.M.
 Cause of death *Chronic Myocarditis*
 Place of death *Car. of Dan Hale*
 Residence *Vero Beach, Fla.*
 Age *87* Y'rs. *6* Mo's. *23* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Interment*
 Date *Sept* 194*3* M
 Account charged *Neil C. Hale*
 Address *Winter Garden Fla*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *W. Gray*
 Underwear and Hose _____
 Casket *6-6-2 in. Cloth*
 Casket with Copper Lin. ☒
 Style of Casket *R.C. State H. Cap*
 No. of Casket *47- Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Udall, Kansas*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation

Urn *Burial at Udall Kan*

Single Grave

Opening and Closing Grave

Body Shipped to *Hanford Kansas*

R. R. Ticket

Cash advanced

Autos

Telegram *(1)*

Minister

Music

Casket Wagon *(2)*

Physician

County or City Burial

Automobiles

Baggage or Express Train No. *92*

Tues Sept-28-43

506.50

35.00
17.50

275.00

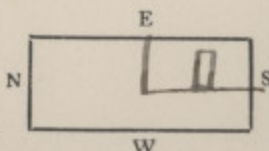
169.00

10.00

Carey Hand Funeral Home

Name of deceased *Charles N. Ackley*
 Date of death *Sun Sept-26-43* 6:15 P.M.
 Cause of death *ill 2. S. lung Wound*
 Place of death *O. & H.*
 Residence *808 N. Stanton*
 Age *4* Y'rs. *6* Mo's. *2* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Tues Sept-28* 1943 *4-P. M*
 Account charged *Mrs Elizabeth Ackley*
 Address *808 N. Stanton*
 Account guaranteed *Payments*
 Address
 Embalming *Yes*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *4-0 H-Plush*
 Casket with Copper Lin.
 Style of Casket *Oct N. 9. 1/2*
 No. of Casket
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Short*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *8- SE 1/4 Lot 65*

I Other Graves



X Grave on this date

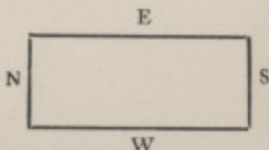
Cremation *Burial Lot* 50.00
 Urn
 Single Grave
 Opening and Closing Grave 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *M. P. Cassin*
 Music *yes*
 Casket Wagon
 Physician *D. J. M. Egan*
 County or City Burial
 Automobiles *3 x 5* 15.00
 Baggage or Express Train No. *8*

180.00

Carey Hand Funeral Home

Name of deceased Wm E. Castle
 Date of death Sept 27 a.m.
 Cause of death fractured hip
 Place of death E. S. N.
 Residence E. Jackson St.
 Age 77 Y'rs. 9 Mo's. 4 Days
 Weight 100 Height 6 ft in. Eyes
 Funeral at Chapel
 Date 194 M
 Account charged Mrs Helen B Castle
 Address 149 E. Jackson
 Account guaranteed Castle
 Address
 Embalming ✓ 35.
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Emt Doe 85.
 Casket with Copper Lin.
 Style of Casket Oct. H. Cap
 No. of Casket 1922 Temp
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery ✓
 Section ✓ Lot

I Other Graves



X Grave on this date

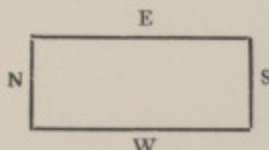
Cremation Cremation 50.
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to Body Cremated
 R. R. Ticket 8-AM Thurs 9-30-42
 Cash advanced
 Autos will call for
 Telegram Wario C.S.
 Minister Organ
 Music Organ 5.
 Casket Wagon (1)
 Physician Dr. M. Andrews
 County or City Burial
 Automobiles
 Baggage or Express Train No.

175.00

Carey Hand Funeral Home

Name of deceased Henry Minor Spooner
 Date of death Sept 25 M
 Cause of death Not given as permit
 Place of death Eustis Fla.
 Residence Fort Leona Fla.
 Age 79 Y'rs 3 Mo's 21 Days
 Weight 150 Height 5 Ft. 10 in. Eyes Brown
 Funeral at Eustis Fla.
 Date Sept 1943 M
 Account charged Spencer F. Home
 Address Eustis Fla.
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box Body arrived
 Shipping Case or Vault 10 a.m.
 Handles Monday - Sept 27-43
 Pillow Set
 Name Plate
 Cemetery Body Cremated
 Section 8 a.m. Monday Sept 28
Tues -

I Other Graves



X Grave on this date

Cremation Askes forwarded
 Urn to - Jas E. Spooner
 Single Grave E. Home Ft. Myers Fla.
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

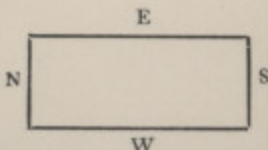
37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Helen Josephine Smith*
 Date of death *Sept 26* M
 Cause of death *Not given on permit*
 Place of death *Fort Myers Fla.*
 Residence *Fort Myers Fla.*
 Age *83* Y'rs *9* Mo's *6* Days
 Weight *50* Height *5* ft. *3* in. Eyes
 Funeral at *Fort Myers Fla.*
 Date *Sept* 194*3* M
 Account charged *Shaner & Engelhart F.N.*
 Address *Fort Myers, Fla.*
 Account guaranteed *Check*
 Address
 Embalming *Cremation*
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket *Body Arrived*
 No. of Casket *Tuesday 9 a.m.*
 Outside Box *by express*
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate *Today Cremated*
 Cemetery *8 a.m. Wed.*
 Section *Sept 29 Lot 1943*

37.50

I Other Graves



X Grave on this date

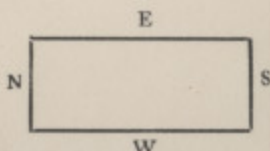
Cremation *Ashes exposed to*
 Urn *Shaner & Engelhart*
 Single Grave *Pr. Home*
 Opening and Closing Grave *Fort Myers Fla.*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Eugene Wallace Loomis*
 Date of death *Sept 19 1943* M
 Cause of death *No Cause given on permit*
 Place of death *St Petersburg Fla.*
 Residence *St Petersburg Fla.*
 Age *88* Y'rs *4* Mo's *0* Days
 Weight *90* Height *5* Ft. *4* in. Eyes
 Funeral at *St Petersburg Fla.*
 Date *Sept 19 1943* M
 Account charged *Cooksey Fun Home.*
 Address *St Petersburg Fla.*
 Account guaranteed *Check*
 Address
 Embalming *Cremation.* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body arrived*
 Style of Casket *10:45 a.m.*
 No. of Casket *Tuesday Sept 28*
 Outside Box *1943 by auto*
 Shipping Case or Vault
 Handles *Body Cremated*
 Pillow Set *Wed 8 a.m.*
 Name Plate *1943 - Sept 29*
 Cemetery
 Section Lot

I Other Graves



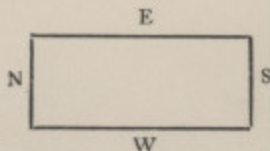
X Grave on this date

Cremation *ashes expressed to*
 Urn *Cooksey Fun Home*
 Single Grave *St Petersburg*
 Opening and Closing Grave *Fla.*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. *37.50*

Carey Hand Funeral Home

Name of deceased Mrs. Lila K. Murrell
 Date of death Sept 28 PM
 Cause of death Cancer
 Place of death R. G. N.
 Residence 823 Ridgewood
 Age 68 Y'rs 9 Mo's 28 Days
 Weight 135 Height 5 ft 5 in. Eyes
 Funeral at Chapel
 Date Wed Sept 29 1943 5:00 P.M.
 Account charged John Murrell
 Address Miami Fla -
 Account guaranteed ok -
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6 Solid Poplar 775.00
 Casket with Copper Lin. Inner
 Style of Casket State
 No. of Casket Cincinnati
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set yes
 Name Plate Name & Date
 Cemetery West
 Section _____ Lot _____

I Other Graves



X Grave on this date

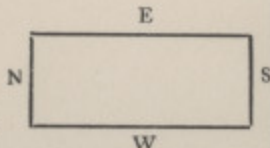
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Miami Fla
 R. R. Ticket 220-513-513 17.44
 Cash advanced T. P. Robinson Pictures 3.00
 Autos (1) 10.00
 Telegram _____
 Minister Rev. Dearly -
 Music Yes -
 Casket Wagon (1) (1) 5.00
 Physician Dr. Spencer Tolson
 County or City Burial _____
 Automobiles 2 Titusville 25.00
 Baggage or Express Train No. _____

870.46
850.00
20.46

Carey Hand Funeral Home

Name of deceased Geo. A. Simpson
 Date of death Thurs Sept 30 1943 8:30 AM
 Cause of death Heart
 Place of death Hotel
 Residence 133 Hibiscus Bldg
 Age 63 Y'rs 3 Mo's 28 Days
 Weight 150 Height 5 ft 7 in. Eyes
 Funeral at Chapel
 Date Sat Oct 2 1943 10:30 AM
 Account charged Mrs Mary Simpson
 Address 133 Hibiscus Bldg
 Account guaranteed Insurance
 Address
 Embalming Yes ²⁵⁰ ³⁵ ¹⁰⁰
 Robe, Suit, Dress Shirt Collar tie
 Underwear and Hose
 Casket 6-3-5a Maple + Service Chg
 Casket with Copper Lin.
 Style of Casket Rect. w/ Cop
 No. of Casket 1922-
 Outside Box
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cumtation
 Section Lot

I Other Graves



X Grave on this date

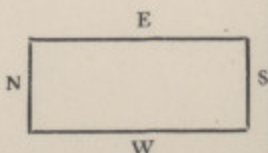
Cremation Cumtation
 Urn wooden
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Interred P.M.
 R. R. Ticket Nov-10-4-43
 Cash advanced Channing & Penn 3rd
 Autos
 Telegram
 Minister Dean Johnson
 Music Organ
 Casket Wagon (1)
 Physician Buckworth
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Spa Towels 154.85
10.00
164.85

Carey Hand Funeral Home

Name of deceased Frank Little
 Date of death Oct 1st 5:15 a.m.
 Cause of death Pulmonary T. B.
 Place of death State T. B. Hospital
 Residence Jacksonville Fla
 Age 28 Y'rs. Mo's 3 Days
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Graveside
 Date Oct 1st 1943 5 P. M.
 Account charged State T. B. Hospital
 Address Orange Co.
 Account guaranteed Cash
 Address _____
 Embalming ☒
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Coffin 15 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles ☒
 Pillow Set ☒
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave S. Grave white 25 00

Opening and Closing Grave etc 9 00

Body Shipped to _____

R. R. Ticket _____

Cash advanced Spray Flowers 5 00

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2) 6 00

Physician Dr. Thompson

County or City Burial _____

Automobiles _____

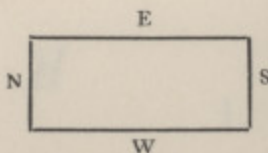
Baggage or Express Train No. _____

\$ 60.00

Carey Hand Funeral Home *Jaybird*

Name of deceased *Mrs. Katherine Arms*
 Date of death *Oct-1-43* *8* P.M.
 Cause of death *O.S.H.*
 Place of death *O.S.H.*
 Residence *441 - Park Lake Circle*
 Age *78* Y'rs *—* Mo's *16* Days *—*
 Weight *90* Height *5* ft. *7* in. Eyes *—*
 Funeral at *Chapel*
 Date *Mon Oct-4-1943* *4:30 P.M.*
 Account charged *Miss G. Lucy Arms*
 Address *441 Park Lake Circle*
 Account guaranteed *Estate*
 Address *—*
 Embalming *Y Dress* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *W-3 In. Box* *135.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Oct. 24 Cap*
 No. of Casket *1850 Tampa*
 Outside Box *✓*
 Shipping Case or Vault *✓*
 Handles *Est*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *Cumtation*
 Section *—* Lot *—*

I Other Graves



X Grave on this date

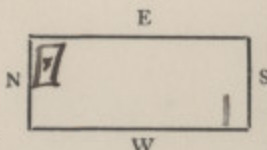
Cremation *Cremation* *50.00*
 Urn *wooden*
 Single Grave *Body Cremated*
 Opening and Closing Grave *P.A.H.*
 Body Shipped to *Fun Oct 3-43*
 R. R. Ticket *—*
 Cash advanced *will call for*
 Autos *—*
 Telegram *—*
 Minister *Dean Johnson*
 Music *Org* *5.00*
 Casket Wagon *11 Tabor*
 Physician *—*
 County or City Burial *—* *5.00*
 Automobiles *amb. Serv*
 Baggage or Express Train No. *—*

\$ 230.00

Carey Hand Funeral Home

Name of deceased *Mrs Nellie Jane Richards*
 Date of death *Sun Oct-3-43* P.M.
 Cause of death _____
 Place of death *O. G. H.*
 Residence *719 - Mt Vernon*
 Age *81* Y'rs. _____ Mo's *21* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Oct-6-43* 1943 *3 P.M.*
 Account charged *Mrs J. J. Haynes*
 Address *1010 Wildona Dr - Orlando*
 Account guaranteed _____
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-3 1/2 Earl Plush* 135.00
 Casket with Copper Lin. ☒
 Style of Casket *Oct. N. Cap*
 No. of Casket *1850*
 Outside Box *R. & G.*
 Shipping Case or Vault ☒
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Greenwood*
 Section *N. Space 5* Lot *169*

I Other Graves



X Grave on this date

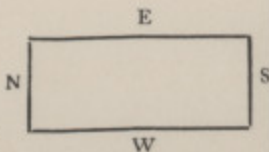
Cremation *P.O. Car* 5.00
 Urn *Car 9 min* 5.00
 Single Grave _____
 Opening and Closing Grave *V. & etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Powell Tucker*
 Music *Yes* 5.00
 Casket Wagon *(11) Gray* 5.00
 Physician *Dr. Gray*
 County or City Burial _____
 Automobiles *S. & S.* 15.00
 Baggage or Express Train No. _____

220.00

Carey Hand Funeral Home

Name of deceased Fietta Newhard
 Date of death Oct 5 - 1943 5:58 P. M.
 Cause of death Subarachnoid Hemorrhage
 Place of death P. N.
 Residence 823 - Magnolia Ave.
 Age 70 Y'rs 5 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Oct 1943 M
 Account charged Harothy F. Dougherty
 Address 823 - Magnolia Ave
 Account guaranteed Cash & payments
 Address W. G. Emerson Inc. & Country Co.
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6-42 Bld-C- 275.00
 Casket with Copper Lin. _____
 Style of Casket R. C. State
 No. of Casket 6908
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Destination
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Philadelphia
 R. R. Ticket R.R. 86.65
 Cash advanced _____ 5.00
 Autos and car
 Telegram _____
 Minister Destination
 Music _____
 Casket Wagon (2) 10.00
 Physician Dr. C. Bernstein
 County or City Burial _____
 Automobiles _____
 Baggage or ~~Express~~ Train No. 92

Wed Oct-6-43

copy

Oliver A. Bear
Chastnut St

411.65

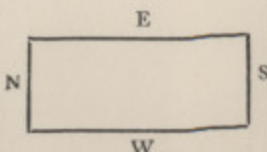
186.65

225.00

Carey Hand Funeral Home

Name of deceased Frank T. Mahan
 Date of death Oct 6 2:30 a. M
 Cause of death _____
 Place of death O. G. H.
 Residence Warren
 Age 74 Y'rs 7 Mo's 26 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Day
 Date _____ 194 _____ M
 Account charged Catharine M. Mahan
 Address Warren Ohio
 Account guaranteed _____
 Address _____
 Embalming Yes 30.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Only 9.00 475.00
 Casket with Copper Lin. _____
 Style of Casket State Hinge Cap
 No. of Casket 300 Only 9.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Ext Wood
 Pillow Set Yes
 Name Plate _____
 Cemetery Destinarian
 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 Teleph + ant 5.00
 Minister Destinarian
 Music _____
 Casket Wagon (2) 10.00
 Physician Dr. Humeau M. Bureau
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 Ph.

Trus 10-12-43

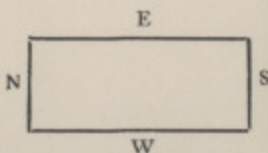
Ex
Pd - Cash

325.00
81.83
606.83

Carry Hand Funeral Home

Name of deceased Margaret S. Hukill
 Date of death Oct 2nd M
 Cause of death Cerebral Embolism
 Place of death Residence
 Residence Lakeland, Fla.
 Age 46 Yrs. 6 Mo's 7 Days
 Weight 140 Height 5 ft. 4 in. Eyes
 Funeral at Lakeland Fla
 Date Oct 1943 M
 Account charged Gentry-Morgan F.H.
 Address Lakeland, Fla.
 Account guaranteed Check
 Address
 Embalming
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body arrived
 No. of Casket by auto Wed
 Outside Box 11:30 a.m.
 Shipping Case or Vault Oct 6 Li 43
 Handles
 Pillow Set
 Name Plate Body Cremated
 Cemetery Thurs 8 a.m.
 Section Oct 7-43 Lot

I Other Graves



X Grave on this date

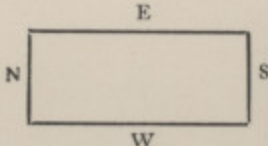
Cremation Bold Ashes
 Urn Notified
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Lama Ruth Smith
 Date of death Oct-2-43 M
 Cause of death Not given on Permit
 Place of death Fort Myers Fla
 Residence Bay Shore Fla
 Age 22 Y'rs 10 Mo's 4 Days
 Weight 115 Height 4 ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Spencer & Englehart
 Address Fort Myers Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Amund
 Style of Casket by Express
 No. of Casket 1-1A M Truss
 Outside Box 10-7-43
 Shipping Case or Vault
 Handles Body Cremated P.A.M
 Pillow Set Truss Oct-7-43
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

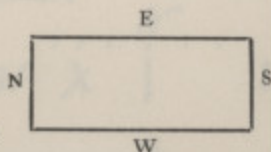
Cremation
 Urn wood
 Single Grave
 Opening and Closing Grave Express to
 Body Shipped to Spencer & Englehart
 R. R. Ticket Fort Myers - Fla
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carry Hand Funeral Home

Name of deceased Mrs Abbie E. Woods
 Date of death Oct 4-43 M
 Cause of death Chronic Organic Lesions
 Place of death Res
 Residence Mt Dora -
 Age 89 Yrs. 6 Mo's. 24 Days
 Weight 90 Height 5 ft. 6 in. Eyes
 Funeral at
 Date 194 M
 Account charged Rehbaum ex
 Address Mt Dora Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body covered
 Casket with Copper Lin. by auto
 Style of Casket
 No. of Casket 5-P.M. Thurs
 Outside Box Oct-7-43
 Shipping Case or Vault
 Handles Body cremated
 Pillow Set 18-A.M.
 Name Plate Fla Oct-8-43
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

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

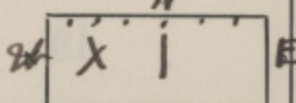
3750

Carey Hand Funeral Home

Name of deceased Victor Biddle
 Date of death Oct 3 1943 M
 Cause of death Cerebral Thrombosis
 Place of death Steubenville Ohio
 Residence Steubenville Ohio
 Age 68 Y'rs. Mo's. Days
 Weight 170 Height 6 ft. - in. Eyes
 Funeral at Grace Lodge
 Date Friday Oct 8 1943 4 P.M.
 Account charged Mr J C McElroy
 Address J. S. Steubenville Ohio
 Account guaranteed
 Address

Embalming
 Robe, Suit; Dress
 Underwear and Hose
 Casket 6-6 D. Walnut
 Casket with Copper Lin.
 Style of Casket State Fr Couch
 No. of Casket
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext wood
 Pillow Set Yes Tan
 Name Plate
 Cemetery Springdale
 Section A Space 5 Lot 260
Head of grave South

I Other Graves



X Grave on this date

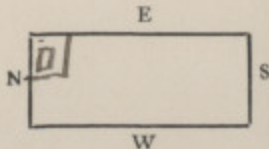
Cremation	<u>Car Min</u>	5.00
Urn	<u>Car P B -</u>	5.00
Single Grave		15.00
Opening and Closing Grave		5.00
Body Shipped to		
R. R. Ticket	<u>Del One State & Cont</u>	5.00
Cash advanced		
Autos		
Telegram		
Minister	<u>May Paul Grant</u>	
Music		5.00
Casket Wagon	<u>(1)</u>	
Physician		
County or City Burial		15.00
Automobiles	<u>S. V. S.</u>	
Baggage or Express Train No.	<u>2</u>	

50.00

Carey Hand Funeral Home

Name of deceased Mary Elizabeth Carroll
 Date of death Oct 8 1:40 P. M.
 Cause of death _____
 Place of death O. G. A.
 Residence Apopka Fla.
 Age _____ Y'rs _____ Mo's _____ Days 4 hrs
 Weight _____ Height _____ ft. _____ in. Eyes 40 mini
 Funeral at Graveside
 Date Sunday Oct 10 1943 2:30 P. M.
 Account charged Bailey Carroll
 Address Apopka, Fla
 Account guaranteed _____
 Address _____
 Embalming Per Body 5.00
 Robe, Suit, Dress Clothing 2.00
 Underwear and Hose _____
 Casket 70 White Lamb Skin 15.00
 Casket with Copper Lin. _____
 Style of Casket Sgt.
 No. of Casket _____
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Apopka
 Section A Lot 24

I Other Graves



X Grave on this date

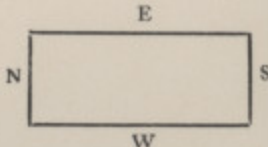
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 5.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Patterson
 Music _____
 Casket Wagon _____
 Physician Dr. M. E. Bude
 County or City Burial _____
 Automobiles Auto 5.00
 Baggage or Express Train No. _____

32.00

Cary Hand Funeral Home

Name of deceased *Mr. David E. Anderson*
 Date of death *Thu Oct 8* *7* M
 Cause of death *Cancer of large bowel*
 Place of death *Oshtemo*
 Residence *Atkinson, Ia*
 Age *60* Y's *5* Mo's *28* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *No service*
 Date _____ 194*3* M
 Account charged *Mrs. Anna Larsen*
 Address *622 N. Homer Ave Chi Ill*
 Account guaranteed _____
 Address _____
 Embalming *Y* *35.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Service Chg* *35.00*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *Body Cremated*
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Cremation*
 Section _____ Lot _____

I Other Graves



X Grave on this date

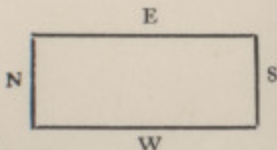
Cremation *50.00*
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *✓*
 Music *5.00*
 Casket Wagon *40*
 Physician *Dr. Gray*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

725.00

Carey Hand Funeral Home

Name of deceased Joseph L. Warren
 Date of death July Oct 10-43 1-PM
 Cause of death Crushed Head run over by
 Place of death Cherry Highway Fla. Motor Car
 Residence Ward St 4 Near the Casino
 Age 23 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July Oct 11 1943 3:00 PM
 Account charged Joseph J. Warren
 Address _____
 Account guaranteed _____
 Address _____
 Embalming 4 hours
 Robe, Suit, Dress Blue S # 247
 Underwear and Hose _____
 Casket 6-6-6-6-6-6
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap.
 No. of Casket 1850 Tampa
 Outside Box 11-9
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Graves
 Section _____ Lot _____

I Other Graves



X Grave on this date

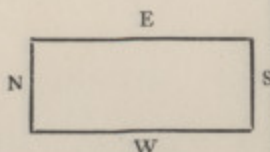
Cremation On file
 Urn _____
 Single Grave Burial Lot
 Opening and Closing Grave Tide
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1)
 Physician Duckworth
 County or City Burial _____
 Automobiles S. & S.
 Baggage or Express Train No. _____

255.00

Carey Hand Funeral Home

Name of deceased Walter Smith
 Date of death Sun Oct-10-43 M
 Cause of death _____
 Place of death Osteopathic Hospital
 Residence Winter Garden
 Age 16 Yrs 9 Mo's 8 Days _____
 Weight 100 Height 5 ft. 7 in. Eyes _____
 Funeral at Baptist Church H. G.
 Date Mon Oct-11-43 194 4 P.M.
 Account charged Mr. G. W. Smith
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming yes 35.00
 Robe, Suit, Dress yes 4.30
 Underwear and Hose _____
 Casket 6-6 State N. C. 250.00
 Casket with Copper Lin. yes
 Style of Casket State
 No. of Casket 7208 Orleans
 Outside Box yes
 Shipping Case or Vault yes
 Handles yes
 Pillow Set yes
 Name Plate _____
 Cemetery Winter Garden
 Section _____ Lot _____

I Other Graves



X Grave on this date

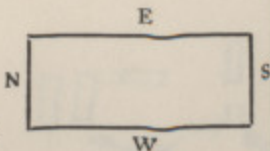
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave State 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music By Church 5.00
 Casket Wagon 611
 Physician Dr. Tindel
 County or City Burial _____
 Automobiles 5.00 15.00
 Baggage or Express Train No. 8

Very Large Funeral 334.30
 the School Attender 34.30
 Attending cost 290.00
 Total cost

Carey Hand Funeral Home

Name of deceased *Infant Baby Kumar*
 Date of death *Sun Oct 10 1943* 12 M
 Cause of death
 Place of death *At Home*
 Residence *Palmdale R.R. 1 - Box 47-A*
 Age Y'rs Mo's Days
 Weight Height ft in. Eyes
 Funeral at *Mr. Service*
 Date 194 M
 Account charged *Joseph John Kumar*
 Address *Palmdale R.R. 1 - Box 47-A*
 Account guaranteed *Cash*
 Address
 Embalming *Cremation* 10.
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket *Body & H.M.*
 No. of Casket *Cremated*
 Outside Box *Mon 10-11-42*
 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 *will call for*
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician *Dr. Lyons*
 County or City Burial
 Automobiles
 Baggage or Express Train No.

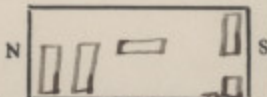
10.00

Carey Hand Funeral Home

Name of deceased *Mrs. Mattie Martin*
 Date of death *Oct-7-1943* *6:30 P. M.*
 Cause of death *auto accident*
 Place of death *Cashiers N. C.*
 Residence *Orlando*
 Age *68* Y'rs. *9* Mo's. *29* Days
 Weight *200* Height *5 ft 4* in. Eyes
 Funeral at
 Date *194* *M*
 Account charged
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *Spr. H. Case Co. Case*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section *Can. Circle* Lot *8-*

E

I Other Graves



X Grave on this date

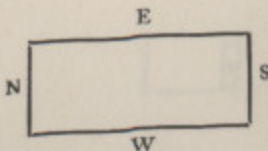
Cremation *Cremation* *50.00*
 Urn *5.00*
 Single Grave *Current Box* *4.50*
 Opening and Closing Grave *etc*
 Body Shipped to
 R. R. Ticket *50.80*
 Cash advanced *Express Charges*
 Autos
 Telegram
 Minister *28.22*
 Music *Cash Ad Co. March 3. H.* *5.00*
 Casket Wagon *(1)*
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Killed Sudden auto accident *\$143.60*
Oct-7-43 at Cashiers N. C.
Both sons Mr. H. E. Martin and
Mrs. Martin interred in grave in
Chapman Lot 4-P. M. Wed. Leec. 8th 1943

Carey Hand Funeral Home

Name of deceased Mrs Pauline Lisse
 Date of death Mon Oct-10-43 12 Noon
 Cause of death acute cardiac failure
 Place of death Res
 Residence Cateon
 Age 74 Y'rs 10 Mo's 15 Days
 Weight 145 Height 5 ft 5 in. Eyes
 Funeral at Chapel
 Date Tues Oct-12-1943 2 P. M
 Account charged W. P. Siebert
 Address 1420 - 9 - St South St Petersburg Fla
 Account guaranteed Estate
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Style G. M. 6/11th 250.00
 Casket with Copper Lin.
 Style of Casket R. Co. State
 No. of Casket 48 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 8-AM
 Opening and Closing Grave Wed-10-13-43
 Body Shipped to
 R. R. Ticket Cashes placed in urn with
 Cash advanced ANNA Gernal and Henry
 Autos Lisse and scattered St Johns River 1.00
 Telegram Fl y L. S.
 Minister Brother of Sanford
 Music Organ 10.00
 Casket Wagon x Cateon
 Physician Dr. G. H. Rutman
 County or City Burial Sanford Fla
 Automobiles
 Baggage or Express Train No.

346.00

Henry Gern 7-13-1930

Anna Gernal 12-25-1934

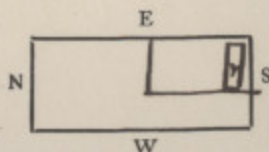
Pauline Lisse 10-10-1943

all three placed in same
 urn and to be scattered in
 the St Johns River
 by W. P. Siebert

Carey Hand Funeral Home

Name of deceased *Harry Green Moore*
 Date of death *Nov 11 43* *1-A* M
 Cause of death *O.G.A.*
 Place of death *O.G.A.*
 Residence *1014 Atlanta Ave*
 Age *56* Y'rs *1* Mo's *21* Days
 Weight *200* Height *4* ft *4* in. Eyes
 Funeral at *Chapel*
 Date *Wed Oct 13 1943* *30* M
 Account charged *Mrs. H. G. Moore*
 Address *1014 Atlanta Ave*
 Account guaranteed *Insurance*
 Address
 Embalming *yes*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-6-X-1*
 Casket with Copper Lin.
 Style of Casket *Op. H. Pap*
 No. of Casket *116 - Green*
 Outside Box *17-9*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Greenwood*
 Section *9 - S.E. 1/4* Lot *24*

I Other Graves



X Grave on this date

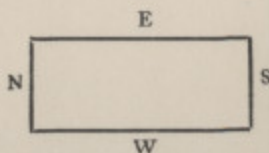
Cremation *Burial Lot*
 Urn
 Single Grave
 Opening and Closing Grave *1st*
 Body Shipped to *P.O. Car*
 R. R. Ticket *Car mi*
 Cash advanced
 Autos
 Telegram
 Minister *Rev Cole*
 Music *yes*
 Casket Wagon *11*
 Physician *Dr. May*
 County or City Burial
 Automobiles *S & S*
 Baggage or Express Train No.

285.00

Carey Hand Funeral Home

Name of deceased Mr. Samuel H. Hadley.
 Date of death Mon Oct 11-43 H.M.
 Cause of death _____
 Place of death Res. 1228 Taylor Ave. Winter Park
 Residence Winter Park Fla Fla
 Age 65 Y'rs. 6 Mo's. 6 Days Brown
 Weight 148 Height 5 ft. 9 in. Eyes Brown
 Funeral at Chapel
 Date Thurs Oct 14 194 3 P.M.
 Account charged Mrs. Catherine C. Hadley
 Address 1228 Taylor Ave. Winter Park Fla
 Account guaranteed OK
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Grey 75.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Calverton
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremation 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev
 Music _____
 Casket Wagon 1 5.00
 Physician Dr. Holand
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

765.00

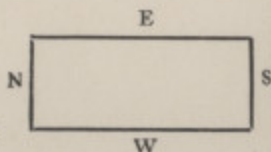
15.00

Paid ex 96 \$150.00

Carey Hand Funeral Home

Name of deceased Stephen A. Lambert
 Date of death Oct - 8 - 43 - M
 Cause of death Coronary Occlusion
 Place of death Res
 Residence St Myers -
 Age 65 Y're Mo's Days
 Weight 120 Height 6 ft. - in. Eyes
 Funeral at
 Date 194 M
 Account charged Specimen & Englehart -
 Address
 Account guaranteed OK -
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Cremated
 Style of Casket 8-4 M. Wood
 No. of Casket Oct-13-43-
 Outside Box
 Shipping Case or Vault Express Ashes
 Handles X Specimen & Englehart
 Pillow Set St Myers Res
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

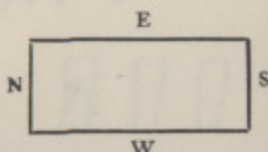
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Effie M. Twitchell
 Date of death Thurs Oct-14-45 AM
 Cause of death _____
 Place of death Res
 Residence 2225 Lakeside Dr. Meritt Park
 Age 61 Y'rs. 5 Mo's. 8 Days
 Weight 70 Height 5 ft. in. Eyes _____
 Funeral at Chapel
 Date Oct 1945 M
 Account charged Mr J.P. Twitchell
 Address Meritt Park 2225 Lakeside
 Account guaranteed Mr J.P. Twitchell
 Address _____
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 by 6 by 6 100.00
 Casket with Copper Lin. _____
 Style of Casket Oct. 14 Co
 No. of Casket 1972 Temp. 4
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Calverton
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated
 R. R. Ticket B-A.M.
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev
 Music Organ 5.00
 Casket Wagon W
 Physician Dr. Jackson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

190.00

Wichtendahl

Carey Hand Funeral Home

DAHL

Name of deceased Mrs. DORETTE WICHTE
 Date of death Thu Oct-15-43 A.M.
 Cause of death _____
 Place of death O.S.H.
 Residence Gotha
 Age 84 Y'rs. 3 Mo's. 7 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Oct 17 1943 4 P. M.
 Account charged _____
 Address _____
 Account guaranteed Estate
 Address _____
 Embalming Yes
 Robe, Suit, Dress Vel
 Underwear and Hose _____
 Casket 6-6-6 in. Oak Cloth 275.00
 Casket with Copper Lin. _____
 Style of Casket State H. Cap
 No. of Casket 5818 Orleans
 Outside Box R-19
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes - Vel
 Name Plate _____
 Cemetery Gotha
 Section 0 Lot _____
Space - 3
E

I Other Graves

X Grave on this date

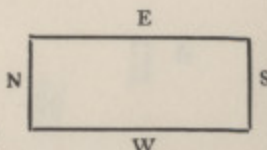
Cremation 2-9. Cars 5.00
 Urn 2- P. B. Cars 10.00
 Single Grave Car min 10.00
 Opening and Closing Grave 1 etc 5.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Geo Trap
 Music Yes
 Casket Wagon (1) 5.00
 Physician Dr. Bernstein
 County or City Burial _____
 Automobiles S.Y.S. 15.00
 Baggage or Express Train No. _____

385.85

Carey Hand Funeral Home

Name of deceased Betty Gray
 Date of death Oct - 15 - 43 10 A M
 Cause of death Still Born
 Place of death 1414 E. Yale
 Residence 1414 E Yale
 Age ✓ Y'rs ✓ Mo's ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date ✓ 194 ✓ M
 Account charged Betty Gray
 Address 1414 E. Yale
 Account guaranteed Cash
 Address ✓
 Embalming Cremation 5.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. Family Brought
 Style of Casket Betty m
 No. of Casket 130 P. m
 Outside Box Gen 10-15-43
 Shipping Case or Vault ✓
 Handles Betty Cremated
 Pillow Set 8-A.M. Sat 10-16-43
 Name Plate ✓
 Cemetery will call for
 Section ✓ Lot ✓

I Other Graves



X Grave on this date

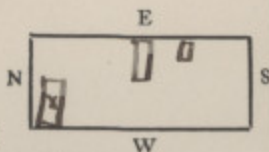
Cremation ✓
 Urn wooden
 Single Grave ✓
 Opening and Closing Grave ✓
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon ✓
 Physician ✓
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓

5.00

Carey Hand Funeral Home

Name of deceased *Mr Adiel Benson Glade*
 Date of death *Mon Oct-18-43* *3:45 AM*
 Cause of death *Flu*
 Place of death *At home*
 Residence *319 Ridgeway*
 Age *73* Y'rs *8* Mo's *10* Days
 Weight *150* Height *5* ft *9* in. Eyes
 Funeral at *Chapel*
 Date *Wed Oct 20-1943* *10:30 AM*
 Account charged *James Glade*
 Address
 Account guaranteed *Yes*
 Address
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *Yes*
 Underwear and Hose
 Casket *6-3 S. M. Oak* *275.00*
 Casket with Copper Lin.
 Style of Casket *B. C. or slate*
 No. of Casket *Tampa 750*
 Outside Box
 Shipping Case or Vault *Cement* *60.00*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section *M* Lot *49*

I Other Graves



X Grave on this date

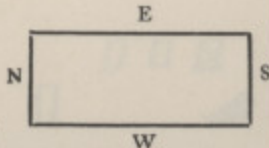
Cremation *Can. Minn* *5.00*
 Urn *2-Pax P. B* *10.00*
 Single Grave
 Opening and Closing Grave *Yes etc* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *John Bishop*
 Music *Organ* *5.00*
 Casket Wagon *(1)*
 Physician *Dr. Burnham*
 County or City Burial
 Automobiles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

420.00

Carey Hand Funeral Home

Name of deceased Bertha Haumann
 Date of death Oct 14th M
 Cause of death Intestinal Obstruction
 Place of death Leesoto City Fla.
 Residence Leesoto City Fla.
 Age 46 Y'rs. Mo's. Days
 Weight 125 Height 5 ft. 2 in. Eyes Brown
 Funeral at Leesoto City Fla.
 Date Oct 1943 M
 Account charged Stephenson F. Home
 Address Sebring Fla.
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket Monday 1:30 P.M.
 Outside Box Oct 18 - 43
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Tues 8am-43
 Cemetery _____
 Section _____ Lot _____

I Other Graves



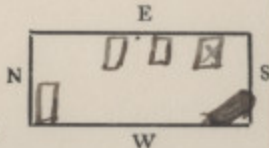
X Grave on this date

Cremation Ashes expressed
 Urn Stephenson F. Home
 Single Grave Sebring Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 37 50

Carey Hand Funeral Home

Name of deceased Mrs. Belle F. Hill
 Date of death Thurs Oct-19-43 AM
 Cause of death Cerebral Hemorrhage
 Place of death At Home
 Residence 342 E. South St
 Age 57 Y'rs. 10 Mo's. — Days
 Weight 125 Height 5 ft. — in. Eyes —
 Funeral at Chapel
 Date Thurs Oct 21 1943 JP M
 Account charged Mrs. Mabel P. Allen
 Address 2 Livingston Ave - Orlando Fla
 Account guaranteed State
 Address —
 Embalming Yes
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6-3 4 11th
 Casket with Copper Lin. —
 Style of Casket Stat 1/2 C-
 No. of Casket Tampa -
 Outside Box —
 Shipping Case or Vault Concrete
 Handles Ext -
 Pillow Set Yes
 Name Plate —
 Cemetery Greenwood
 Section M Lot 67

I Other Graves



X Grave on this date

Cremation P. B. Car
 Urn Car Main
 Single Grave —
 Opening and Closing Grave Yes
 Body Shipped to Fl. Car No Chg.
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram —
 Minister Rev. Fred Turner
 Music Organ
 Casket Wagon —
 Physician Dr. Walker
 County or City Burial —
 Automobiles S & S
 Baggage or Express Train No. —

335.00

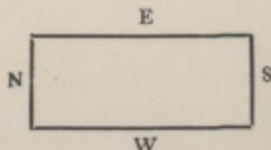
Carey Hand Funeral Home

Name of deceased Percy Pinkney M. Law
 Date of death Oct 19 1943 10 A M
 Cause of death Angina Pectoris
 Place of death Res
 Residence 812 E. Livingston.
 Age 70 Y'rs 10 Mo's 4 Days
 Weight 165 Height 5 ft. 9 in. Eyes
 Funeral at Chapel
 Date Sat Oct 24 1943 11 A M
 Account charged Mrs. Percy M. Law (W)
 Address 812 E. Livingston
 Account guaranteed Estate
 Address
 Embalming Yes Dressing
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-6-Gr. Blk
 Casket with Copper Lin. ✓
 Style of Casket R. Pa. S/ete
 No. of Casket Temp/A - 47
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes Taylor
 Name Plate ✓
 Cemetery Greenlawn
 Section Lot

35.00

285.00

I Other Graves



X Grave on this date

Cremation

50.00

Urn wooden

Single Grave atoto No chg

Opening and Closing Grave Body

Body Shipped to Crematory 8-0 AM

R. R. Ticket Sun Oct - 24-43

Cash advanced

Autos will call for

Telegram

Minister Rev. M. C. Lundy

Music Organ

Casket Wagon

5.00

Physician Dr. S. Folsom

County or City Burial

Automobiles

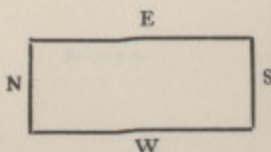
Baggage or Express Train No. 2

375.00

Carey Hand Funeral Home

Name of deceased William J. Richards
 Date of death Oct-15-43 # M
 Cause of death Not given on Permit
 Place of death Ogden, Idaho
 Residence 420 E. 2nd
 Age 28 Y'rs 10 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 3 # M
 Account charged Emelston & Higginson
 Address _____
 Account guaranteed OK
 Address _____
 Embalming Emelston 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Sp. A. Case
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

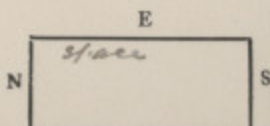
Cremation _____
 Urn wooden
 Single Grave Body-10-A-M
 Opening and Closing Grave Truss
 Body Shipped to Oct-21-43
 R. R. Ticket Body cremated
 Cash advanced 10-A-M
 Autos Tru 10-22-43
 Telegram _____
 Minister Reverend Del. &
 Music Emelston & Higginson
 Casket Wagon Funeral Home
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Harold E. Hall*
 Date of death *Thurs. Oct - 21 - 43* *4 P.M.*
 Cause of death _____
 Place of death *His -*
 Residence *Winter Garden*
 Age *32* Y'rs *5* Mo's *20* Days _____
 Weight *165* Height *6* ft. _____ in. Eyes _____
 Funeral at *M. E. Church W. Garden*
 Date *Sun Oct 24 - 1943* *3 P.M.*
 Account charged *Mrs. Gladys Hall*
 Address *Winter Garden 235 N. Johnson*
 Account guaranteed *John V. Estote*
 Address _____
 Embalming *J. Duss* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *66 in. Oak* *295.00*
 Casket with Copper Lin. ☒
 Style of Casket *R. P. 3101*
 No. of Casket _____
 Outside Box ☒
 Shipping Case or Vault *Cement* *60.00*
 Handles *Ext -*
 Pillow Set *Geo. Van Der*
 Name Plate ☒
 Cemetery *Woodlawn*
 Section *D* Lot *88*

I Other Graves



X Grave on this date

Cremation *Family Car No. 143*

Urn _____

Single Grave _____

Opening and Closing Grave *7.00* *15.00*

Body Shipped to _____

R. R. Ticket ☒

Cash advanced ☒

Autos _____

Telegram ☒

Minister *R. A. A. Guy*

Music *B. Y. Church*

Casket Wagon *(1)* *5.00*

Physician *Dr. Hunter*

County or City Burial _____

Automobiles *S. V. S.* *15.00*

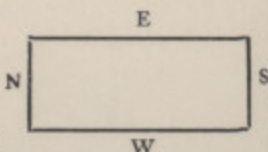
Baggage or Express Train No. *28*

525.00

Carey Hand Funeral Home

Name of deceased Mrs. Mary E. Clapp
 Date of death Thurs. Oct-21-43 M^P
 Cause of death Cancer of Digestive Tract
 Place of death Calumet Hospital
 Residence 302 - S. Hughey
 Age 64 Y'rs 7 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday Oct 25, 1943 4 P. M
 Account charged Steward Clapp
 Address 1047 N. Mills St. Calumet
 Account guaranteed Clapp
 Address _____
 Embalming Yes
 Robe, Suit, Dress Blue - Silk
 Underwear and Hose _____
 Casket 6-9 - Sil. Oak
 Casket with Copper Lin. ✓
 Style of Casket Oct 12 - C
 No. of Casket 7-1850
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery ✓
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave Coler & Home
 Opening and Closing Grave Wanchuta Pitt
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Express Sent
 Autos _____
 Telegram _____
 Minister Mr. Paul Crane
 Music Organ & Choir
 Casket Wagon 2
 Physician Dr. T. J. Tynan
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 23

5.92

10.00

Mon Night 10-25-43

246.67

Carey Hand Funeral Home

Name of deceased <u>Mr. W. J. Martin</u>		
Date of death <u>Oct - 21 - 43</u>		M ^P
Cause of death <u>Chronic Endocarditis</u>		
Place of death <u>Res.</u>		
Residence <u>1042 W. Rob Ave</u>		
Age <u>67</u> Y'rs	<u>6</u> Mo's	<u>18</u> Days
Weight	Height	ft. in. Eyes
Funeral at <u>Chapel</u>		
Date <u>Monday Oct 25 1943</u>		<u>2:30 P.M.</u>
Account charged <u>Mrs. Wm Martin</u>		
Address <u>1042 W. Robinson Ave</u>		
Account guaranteed <u>Cash</u>		
Address		
Embalming <u>Yes</u>		<u>35.00</u>
Robe, Suit, Dress <input checked="" type="checkbox"/>		
Underwear and Hosiery <input checked="" type="checkbox"/>		
Casket <u>4-3</u> <u>See Sample</u>		<u>100.00</u>
Casket with Copper Liner <input checked="" type="checkbox"/>		
Style of Casket <u>Oct. H. P. 2</u>		
No. of Casket <u>1922 - 9 sample</u>		
Outside Box <u>Reg -</u>		
Shipping Case or Vault <input checked="" type="checkbox"/>		
Handles <u>Ext -</u>		
Pillow Set <u>yes</u>		
Name Plate <input checked="" type="checkbox"/>		
Cemetery <u>Greenwood</u>		
Section <u>N</u>	Lot	

I Other Graves

N
E

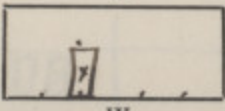
S

W

X Grave on this date

Cremation <u>Two out</u>	<u>5.00</u>	<u>10.00</u>
Urn		<u>25.00</u>
Single Grave <u>White</u>		<u>15.00</u>
Opening and Closing Grave <u>etc</u>		
Body Shipped to		
R. R. Ticket		
Cash advanced		
Autos		
Telegram		
Minister <u>Rev. Durbin</u>		
Music <u>Organ</u>		<u>5.00</u>
Casket Wagon		
Physician <u>Dr. Redding</u>		
County or City Burial		
Automobiles		
Baggage or Express Train No. <u>SKS</u>		<u>15.00</u>
		<u>200.00</u>

Carey Hand Funeral Home

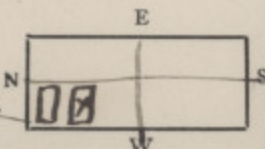
Name of deceased <u>Sallie Lou Marshall</u>	
Date of death <u>Oct 22</u>	10 a. M
Cause of death <u>Adrenal Cancer</u>	
Place of death <u>Thomasville, Ga.</u>	
Residence	
Age <u>58</u> Y'rs.	Mo's. Days.
Weight	Height ft. in. Eyes
Funeral at <u>Chapel</u>	
Date <u>Tuesday Oct 26</u>	10 a. M
Account charged <u>A. C. Marshall</u>	
Address	
Account guaranteed	
Address	
Embalming	
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>4-6 State 4-c 3x cld.</u>	
Casket with Copper Lin.	
Style of Casket	
No. of Casket	
Outside Box	
Shipping Case or Vault <u>Le-mont</u>	60. ⁰⁰
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section <u>N</u>	Lot <u>50</u>
	B. <u>X 425</u>
	E
I Other Graves	
	
X Grave on this date	
Cremation <u>Burial Lot B 425</u>	
Urn <u>3- Cor. P.B. & M.</u>	15. ⁰⁰
Single Grave <u>2- 4' Cor.</u>	10. ⁰⁰
Opening and Closing Grave <u>etc</u>	15. ⁰⁰
Body Shipped to	
R. R. Ticket	
Cash advanced	
Autos	
Telegram <u>Friend of the Family</u>	
Minister <u>Rev. Ellis</u>	5. ⁰⁰
Music <u>yes</u>	5. ⁰⁰
Casket Wagon <u>(1)</u>	15. ⁰⁰
Physician	
County or City Burial	
Automobiles <u>SVS</u>	15. ⁰⁰
Baggage or Express Train No. <u>8</u>	
<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 20px;">B 25</div> <div style="text-align: right;"> 185.00 <u>42.00</u> 143.00 </div> </div>	

Carey Hand Funeral Home

Name of deceased Thos W. Hicks
 Date of death Mon Oct 24 - 8:15 A.M.
 Cause of death Res
 Place of death Res
 Residence Epiphany
 Age 59 Y's — Mo's 12 Days —
 Weight 160 Height 5 ft 7 in. Eyes —
 Funeral at Grave Side
 Date Tues Oct 26 1943 4 P. M.
 Account charged Mrs. T. W. Hicks
 Address Epiphany Fla
 Account guaranteed Yes
 Address —
 Embalming Yes
 Robe, Suit, Dress shirt - tie
 Underwear and Hose Und. Hosiery
 Casket 4-3 1/2 Crpt
 Casket with Copper Lin. —
 Style of Casket Oct Hill
 No. of Casket 1972 Tampa
 Outside Box Red
 Shipping Case or Vault —
 Handles —
 Pillow Set Yes
 Name Plate —
 Cemetery Epiphany
 Section B N 1/2 Lot 19

I Other Graves

Mrs. Harrison



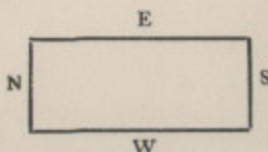
X Grave on this date

Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave late 15.00
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram —
 Minister —
 Music by family
 Casket Wagon 5.00
 Physician Dr. McBride
 County or City Burial —
 Automobiles S & S 15.00
 Baggage or Express Train No. —
183.00

Carey Hand Funeral Home

Name of deceased Benjamin M. Whitmore
 Date of death Oct 26 7:30 A.M.
 Cause of death Heart - Cholesterol
 Place of death Chapel
 Residence Winter Garden Fla
 Age 62 Y'rs 5 Mo's 26 Days
 Weight 140 Height 5 ft 6 in. Eyes Brown
 Funeral at Chapel
 Date Thurs Oct 28 1943 11 A.M.
 Account charged Albert C. Whitmore
 Address Lake Placid Fla
 Account guaranteed Check
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4 1/2 Tray cloth 75.00
 Casket with Copper Lin. _____
 Style of Casket Sgt
 No. of Casket _____
 Outside Box Body Cremated
 Shipping Case or Vault Friday 8 A.M.
 Handles Oct 29 - 1943
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Ashes expressed to
 Urn Albert C. Whitmore
 Single Grave Lake Placid Fla
 Opening and Closing Grave _____
 Body Shipped to Cremation 50.00
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Amanda Bradford
 Music Organ
 Casket Wagon 41 5.00
 Physician Dr. F. L. Harrison
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

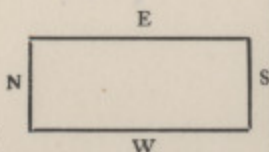
\$165.00

Left 5:12
By Minister

Carey Hand Funeral Home

Name of deceased Harvey J. Bell
 Date of death Oct 23 Sub M
 Cause of death Not given in permit
 Place of death Residence
 Residence Lakeland, Fla.
 Age 90 Y'rs 10 Mo's 10 Days
 Weight 140 Height 5 ft 6 in. Eyes Grey
 Funeral at Lakeland
 Date Oct 1943 M
 Account charged Gentry - Morrison
 Address Lakeland Fla.
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket 10. 2nd Tuesday
 Outside Box Oct 26 - 1943
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery East. Wed - Oct 29
 Section 1943 Lot _____

I Other Graves



X Grave on this date

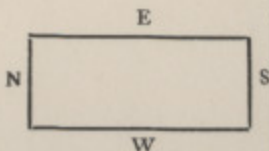
Cremation Ashes expressed
 Urn to Harry C. Merrick
 Single Grave Funeral Home
 Opening and Closing Grave Columbus
 Body Shipped to Ohio
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Martha M. Chatterin
 Date of death Oct 22nd M
 Cause of death Gastric Hemorrhage
 Place of death R.R.
 Residence St. Petersburg Fla.
 Age 71 Y'rs. 2 Mo's 9 Days
 Weight 112 Height 5 ft. 4 in. Eyes Brown
 Funeral at St. Petersburg Fla.
 Date Oct 1943 M
 Account charged Cooksey Funs Home
 Address St. Petersburg Fla.
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper 1 in.
 Style of Casket Body arrived
 No. of Casket by Auto Tues
 Outside Box 3 P.M. Oct 26-43
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Wed 8 A.M.
 Cemetery Oct 27-1943
 Section _____ Lot _____

I Other Graves



X Grave on this date

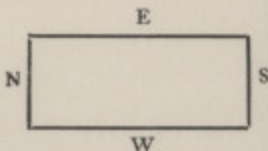
Cremation Asper Cremated
 Urn Cooksey F. Home
 Single Grave St. Petersburg Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____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

37-50

Carey Hand Funeral Home

Name of deceased Mrs. Frederick Mandt
 Date of death Oct 26 3:35 P. M.
 Cause of death _____
 Place of death Res
 Residence Winter Park 109-4 Orlando
 Age 71 Y'rs. Mo's. Days _____
 Weight 120 Height 5 ft. 8 in. Eyes _____
 Funeral at Destination
 Date Oct 1943 M
 Account charged Mrs. W. F. Mandt
 Address 109-4 Orlando
 Account guaranteed Oct
 Address _____
 Embalming Yes Pressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6- Metal 525.00
 Casket with Copper Lin. _____
 Style of Casket Top 1/2 - e -
 No. of Casket Monoco -
 Outside Box R-9
 Shipping Case or Vault _____
 Handles Eng Cup & Del
 Pillow Set Yes 2 Nov 18 1943
 Name Plate Name & Sub 1943
 Cemetery Destination
 Section _____ Lot _____

I Other Graves



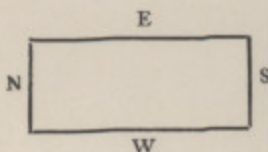
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Charleston H. Va 260.90
 R. R. Ticket Y P. 5.00
 Cash advanced Rich Trans
 Autos _____
 Telegram _____
 Minister Destination
 Music _____
 Casket Wagon (2) 10.00
 Physician Dr. Evans
 County or City Burial _____
 Automobiles _____
 Baggage or ~~Express~~ Train No. 92 8
Wed Oct 27 - 43 835.90

Carey Hand Funeral Home

Name of deceased Nancy Jane Scott
 Date of death Oct 26 11 P. M
 Cause of death _____
 Place of death O. G. N.
 Residence Osceola, Fla
 Age 72 Y's 6 Mo's 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Osceola
 Date Oct 1943 M
 Account charged O. G. Scott
 Address Time Hwy 2, Spd
 Account guaranteed W. W. Draft
 Address _____
 Embalming Y
 Robe, Suit, Dress Wheat
 Underwear and Hose ✓
 Casket 6-3-30 Oak
 Casket with Copper Lin. ✓
 Style of Casket Oct H. Pop
 No. of Casket 1972
 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

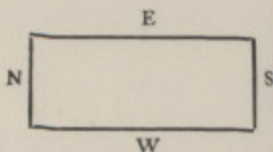
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Terre Haute Ind
 R. R. Ticket _____
 Cash advanced Express 4854 2.00 70. 60
 Autos _____
 Telegram _____
 Minister West
 Music _____
 Casket Wagon (2) 10. 00
 Physician Dr. Flanagan 5. 00
 County or City Burial and send
 Automobiles _____
 Baggage or Express Train No. 92 B
Thurs Oct 28-43 245. 60

Shipped to Gillis & Son
F. Duets

Carroll Hand Funeral Home

Name of deceased Mary Saunders
 Date of death Oct 27 1:30 P M
 Cause of death 1048-37 St - Orlando Fla
 Place of death Buffalo, New York
 Residence about 25 Yrs. Mo's. Days.
 Age 25 Height ft. in. Eyes.
 Weight 115 Height ft. in. Eyes.
 Funeral at 11:30
 Date Monday, Nov 28 1943 8 P. M
 Account charged Mrs. Florence Burton
 Address 1048-37 St - Orlando, Fla.
 Account guaranteed
 Address
 Embalming 1 Dressing
 Robe, Suit, Dress White
 Underwear and Hose
 Casket 4-3-12
 Casket with Copper Lin.
 Style of Casket Oct. 27 Cat
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault Ext
 Handles Ext
 Pillow Set Yell
 Name Plate
 Cemetery Destin
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Buffalo New Y.
 R. R. Ticket
 Cash advanced (2) Coach + RT
 Autos
 Telegram
 Minister Destin
 Music
 Casket Wagon (2)
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92

38.00
 15.00
 135.00

46.63
 116.82

10.00

Fri 10-29-43

354.37

Mon 10-28-43

358.45

Mon 10-28-43

200.00

Father Bishop

158.45

Carey Hand Funeral Home

Name of deceased Howard Reynolds
 Date of death Thurs Oct-28-43 4:30 MP
 Cause of death _____
 Place of death At Home
 Residence 601 De Lany Park Dr
 Age 58 Y'rs 4 Mo's 11 Days _____
 Weight 150 Height 5 ft 6 in. Eyes _____
 Funeral at Lebanon
 Date Sat Oct 30 1943 3 P. M
 Account charged Mrs Howard Reynolds
 Address 601-De Lany Park Dr
 Account guaranteed Mrs
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket C-3-B Exp 60.00
 Casket with Copper Lin. ☒
 Style of Casket Oct
 No. of Casket ☒
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Exp
 Pillow Set Yes
 Name Plate ☒
 Cemetery Cumtation
 Section _____ Lot _____
 I Other Graves

E

S

N

W

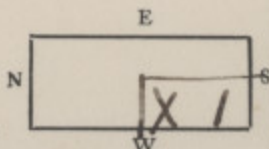
 X Grave on this date _____
 Cremation Cremation 50.00
 Urn wooden
 Single Grave ☒
 Opening and Closing Grave Body
 Body Shipped Cumtation 8-AM
 R. R. Ticket Jan - Oct-31-43
 Cash advanced _____
 Autos will call for
 Telegram _____
 Minister A. Fred Turner
 Music Organ 5.00
 Casket Wagon Yes
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

750.00

Carey Hand Funeral Home

Name of deceased *Mrs. Francis Myrtle McKenna*
 Date of death *Fri Oct-29-43* *A.M.*
 Cause of death _____
 Place of death *Res* _____
 Residence *117 Mail St* _____
 Age *56* Yrs *5* Mo's *12* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel* _____
 Date *Sat Oct 30* 1943 *4:30 P.M.*
 Account charged *Mr. Colon B. Stout* _____
 Address *2222 3rd Phone 133* _____
 Account guaranteed *Estate Adm't* _____
 Address _____
 Embalming *Yes* _____ *35.00*
 Robe, Suit, Dress *✓* _____
 Underwear and Hose *✓* _____
 Casket *4-3-Plush* _____ *135.00*
 Casket with Copper Lin. *✓* _____
 Style of Casket *Get M.C.* _____
 No. of Casket *1850* *1 comp.* _____
 Outside Box *✓* _____
 Shipping Case or Vault *Cement* _____ *60.00*
 Handles *Ext* _____
 Pillow Set *Yes* _____
 Name Plate _____
 Cemetery *Greenwood* _____
 Section *E* *SW 1/4 Lot 23* _____

I Other Graves _____



X Grave on this date _____

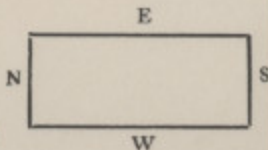
Cremation *closed case* _____ *5.00*
 Urn *Car P. O. Min.* _____ *5.00*
 Single Grave _____
 Opening and Closing Grave *rite* _____ *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev J.D. Singler* _____ *5.00*
 Music *yes* _____ *5.00*
 Casket Wagon *(1)* _____
 Physician *Dr. Folsom* _____
 County or City Burial _____
 Automobiles *3 & S* _____ *15.00*
 Baggage or Express Train No. _____

280.00

Carey Hand Funeral Home

Name of deceased *Miss Agness Suelee Morris*
 Date of death *Tue Oct 29-43* M/F
 Cause of death _____
 Place of death *Res*
 Residence *New King Hotel 414-W. Gen Ave*
 Age *85* Yrs *10* Mo's *12* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel* *Nov 1* 1943 *11-AM*
 Date *Nov 1* 1943 *#30 M.P.*
 Account charged *Paid by Decedent in advance*
 Address _____
 Account guaranteed *Cash*
 Address _____
 Embalming *Yes* 25.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *Star Light* 20.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box *P-A One Man*
 Shipping Case or Vault *Nov-1-43*
 Handles _____
 Pillow Set *White Expensive*
 Name Plate *Miss Hammond*
 Cemetery *Hammond Funeral Home*
 Section *Hammond* Lot *La*

I Other Graves



X Grave on this date

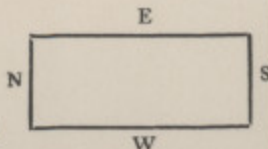
Cremation *Cremation* 50.00
 Urn *wooden*
 Single Grave *Mrs. Morris has*
 Opening and Closing Grave *been in*
 Body Shipped to *San Diego for burial*
 R. R. Ticket *Mrs. she paid*
 Cash advanced *Cash in advance*
 Autos *for this service*
 Telegram _____
 Minister *Dean Johnson*
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

95.00

Carey Hand Funeral Home

Name of deceased Mr John T Storm
 Date of death Oct-27-43 M
 Cause of death not given on Permit
 Place of death State Hospital, Chattahoochee Fla
 Residence Lakeland Fla
 Age 73 Y's 8 Mo's 26 Days
 Weight 146 Height 5 ft 6 in. Eyes
 Funeral at Funeral Home
 Date 194 M
 Account charged Gentry Morrison
 Address Funeral Home Lakeland Fla
 Account guaranteed ok
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket What is
 Casket with Copper Lin. Body covered
 Style of Casket by Expresses Fine PM
 No. of Casket Oct 29-43
 Outside Box Body cremated 8 AM
 Shipping Case or Vault Oct-10-30-43
 Handles
 Pillow Set ashes expressed to
 Name Plate Gentry & Morrison
 Cemetery Lakeland Fla
 Section Lot

I Other Graves



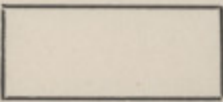
X Grave on this date

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 Mrs. Alice Edith Pesh
 Date of death Oct 28 1943 3 P.M.
 Cause of death myocarditis
 Place of death Andersonville N.C.
 Residence Orlando Fla
 Age 82 Y'rs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at Chapel
 Date Sun Oct-31- 1943 3 P.M.
 Account charged Anna Wright
 Address _____
 Account guaranteed Cable
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket marble urn 20 00
 Outside Box _____
 Shipping Case or Vault Eng. H. Plute 6 00
 Handles _____
 Pillow Set Body Cremated
 Name Plate 86 m. Monday
 Cemetery Nov 1-43
 Section _____ Lot _____

I Other Graves _____
 X Grave on this date _____


Cremation Cremation 50.00
 Urn wooden 25.00
 Single Grave Single 25.00
 Opening and Closing Grave 1.75
 Body Shipped to Express Ware
 R. R. Ticket _____
 Cash advanced to Shippard F. D. Nashville 100.00
 Autos Express 41.01
 Telegram _____
 Minister McNair & Smith 5.00
 Music yes 5.00
 Casket Wagon (1) 4.02
 Physician Ex/Am a time
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

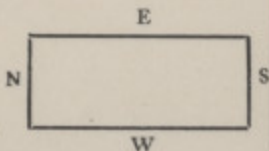
\$256.06

Sun Oct-31-42

Carey Hand Funeral Home 1-AM

Name of deceased Sylvia Britt
 Date of death Sat Oct 30-42 1-AM
 Cause of death Di. Land
 Place of death Di. Land
 Residence 107 Granada Court
 Age 10 Y'rs 4 Mo's 8 Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Monday Nov 1st 1942 5:00 M
 Account charged Mrs. Vera R. Ort
 Address
 Account guaranteed Insurance
 Address
 Embalming Yes 25.00
 Robe, Suit, Dress Blue 15.00
 Underwear and Hose
 Casket 5-0-10 Grey 75.00
 Casket with Copper Lin.
 Style of Casket Set H. Case
 No. of Casket 103- Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles Ant
 Pillow Set yes
 Name Plate
 Cemetery Woodlawn
 Section Lot

I Other Graves



X Grave on this date

Cremation auto 5.00
 Urn
 Single Grave
 Opening and Closing Grave 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. Bond
 Music yes
 Casket Wagon Di. Land 10.00
 Physician At - Island Fly
 County or City Burial 15.00
 Automobiles 2 & 2
 Baggage or Express Train No.

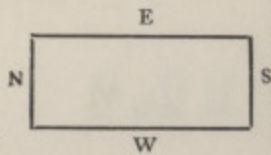
160.00

Carey Hand Funeral Home

INFANT

Name of deceased *Twins of Mrs & Mrs H.C. Koenig*
 Date of death *sat. Oct 30-43* *8:10 P.M.*
 Cause of death *Still born*
 Place of death *813 Montana ave*
 Residence *813 Montana ave*
 Age ☒ Y'rs ☒ Mo's ☒ Days ☒
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *Henry B Koenig*
 Address *813 Montana ave* *Belmont*
 Account guaranteed *Cash*
 Address _____
 Embalming *Cremation* *10.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *Body Cremated P.A.*
 Casket with Copper Lin. *Mon Nov 1-43*
 Style of Casket _____
 No. of Casket *will call for*
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



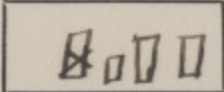
X Grave on this date

Cremation _____
 Urn *wooden*
 Single Grave *(2 - small boxes)*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *No Service*
 Music _____
 Casket Wagon _____
 Physician *Dr. Brann*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *10.00*

Carey Hand Funeral Home

Name of deceased Mrs. Sue H. Butts
 Date of death Oct-29-43 M
 Cause of death Pneumonia
 Place of death Washington D.C.
 Residence _____
 Age 40 Yrs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Pres Church Oakland
 Date Nov-1-43 1943 11-A M
 Account charged Dr Shannon Butts
 Address Washington D.C.
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 6-9-12-12-12
 Casket with Copper Lin. _____
 Style of Casket Slats
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement Vault 60.00
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Oakland
 Section _____ Lot _____

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

Cremation Orchard 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev
 Music Church
 Casket Wagon (1) 5.00
 Physician Dr. Myers of N. D.C.
 County or City Burial _____
 Automobiles 8.00 15.00
 Baggage or Express Train No. _____

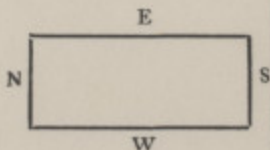
100.00

Nov-1-1943

Carey Hand Funeral Home

Name of deceased Walter B Watson III
Date of death Oct-29-43- M
Cause of death Pneumonia
Place of death Pine Bluff Ark.
Residence Orlando Fla
Age ✓ Y's ✓ Mo's ✓ Days
Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
Funeral at no services
Date ✓ 1943 M
Account charged Walter B Watson
Address Supply Dept #1 Camp Mackall
Account guaranteed ✓
Address ✓
Embalming ✓
Robe, Suit, Dress Body covered by
Underwear and Hose Ex/usa
Casket ALEX # 91- Mon Nov 1-43
Casket with Copper Lin. ✓
Style of Casket No Service
No. of Casket ✓
Outside Box ✓
Shipping Case or Vault ✓
Handles ✓
Pillow Set ✓
Name Plate ✓
Cemetery Greenwood
Section ✓ Lot ✓

I Other Graves



X Grave on this date

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

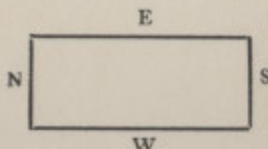
4.50

4.50

Carey Hand Funeral Home

Name of deceased *James Wilson Young*
 Date of death *Nov 1st* *11:45 AM*
 Cause of death _____
 Place of death *O. F. N.*
 Residence *1000 Anderson St.*
 Age *49* Y'rs *10* Mo's *15* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Nov 4th* *Thurs* 194*3* *4 P. M*
 Account charged *Mrs. Willie P. Young*
 Address *1000 Anderson St. Okmulgee*
 Account guaranteed *Gulf Life Ins.*
 Address _____
 Embalming *Addressing* *35.00*
~~Tube~~, Suit, Dress *Blue slacks* *17.50*
 Underwear and Hose _____
 Casket *6-3- Bnd-C Sand Pol* *275.00*
 Casket with Copper Lin. _____
 Style of Casket *State St. Cop.*
 No. of Casket *250- Tampa*
 Outside Box *Cement Vault* *60.00*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set *Yes*
 Name Plate _____
 Cemetery *Woodlawn*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Auto P. B.* *5.00*
 Urn *Auto Burn* *5.00*
 Single Grave *Gr. cov No Chg*
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Morris Book*
 Music *Yes*
 Casket Wagon *41* *5.00*
 Physician *Dr. L. P. McEwan*
 County or City Burial _____
 Automobiles *645* *15.00*
 Baggage or Express Train No. *25*

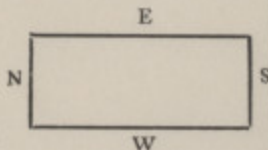
432.50

Carey Hand Funeral Home

POMEROY

Name of deceased James C. Pomerooy
 Date of death Nov 2nd 4-2 P.M.
 Cause of death Army Base Hospital
 Place of death 320 W. Alameda Ave
 Residence 39 Yrs Mo's 26 Days
 Age Weight 1 Height ft. in. Eyes
 Funeral at Chapel
 Date Nov - 7 1943 2:30 P.M.
 Account charged Mrs J. C. Pomerooy
 Address 320 W. Alameda
 Account guaranteed Ins -
 Address Dressing
 Embalming 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 4-2 in Cope 100.00
 Casket with Copper Lin. ✓
 Style of Casket Ce. H. Oak
 No. of Casket Reg
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set yes
 Name Plate ✓
 Cemetery Live Oak
 Section Lot

I Other Graves



X Grave on this date

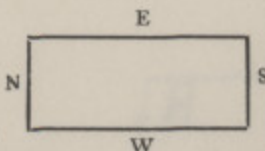
Cremation Expenses at Live Oak
 Urn 23.50
 Single Grave 5.00
 Opening and Closing Grave 75.00
 Body Shipped to Live Oak Fla
 R. R. Ticket 238.50
 Cash advanced ✓
 Autos ✓
 Telegram ✓
 Minister Chas. E. Elden Cone
 Music yes
 Casket Wagon ✓
 Physician Dr. H. H. H. H.
 County or City Burial ✓
 Automobiles Cad - & Live Oak
 Baggage or Express Train No. ✓

238.50

Curry Hand Funeral Home

Name of deceased Joseph B. Smith
 Date of death Nov 2nd 2 PM
 Cause of death Cholerae Anemia
 Place of death O.S.N.
 Residence 715 - 31st Islands Fla
 Age 54 Y'rs 12 Mo's 12 Days
 Weight 170 Height 6 ft — in. Eyes —
 Funeral at Restoration
 Date Thurs Nov 4th 1943 M
 Account charged Mrs J.B. Smith
 Address 715 - 31st Islands Fla
 Account guaranteed Estate
 Address —
 Embalming Yes Dressing 35.00
 Robe, Suit, Dress Tie 1.00
 Underwear and Hose —
 Casket Yes Heavy Solid 150.00
 Casket with Copper Lin. —
 Style of Casket Oct St. Pop
 No. of Casket 1100 —
 Outside Box Yes
 Shipping Case or Vault —
 Handles Ext
 Pillow Set Yes
 Name Plate —
 Cemetery Manassas
 Section at Tampa Lot —

I Other Graves



X Grave on this date

Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Tampa
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram —
 Minister C.S. + Fiv A.M. - Tampa
 Music —
 Casket Wagon (2) 10.00
 Physician Dr. Tolson
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. 92 \$

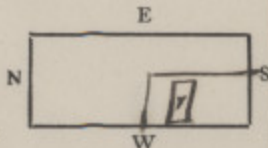
Wed Nov 3-43

203.56

Carey Hand Funeral Home

Name of deceased George H. Miller
 Date of death Nov 2nd 1943 4 - 0 M
 Cause of death Residence
 Place of death Residence
 Residence 645 E. Marks St
 Age 76 Yrs 8 Mo's 18 Days
 Weight 170 Height 6 ft. — in. Eyes —
 Funeral at Chapel
 Date Tues Nov 9 1943 2 30 P. M
 Account charged Mrs. Geo. H. Miller
 Address 645 E. Marks St
 Account guaranteed Estate
 Address —
 Embalming & Dress 35.00
 Robe, Suit, Dress lie 1.50
 Underwear and Hose —
 Casket 6-6- Mahogany 825.00
 Casket with Copper Lin. —
 Style of Casket State 1/2 - C
 No. of Casket 7-500- Tampa
 Outside Box —
 Shipping Case or Vault Cement 60.00
 Handles Ext. Harder
 Pillow Set yes 18.47
 Name Plate None 19.43
 Cemetery Guernwood
 Section S SW 1/4 Lot 71

I Other Graves



X Grave on this date

Cremation Family Car 15.00
 Urn Car P. B. 5.00
 Single Grave Car 5.00
 Opening and Closing Grave Teste 15.00
 Body Shipped to Burial Lot
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rev. M. C. Cassin 3.00
 Music yes 5.00
 Casket Wagon (1)
 Physician Dr. Duncan M. Egan
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No.

Burial Lot

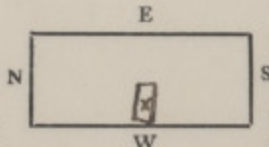
978.50
 81.25

1059.75

Carey Hand Funeral Home

Name of deceased Wm Eoy Sherrod
 Date of death Nov 3 1943 3:40 P M
 Cause of death Pneumonia from lung
 Place of death G. Y. N.
 Residence Apopka, Fla.
 Age 8 Y'rs 1 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Sat Nov 6 1943 11 A M
 Account charged Rester Sherrod
 Address Apopka, Fla
 Account guaranteed Payments
 Address _____
 Embalming J. L. Loring 25.00
 Robe, Suit, Dress _____ 5.00
 Underwear and Hose _____
 Casket 4-9 H Lome 47.50
 Casket with Copper Lin. ✓
 Style of Casket Set H 90
 No. of Casket 103 Tampa
 Outside Box R-9
 Shipping Case or Vault ✓
 Handles Set
 Pillow Set yes
 Name Plate _____
 Cemetery Apopka
 Section A Lot 43

I Other Graves



X Grave on this date

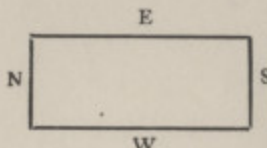
Cremation _____
 Urn _____
 Single Grave _____ 15.00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Patterson
 Music _____
 Casket Wagon _____
 Physician Dr
 County or City Burial _____ 15.00
 Automobiles 8 vs
 Baggage or Express Train No. _____
107 50

Carey Hand Funeral Home

Name of deceased Mr Louis Walker
 Date of death Thurs Nov-4-43 M P
 Cause of death Inane from Hemorrhage
 Place of death County Home Notaly Swiss
 Residence Orlando Rt 5-
 Age 63 Y'rs 7 Mo's 6 Days
 Weight 150 Height 5 ft 9 in. Eyes
 Funeral at Grave side
 Date Sat Nov-6 1943 4P M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming Y
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Case
 Casket with Copper Lin
 Style of Casket Ham
 No. of Casket Ham
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles
 Pillow Set
 Name Plate
 Cemetery County Home
 Section Lot

14.50

I Other Graves



X Grave on this date

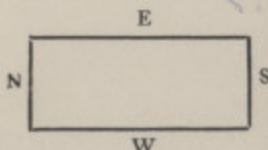
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr Moore
 County or City Burial
 Automobiles
 Baggage or Express Train No.

14.50

Carey Hand Funeral Home

Name of deceased *Mr. Glover J. Sammons*
 Date of death *Fri Nov - 5 - 43* M/F
 Cause of death _____
 Place of death *902 - Shady Lane*
 Residence *902 - Shady Lane*
 Age *56* Y's *10* Mo's *20* Days _____
 Weight *165* Height *6* ft. — in. Eyes _____
 Funeral at *Chapel*
 Date *Sunday Nov 7 1943* *3:30 P.M.*
 Account charged *Grove Glover J. Sammons*
 Address *902 Shady Lane*
 Account guaranteed *Estate*
 Address _____
 Embalming *Dussing* 35.00
 Robe, Suit, Dress *Shirt & Ties*
 Underwear and Hose *2nd 3 - 3.00*
 Casket *6-6 Gum Met cloth* 275.00
 Casket with Copper Lin. *✓*
 Style of Casket *State of Cal*
 No. of Casket *56 - 9 in x 6 in*
 Outside Box *✓* *Reg Cement Vault* 60.00
 Shipping Case or Vault *✓* *Cement*
 Handles *✓*
 Pillow Set *✓*
 Name Plate _____
 Cemetery *Woodlawn*
 Section _____ Lot _____

I Other Graves

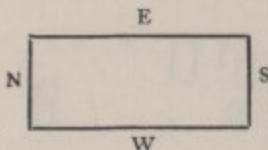


X Grave on this date

Cremation *Coe Min - P.B.* 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev E. Cunningham* 5.00
 Music *yes*
 Casket Wagon _____
 Physician *Dr. L. L. Linn*
 County or City Burial _____
 Automobiles *5.00* 15.00
 Baggage or Express Train No. *410.00*

Carey Hand Funeral Home

Name of deceased *Infant Baby Martin*
 Date of death *Mon Nov 5* M
 Cause of death
 Place of death *Tla. Spout*
 Residence *1406 N. Encreech, Okla. Pk*
 Age *✓* Y's *✓* Mo's *✓* Days
 Weight *✓* Height *✓* ft. *✓* in. Eyes *✓*
 Funeral at *✓*
 Date *✓* 194 M
 Account charged *John W. Martin*
 Address *1406 N. Encreech*
 Account guaranteed
 Address
 Embalming *Cremation* 10.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *No Casket*
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn *wooden*
 Single Grave *Body cremated*
 Opening and Closing Grave *8-AM*
 Body Shipped to *San. Nov 7-43*
 R. R. Ticket
 Cash advanced *Will call for*
 Autos *To be scattered*
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

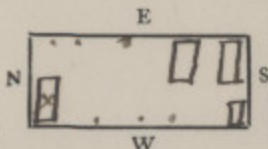


10.00

Carey Hand Funeral Home

Name of deceased 2nd Lt Howard J. Lemmery
 Date of death Nov 1-43 M
 Cause of death air plane crash
 Place of death St. Guillemille Miss
 Residence Winter Park
 Age 20 Y's Mo's Days
 Weight Height ft in Eyes
 Funeral at Knapels Chapel St. Park
 Date Fri Nov 5 1943 4-P M
 Account charged for allowance
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Palm Cemetery N.P.
 Section 30 Lot A

I Other Graves



X Grave on this date

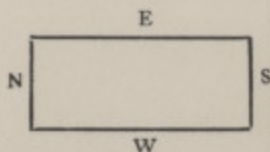
Cremation
 Urn
 Single Grave
 Opening and Closing Grave 1 etc 15.00
 Body Shipped to
 R. R. Ticket Auto Timely 5.00
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon (1) 5.00
 Physician
 County or City Burial
 Automobiles S.Y. 15.00
 Baggage or Express Train No. 40.00

Very Large Funeral
Middletown

Carey Hand Funeral Home

Name of deceased Lily B. Little
 Date of death Nov 6-43 3-A M
 Cause of death _____
 Place of death Res -
 Residence Winter Garden
 Age 33 Yrs 4 Mo's 13 Days _____
 Weight 125 Height 5 ft 4 in. Eyes W. G.
 Funeral at Baptist Church
 Date Sun Nov 7- 1943 5 P. M
 Account charged Mrs Kate Little
 Address Winter Garden Box 242
 Account guaranteed Cash & Payments
 Address _____
 Embalming & Dyes 35.00
 Robe, Suit, Dress White 15.00
 Underwear and Hose _____
 Casket 6-3-Plush Flk. Int 225.00
 Casket with Copper Lin. ✓
 Style of Casket Set-1/2-E
 No. of Casket Tampa
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext. W. Enamel
 Pillow Set yes Flk.
 Name Plate ✓
 Cemetery Oakland
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave 1 etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Albert Stulech
 Music By Church 5.00
 Casket Wagon (1) & 2
 Physician Dr Capt. Gannon
 County or City Burial _____ 15.00
 Automobiles S & S
 Baggage or Express Train No. _____

310.00

10.00

300.00

180.00

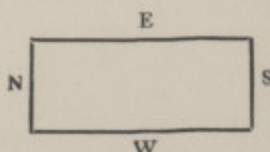
120.00

11-6-43 cash

Carey Hand Funeral Home

Name of deceased Betty Horton
 Date of death Nov 6-43 12:30 AM
 Cause of death _____
 Place of death D. S. H.
 Residence 822 S. Hughes St
 Age ✓ Y's 2 Mo's 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at no service
 Date _____ 194 _____ M
 Account charged W. J. Kierce
 Address 822 S. Hughes
 Account guaranteed Cash
 Address _____
 Embalming Cremation 10
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body cremated
 Style of Casket 8-A.M. Sun
 No. of Casket 11-2-43-
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

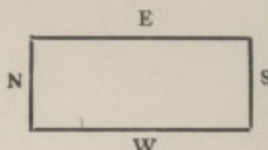
Cremation _____
 Urn needed
 Single Grave will call for
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Conduitt
 County or City Burial _____
 Automobiles _____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

10.00

Carey Hand Funeral Home

Name of deceased Jonah Alcott
 Date of death Nov-6-43 7 AM
 Cause of death Fracture of left hip
 Place of death At Home
 Residence County Home
 Age 90 Y'rs 4 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Rd
 Date _____ 194 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Case
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket H.M.
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

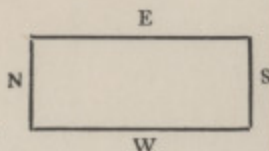
14.50

14.50

Carey Hand Funeral Home

Name of deceased Phil P. Jarvis
 Date of death Nov 3-43 M
 Cause of death not given in permit
 Place of death Cocoa Fla
 Residence _____
 Age 29 Y'rs. Mo's. Days.
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Cocoa
 Date _____ 194 M
 Account charged Keon F. Home
 Address Cocoa Fla
 Account guaranteed Ch
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body Arrived by Auto
 Casket with Copper Lin. 5-P.M.
 Style of Casket Monday - 11-8-43
 No. of Casket _____
 Outside Box Body Cremated 8-AM
 Shipping Case or Vault Mon 11-8-43
 Handles _____
 Pillow Set Express Notes to the
 Name Plate Keon F. Home
 Cemetery Cocoa Fla
 Section _____ Lot _____

I Other Graves



X Grave on this date

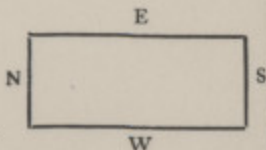
Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express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

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Ewing Stuart*
Date of death *Mon Nov-8-63* *2 AM*
Cause of death *Pulmonary Embolism*
Place of death *Tampa St.*
Residence *Clermont Fla*
Age *56* Y'rs. *4* Mo's. *13* Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at *West*
Date *Nov* 19*63* *(M)*
Account charged *Rt H. Stuart* *(no)*
Address *Graustein Illinois*
Account guaranteed *E. L. C.*
Address _____
Embalming *Dress* *35.00*
Robe, Suit, Dress _____
Underwear and Hose _____
Casket *6-6-4* *blk* *325.00*
Casket with Copper Lin. _____
Style of Casket *State N. Cap*
No. of Casket *Penn* *560*
Outside Box *N-19*
Shipping Case or Vault *✓*
Handles *Ext -*
Pillow Set *Jos Taylor*
Name Plate *✓*
Cemetery *West*
Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation
 Urn Burial at Pella Iowa
 Single Grave
 Opening and Closing Grave
 Body Shipped to Des Moines Iowa
 R. R. Ticket
 Cash advanced Rev Russell Tucker
 Autos
 Telegram
 Minister West
 Music yes organ
 Casket Wagon (2)
 Physician Dr. T. A. Neal
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92
Ref No 10-43

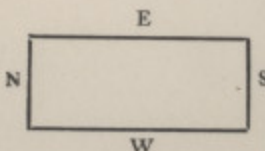
$$\begin{array}{r} 56.65 \\ 10.12 \end{array}$$

250
1000

439.15

Carey Hand Funeral Home

Name of deceased Mrs. Lucy S. Wright
 Date of death Nov 5-1943 M
 Cause of death Coronary Artery
 Place of death Residence
 Residence Lady Lake
 Age 79 Yrs. Mo's 6 Days
 Weight 120 Height 5 ft. 10 in. Eyes Blue
 Funeral at Leesburg
 Date Nov 11-1943 M
 Account charged L. C. Page
 Address Leesburg
 Account guaranteed OK
 Address Leesburg
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Cremated
 Style of Casket by order 11-11-43
 No. of Casket Mon 11-8-43
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 8-A-M- 11-9-43
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn wooden
 Single Grave Ex/urs 10 hrs to
 Opening and Closing Grave T. L. Page
 Body Shipped to T. L. Home
 R. R. Ticket Leesburg
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

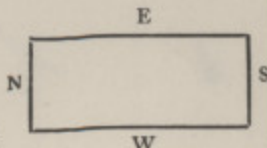


37.50

Carey Hand Funeral Home

Name of deceased Infant Baby Johnson
 Date of death Sun Nov 7 1943 M
 Cause of death Pneumonia
 Place of death G.H. Fla
 Residence Apopka Fla
 Age 1 Yrs 1 Mo's 1 Days
 Weight 10 Height 10 ft. 10 in. Eyes 10
 Funeral at 10 M
 Date 10
 Account charged Jonnie Stanley
 Address Apopka Fla
 Account guaranteed Payments
 Address 10
 Embalming Cremation 10.
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Body Cremated
 Outside Box Nov 8 43 - 8 a.m.
 Shipping Case or Vault
 Handles
 Pillow Set Ashes Scattered
 Name Plate
 Cemetery Cremation
 Section Lot

I Other Graves



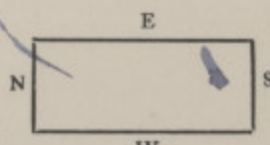
X Grave on this date

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

cc cork

10.
 6.
 4.00

Carey Hand Funeral Home

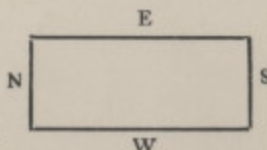
Name of deceased *Infant Baby Garcia*
 Date of death *Mon Nov 8 1943* *940* M *A*
 Cause of death _____
 Place of death *AGH*
 Residence *Palmdale Rt 4*
 Age _____ Yrs _____ Mo's *1* Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *Sam Garcia*
 Address *Palmdale Rt 4*
 Account guaranteed *Cash*
 Address _____
 Embalming *Cremation* *10.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave *Cremated 8 AM*
 Opening and Closing Grave *Tues 11-9-43*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician *Dr. Brown*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

10 00

Carey Hand Funeral Home

Name of deceased *Mr. Gertie Miles*
 Date of death *Mon Nov 8-43* 7 P M
 Cause of death *P. T. Pulmonary*
 Place of death *State T. B. Hospital*
 Residence *Burlington Fla*
 Age *33* Y's *10* Mo's *6* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Best*
 Date _____ 194 _____ M
 Account charged *Mrs Martha Mills*
 Address _____
 Account guaranteed *Cash -*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *Blue Sng* 35.00
 Underwear and Hosiery 17.00
 Casket *6-3- In Case* 110.00
 Casket with Copper Lin. ✓
 Style of Casket *Oct. N. Cap*
 No. of Casket *1972 Tampa*
 Outside Box *Reg -*
 Shipping Case or Vault ✓
 Handles *Ext -*
 Pillow Set *Yes*
 Name Plate ✓
 Cemetery *West Early Fla*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *DeFuniack Springs*

R. R. Ticket *1940-1060 14.90*

Cash advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon *(?)*

Physician *Dr. V. L. Kelley*

County or City Burial _____

Automobiles _____

Baggage or Express Train No. *92*

Tues 11-9-43

35.00
17.00
110.00

36 10

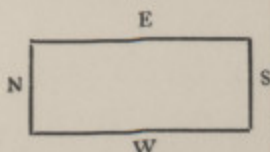
10.00

208.10

Carry Hand Funeral Home

Name of deceased Baby Memmoli
 Date of death Nov 9 6:30 a. M
 Cause of death _____
 Place of death Fla. San
 Residence 606 W. Central - Orlando
 Age _____ Yrs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at no services
 Date _____ 194 _____ M
 Account charged Victor Memmoli
 Address 606 W. Central ave
 Account guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose Cremation 10 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box Wed 18 a. m.
 Shipping Case or Vault Wed. Nov
 Handles 10 - 1943
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

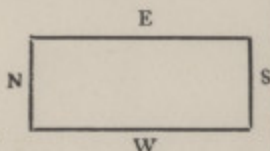
Cremation Ashes scattered
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Capt. E. E. E.
 County or City Burial _____
 Automobiles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

10 00

Carey Hand Funeral Home

Name of deceased Jesse Kellogg Vining
 Date of death Nov 9th 1943 5-2 A. M.
 Cause of death Accident - Burned to death in
 Place of death Fla home
 Residence 816-17th St Orlando
 Age 46 Y's 2 Mo's 11 Days
 Weight 200 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Thurs Nov 11th 1943 11 A M
 Account charged Mrs Lela G. Vining
 Address 816-17th St Orlando Fla
 Account guaranteed Self - yes
 Address
 Embalming & Dursing 35.00
 Robe, Suit, Dress } 15.00
 Underwear and Hose }
 Casket 6-3 1/2 x 6 ft 6 in 135.00
 Casket with Copper Lin.
 Style of Casket Octagon
 No. of Casket 1850 Tampa
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Beverly Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave Family car
 Opening and Closing Grave etc 25.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music yes 5.00
 Casket Wagon (1) 5.00
 Physician Dr. G. Duckworth
 County or City Burial
 Automobiles S.Y. 15.00
 Baggage or Express Train No.

225.00

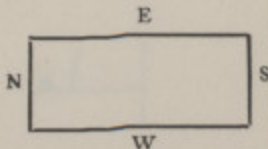
True Replicated Body

Body Burned

Carey Hand Funeral Home

Name of deceased Helen Louise Post
 Date of death Nov 7 M
 Cause of death Uterine Cancer
 Place of death Clermont Fla
 Residence Clermont Fla
 Age 65 Y's 6 Mo's 15 Days
 Weight 140 Height 5 ft. 10 in. Eyes
 Funeral at Clermont Fla
 Date Nov 1943 M
 Account charged Edge F. Stone
 Address Clermont Fla
 Account guaranteed Check
 Address Greeland Fla
 Embalming
 Robe, Suit, Dress Cremation 37 50
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket Body covered
 No. of Casket by 1st class
 Outside Box 3:30 P. M.
 Shipping Case or Vault Nov 9 - 43
 Handles
 Pillow Set
 Name Plate Body Cremated
 Cemetery Wed 8 a.m. - Nov 10 - 43
 Section Lot

I Other Graves



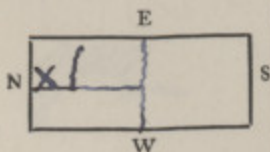
X Grave on this date

Cremation ashes scattered
 Urn Personal Crematory
 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 Charles E. Tompkins
 Date of death Mar 9 4 21 M
 Cause of death Shock from heart Shock - Lungs
 Place of death Residence
 Residence 918-19th St - Orlando
 Age 8 Yrs 11 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs 1943 M
 Account charged Pavia E. Tompkins
 Address 918-19th St Orlando Fla
 Account guaranteed _____
 Address _____
 Embalming 1 Dressing 35.00
 Robe, Suit, Dress 1 19.04
 Underwear and Hose 1
 Casket 4/6 White 2 Skin 65.00
 Casket with Copper Lin.
 Style of Casket Octagon
 No. of Casket 150 Tompa
 Outside Box _____
 Shipping Case or Vault Cement 40.00
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section L. N.E. 1/4 Lot 77

I Other Graves



X Grave on this date

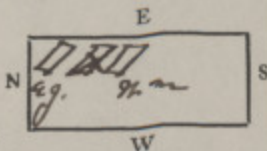
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. J. W. J.
 Music yes
 Casket Wagon _____
 Physician Dr. P. G. Huchworth
 County or City Burial _____
 Automobiles 5 & 5 15.00
 Baggage or Express Train No. _____

Extra Cement Vault 40.00
Extra Labor 9.00
Extra Labor 5.00
189.04
54.00
243.04

Carey Hand Funeral Home

Name of deceased *Mrs Anna Shephard*
 Date of death *Wed Nov 10-42* *1245 M*
 Cause of death
 Place of death *Room of Bro S B Hall*
 Residence *Oakland - Cal*
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at *Temple St Chapel*
 Date *Nov 11-12* 194*2* *2 P.M*
 Account charged *Mrs S B Hall*
 Address *Oakland Cal*
 Account guaranteed *Estate*
 Address
 Embalming *Yes*
 Robe, Suit, Dress *White*
 Underwear and Hosiery
 Casket *4-3 1/2 Eml Doe*
 Casket with Copper Lin.
 Style of Casket *Oct 1st Cal*
 No. of Casket *1850 Temple*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate
 Cemetery *Greenwood*
 Section *Confederate* Lot *11 1/2*

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave *Y etc* *15.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Powell Tucker*
 Music *Yes* *5.00*
 Casket Wagon *(1)*
 Physician
 County or City Burial
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *8*

214.50