

11-11-1943

Memoranda Book 161: Carey Hand Funeral Home records, November 11, 1943 to December 27, 1943

Carey Hand Funeral Home

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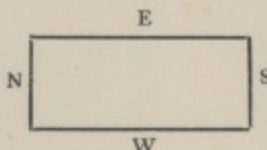
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Carey Hand Funeral Home

Name of deceased *Mrs. Marble K. Shing*
 Date of death *Nov-9-43* *P.M.*
 Cause of death *Res -*
 Place of death *Res -*
 Residence *Prime Casch 76*
 Age *71* Y's *6* Mo's *13* Days
 Weight *165* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Sat Nov 13* 194*3* *2 P.M.*
 Account charged *Harold Shing* *Son*
 Address
 Account guaranteed *Ref*
 Address
 Embalming *+ours* *35.00*
 Robe, Suit, Dress *Print* *10*
 Underwear and Hose
 Casket *6-5-5 Self Plush* *165.00*
 Casket with Copper Lin. *✓*
 Style of Casket *Get 1/2 - e*
 No. of Casket *1850 Tampa*
 Outside Box *✓*
 Shipping Case or Vault *✓*
 Handles *ext -*
 Pillow Set *yes*
 Name Plate *✓*
 Cemetery *Evolution*
 Section Lot

I Other Graves



X Grave on this date

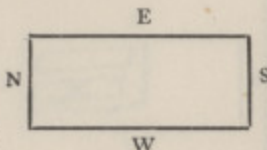
Cremation *50.00*
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. M. C. Slentz*
 Music *yes*
 Casket Wagon *11* *5.00*
 Physician *has*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *11*

265.00

Carey Hand Funeral Home

Name of deceased Baby Turner
 Date of death Thurs Nov-11-43 6 P M
 Cause of death Still Born
 Place of death Estetathic Nephth
 Residence Over
 Age ✓ Y'rs. ✓ Mo's. ✓ Days ✓
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date ✓ 194 ✓ M
 Account charged ✓
 Address ✓
 Account guaranteed Cash -
 Address ✓
 Embalming ✓
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 2 - 0 - H. 6th 12.50
 Casket with Copper Lin. ✓
 Style of Casket Sp. M
 No. of Casket 199 -
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Over
 Section ✓ Lot ✓

I Other Graves



X Grave on this date

Cremation Bought Case
 Urn done there now
 Single Grave work -
 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. ✓

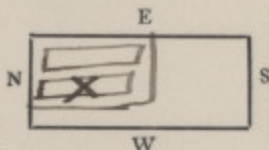
12.50

Carey Hand Funeral Home

Name of deceased *Mr. Wm. Julius Jones*
 Date of death *Sat Nov 14-43* 12:45 M *A*
 Cause of death *@ L.A.*
 Place of death *Hollywood Ave*
 Residence *Hollywood Ave*
 Age Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at *M. B. Church*
 Date *Sun Nov 15-1943* 4-P. M
 Account charged *Louis J. Jones*
 Address *2308 Culver St.*
 Account guaranteed *Estate*
 Address
 Embalming *Y* 35.00
 Robe, Suit, Dress *Y*
 Underwear and Hose *Y*
 Casket *6-6 Gr. Cloth* 250.00
 Casket with Copper Lin. *Y*
 Style of Casket *State H. Cap*
 No. of Casket *2308 Culver St.*
 Outside Box *Reg*
 Shipping Case or Vault *Y*
 Handles *Ext*
 Pillow Set *Yes*
 Name Plate *Y*
 Cemetery *Greenwood*
 Section *S - N.E. 1/4* Lot *79*

I Other Graves

Head of Grave
Nath



X Grave on this date

Cremation

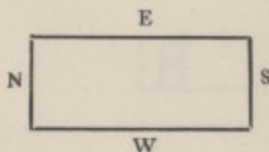
Urn *Family Car* 5.00
 Single Grave 15.00
 Opening and Closing Grave *Y* 5.00
 Body Shipped to *P. B. Car* 5.00
 R. R. Ticket *Car*
 Cash advanced
 Autos
 Telegram
 Minister *Rev. A. Fred Turner*
 Music *M. B. Church* 5.00
 Casket Wagon *Y*
 Physician *D. M. M. & Co.*
 County or City Burial
 Automobiles *S. & S* 15.00
 Baggage or Express Train No. *B*

335.00

Carey Hand Funeral Home

Name of deceased Mary A. Slickson
 Date of death Nov 11 M
 Cause of death not given on permit
 Place of death Residence
 Residence Gephyr Hills Fla.
 Age 77 Y'rs 4 Mo's 4 Days 4
 Weight 100 Height 5 ft. 7 in. Eyes Blue
 Funeral at Crematory Chapel
 Date Sunday Nov 14 1943 4:00 PM
 Account charged J. W. Paid F. Home
 Address Gephyr Hills Fla.
 Account guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket Marble Urn 30.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body Arrived
 Outside Box Sunday 4 P.M.
 Shipping Case or Vault Nov 14-43
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery Monday 8:30 A.M.
 Section Nov 15-43 Lot _____

I Other Graves



X Grave on this date

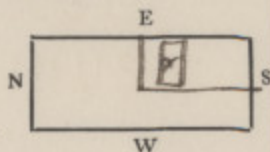
Cremation ashes expressed to
 Urn J. W. Paid F. Home
 Single Grave Gephyr Hills Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Mr. Harris
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 67.50

Carey Hand Funeral Home

Name of deceased *Mrs Gertrude C Gaebler*
 Date of death *Mon Nov 15-42* *125 AM*
 Cause of death _____
 Place of death *Res*
 Residence *1735 E. Kaley Ave*
 Age *63* Y'rs *11* Mo's *23* Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Nov 17* *1943* *3 P.M*
 Account charged *Mrs H.C. Gaebler*
 Address *1735 E. Kaley Ave*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *White Suit* *20.00*
 Underwear and Hosiery _____
 Casket *6-3-Gr. Oak Casket* *350.00*
 Casket with Copper Lin. *Yes*
 Style of Casket *Det. 1/2 C.*
 No. of Casket *2638 1/2 - Shm*
 Outside Box *Reg*
 Shipping Case or Vault *Yes*
 Handles *Steel*
 Pillow Set *Yes Traybed*
 Name Plate *Yes*
 Cemetery *Greenwood*
 Section *D* *S.E. 1/4* Lot *45*

I Other Graves



X Grave on this date

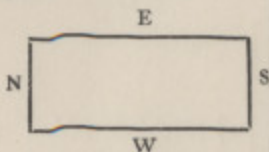
Cremation *P.B. Car.* *5.00*
 Urn *Car. m.* *5.00*
 Single Grave *Family Car*
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *A. Fred Turner*
 Music *Yes -*
 Casket Wagon *(1)*
 Physician *Dr. Grotzinger*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *B*

445.00

Carey Hand Funeral Home

Name of deceased *Mr. Carleton Shaw*
 Date of death *Mon Nov-15-43* *6 A M*
 Cause of death *Flu - Spont*
 Place of death *Toledo Ohio*
 Residence *Toledo Ohio*
 Age *63* Yrs. *4* Mo's. *9* Days
 Weight *170* Height *5* ft *10* in. Eyes
 Funeral at *Dest*
 Date *194* *M*
 Account charged *Mildred Hall*
 Address *214-10-st Toledo Ohio*
 Account guaranteed *Estate*
 Address
 Embalming *4 Dress shirt* *35.00*
 Robe, Suit, Dress *shirt* *1.75*
 Underwear and Hose
 Casket *6-2 by 30* *150.00*
 Casket with Copper Lin.
 Style of Casket *Oct. 1st*
 No. of Casket *1851*
 Outside Box *Reg. turned*
 Shipping Case or Vault
 Handles *SA*
 Pillow Set *20*
 Name Plate
 Cemetery *Dest*
 Section Lot

I Other Graves



X Grave on this date

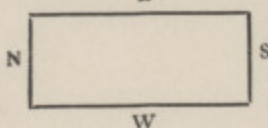
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to *Toledo Ohio*
 R. R. Ticket *Return* *7.66*
 Cash advanced *1-200* *5.00*
 Autos *X H. P. Est & Van*
 Telegram
 Minister
 Music
 Casket Wagon *(2)* *10.00*
 Physician *Dr. Hart & Evans*
 County or City Burial
 Automobiles
 Baggage or Express Train No. *92* *209.41*

Tues Nov 16-43

Carey Hand Funeral Home

Name of deceased *Mrs Clara C Smith*
 Date of death *Nov-10-42* M
 Cause of death *old gun on Permit*
 Place of death *Beland*
 Residence _____
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *Emeline V Higginson*
 Address *9. Home*
 Account guaranteed *ok*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin *Body Guard*
 Style of Casket *4 cuts 10:30 AM*
 No. of Casket *Mon Nov-15-42*
 Outside Box _____
 Shipping Case or Vault *Body Cremated*
 Handles *8-AM bus Nov 10-42*
 Pillow Set _____
 Name Plate *ashes Del V*
 Cemetery *Emeline V Higginson*
 Section *9. Home* Lot _____
East Church St

I Other Graves



X Grave on this date

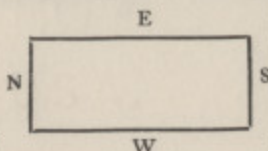
Cremation _____
 Urn *wooden*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or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

37.50

Carey Hand Funeral Home

Name of deceased *Mr Gottlieb C Klein*
 Date of death *Nov 9-43* M
 Cause of death *not given on form*
 Place of death *St Petersburg Fla*
 Residence *St Petersburg Fla*
 Age *74* Yrs *8* Mo's *29* Days
 Weight *155* Height *5* ft. *—* in. Eyes
 Funeral at
 Date *194* M
 Account charged *Ralph C Cooksey*
 Address
 Account guaranteed *OK*
 Address
 Embalming *Cremation* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body Arrived*
 Style of Casket *by order*
 No. of Casket *130 - P.M.*
 Outside Box *Nov 15-43*
 Shipping Case or Vault
 Handles *Body Cremated 8 A.M.*
 Pillow Set *Nov 16-43*
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

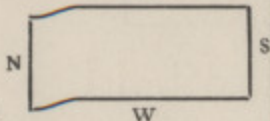
Cremation
 Urn *wooden*
 Single Grave *Express Order to*
 Opening and Closing Grave *Ralph Cooksey*
 Body Shipped to *Funeral Home*
 R. R. Ticket
 Cash advanced *St Petersburg Fla*
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train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

37.50

Carey Hand Funeral Home

Name of deceased *Mr. Geo. E. Rice Sr*
 Date of death *Nov - 12 - 43* M
 Cause of death *Cardiac Rrenal Disease*
 Place of death *Waldwood Fla*
 Residence *Waldwood Fla*
 Age *26* Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged *L. C. Page*
 Address *Leesburg Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *Cremation* 37.50
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *6-3- Oak St. Pops*
 Casket with Copper Lin. _____
 Style of Casket *Body covered by*
 No. of Casket *11 30 A.M.*
 Outside Box *Plus Nov-16-43*
 Shipping Case or Vault _____
 Handles *Body Cremated 8 AM*
 Pillow Set *11-17-43*
 Name Plate *Plates*
 Cemetery *Express to L. C. Page*
 Section *General Arrms*
Leesburg Fla
E

I Other Graves



X Grave on this date

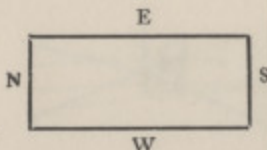
Cremation _____
 Urn *wooden*
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or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

37.50

Carey Hand Funeral Home

Name of deceased Mrs. Leandy Martin
 Date of death Thurs. Nov-16-1943 245 M
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Oakland
 Age 54 Yrs. 4 Mo's. 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date _____ 194 _____ M
 Account charged J. L. Martin
 Address Oakland File -
 Account guaranteed Ins -
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 4-3- In Box 75.00
 Casket with Copper Lin. ✓
 Style of Casket Eq. H. Cap
 No. of Casket 71 - Temp. 2
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set Yes
 Name Plate ✓
 Cemetery West
 Section _____ Lot _____

I Other Graves



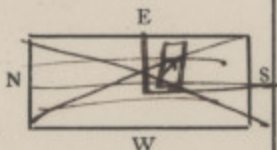
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Dayehurst Ga
 R. R. Ticket 12.98 742 747 28.92
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon 27 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 #
Thurs. 11-18-43 48.92

Carey Hand Funeral Home

Name of deceased Clark A. Davis
 Date of death Nov 8-43 M
 Cause of death Not given on permit
 Place of death Winter Haven
 Residence Winter Haven
 Age 69 Y'rs. Mo's. Days.
 Weight 160 Height 6 ft. 1 in. Eyes Blue
 Funeral at Winter Haven
 Date Nov 9-43 M
 Account charged Warr & Smith
 Address Ch -
 Account guaranteed Ch -
 Address Cum gratia
 Embalming Cum gratia 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Annual
 Casket with Copper Lin. 11-18-43
 Style of Casket 11-18-43
 No. of Casket
 Outside Box Cum gratia 11-18-43
 Shipping Case or Vault 8-4 M.
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section 2 SE 1/4 Lot 45

I Other Graves



X Grave on this date

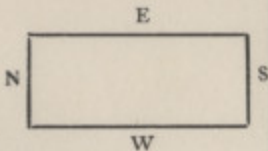
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave ashes
 Body Shipped to Express to
 R. R. Ticket Warr & Smith
 Cash advanced Winter Haven
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 2

37.50

Carey Hand Funeral Home

Name of deceased Catherine G. Beckberger
 Date of death Nov 18 4:45 PM
 Cause of death _____
 Place of death Fila Sint
 Residence 343 N. Rosalind ave
 Age 74 Y'rs 2 Mo's 21 Days _____
 Weight 100 Height 5 ft. 3 in. Eyes Blue
 Funeral at Chapel
 Date Sat Nov 20 1943 4 PM
 Account charged Harry Wilson adm-
 Address Orlando Fla
 Account guaranteed Estate
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress Pink dress 23.00
 Underwear and Hose _____
 Casket 1/2 Pink Plush 225.00
 Casket with Copper Lin. _____
 Style of Casket Oct 1/2 Arch.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext.
 Pillow Set yes
 Name Plate _____
 Cemetery Restoration
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Spa Roses 10.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave Amel Ser 5.00
 Body Shipped to _____
 R. R. Ticket Express 81.12
 Cash advanced _____
 Autos _____
 Telegram Long Dist Phil & Ed 5.00
 Minister Bertude Pink (Reader) 5.00
 Music yes
 Casket Wagon (2) 10.00
 Physician Dr. Lynn
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 75 2

Sat Night Nov 20-43

398.12

Under other

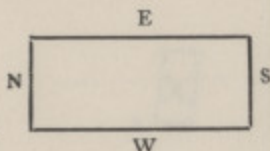
173

400.85

Carey Hand Funeral Home

Name of deceased *Miss Martha A. Canada*
 Date of death *Thurs Nov-18-43* *6 20* M P
 Cause of death *Heart attack*
 Place of death *Res - Near Bithlo*
 Residence _____
 Age *70* Yrs. *7* Mo's. *19* Days _____
 Weight *185* Height *5* ft. *6* in. Eyes _____
 Funeral at *Grave Side*
 Date *even Nov 21* 1943 *2 30* M P
 Account charged *Lach Canada*
 Address *Bethlo Fla*
 Account guaranteed *Cash + Payments*
 Address _____
 Embalming *Yes*
 Robe, Suit, Dress *Blue Selt*
 Underwear and Hose *✓*
 Casket *6-6-X- Emb Doe*
 Casket with Copper Lin. _____
 Style of Casket *Lge St. Cap*
 No. of Casket *72-Tamp 4*
 Outside Box *Reg*
 Shipping Case or Vault *✓*
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Dawdy*
 Section _____ Lot _____

I Other Graves



X Grave on this date

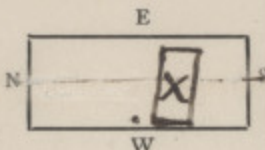
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Tr etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *By Family*
 Music _____
 Casket Wagon *✓* *5.00*
 Physician *Dr. Suckman*
 County or City Burial _____
 Automobiles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

211.50

Carey Hand Funeral Home

Name of deceased *Mrs Marion Jones Busbee*
 Date of death *Nov-19-1935* P.M.
 Cause of death _____
 Place of death *Res*
 Residence *Louisa*
 Age *49* Y'rs *5* Mo's *25* Days _____
 Weight *170* Height *5* ft *8* in. Eyes _____
 Funeral at *Grave side*
 Date *Nov 22-1935* 3 P.M.
 Account charged *Mrs Ruby Busbee*
 Address *Louisa La*
 Account guaranteed *Jas*
 Address _____
 Embalming *Y* 35.00
 Robe, Suit, Dress *Blk* 25.00
 Underwear and Hose _____
 Casket *6-6-Gr Cloth* 250.00
 Casket with Copper Lin _____
 Style of Casket *Slit A.C*
 No. of Casket *56-Tampa*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Exp*
 Pillow Set *Exp Together*
 Name Plate _____
 Cemetery *Apofka New*
 Section *A* Lot *34*

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Tickets* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev L. B. Sargeant*
 Music _____
 Casket Wagon *X Res* 10.00
 Physician _____
 County or City Burial _____
 Automobiles *S & S* 15.00
 Baggage or Express Train No. *15*

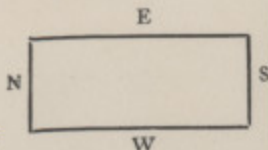
Gov Allow 100.00

350.00

Carey Hand Funeral Home

Name of deceased *Mr Louis Hoffman*
 Date of death *Nov - 17 - 43* M
 Cause of death *Not given on Permit*
 Place of death *Res -*
 Residence *417 Myers St*
 Age *64* Yrs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at
 Date 194 M
 Account charged *Spencer & Engelhardt*
 Address *T. H. 417 Myers St*
 Account guaranteed *Chk -*
 Address
 Embalming *Emmaline* 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. *Body covered*
 Style of Casket *by Express 1st*
 No. of Casket *# 76 Sat morning*
 Outside Box *11-20-43*
 Shipping Case or Vault *Body*
 Handles *Emmaline P. H.*
 Pillow Set *Chk 11-21-43*
 Name Plate
 Cemetery
 Section Lot

I Other Graves



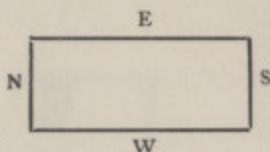
X Grave on this date

Cremation
 Urn *wooden*
 Single Grave *Ashes Express*
 Opening and Closing Grave
 Body Shipped *Spencer & Engelhardt*
 R. R. Ticket *417 Myers St*
 Cash advanced
 Autos
 Telegram *also O.S. Box*
 Minister *returned by 9:15*
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 37.50

Carey Hand Funeral Home

Name of deceased Henrietta M. Frier
 Date of death Sat Nov-20-42 11-A M
 Cause of death _____
 Place of death Res
 Residence Longwood Fla
 Age 87 Yrs 10 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon 11-22 1943 2-P M
 Account charged Grace F. Heyatt
 Address Longwood Fla
 Account guaranteed Payments
 Address _____
 Embalming FD 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket See tag 40.00
 Casket with Copper Lin. ☒
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

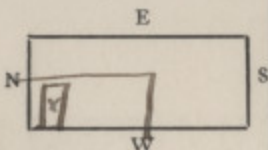
Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated
 R. R. Ticket S. A. M
 Cash advanced Nov-23-42
 Autos _____
 Telegram will call for
 Minister _____
 Music _____
 Casket Wagon & Res 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

125.00

Carey Hand Funeral Home

Name of deceased Mrs Maude Pearson
 Date of death Sat - Nov 20 - 43 7 P.M.
 Cause of death Cerebral Occlusion
 Place of death O. G. H.
 Residence 321 - South Garland
 Age 49 Y'rs. 2 Mo's. 2 Days
 Weight 145 Height 5 ft 4 in. Eyes
 Funeral at Chapel
 Date Monday Nov 23, 1943 4 P.M.
 Account charged Thomas Pearson
 Address 321 - S. Garland
 Account guaranteed Insurance
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 4 - 2 In Plush 175.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 1/2 - e
 No. of Casket 7-1850
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section S. N.W. 1/4 Lot 47

I Other Graves



X Grave on this date

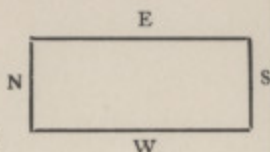
Cremation	<u>Burial Lot</u>	50.00
Urn	<u>Auto - P. O. & M.</u>	5.00
Single Grave	<u>Auto</u>	5.00
Opening and Closing Grave	<u>Auto</u>	15.00
Body Shipped to		
R. R. Ticket		
Cash advanced		
Autos	<u>and No Chg</u>	
Telegram		
Minister	<u>Baker</u>	
Music	<u>Organ</u>	
Casket Wagon	<u>✓</u>	5.00
Physician	<u>Dr. White</u>	
County or City Burial		
Automobiles	<u>343</u>	15.00
Baggage or Express Train No.		

305.00

Carey Hand Funeral Home

Name of deceased Mrs. Clara M. Hertenstein
 Date of death Sat Nov 20-43 10:45 M.P.
 Cause of death Old Age
 Place of death Old Age
 Residence South Turner & Rushing Dr
 Age 61 Y'rs 1 Mo's 12 Days
 Weight 125 Height 5 ft. 5 in. Eyes Blue
 Funeral at Chapel
 Date Tues Nov 23 1943 2:30 M.P.
 Account charged Geo M. Hertenstein
 Address Orlando Rt 5-Box 50
 Account guaranteed Yes
 Address Orlando
 Embalming Yes 35.00
 Robe, Suit, Dress Yes
 Underwear and Hosiery Yes
 Casket 6-3-Gr. Maple 100.00
 Casket with Copper Lin. Yes
 Style of Casket Oct. 21. C
 No. of Casket 1972 Family
 Outside Box Reg-
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery Greenwood
 Section Lot

I Other Graves



X Grave on this date

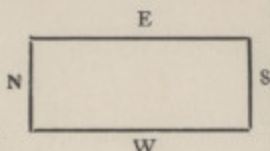
Cremation
 Urn
 Single Grave White 25.00
 Opening and Closing Grave 15.00
 Body Shipped to Auto 5.00
 R. R. Ticket Auto P.B.V.M. 5.00
 Cash advanced
 Autos
 Telegram
 Minister A. Fred Turner
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr. Kowalski
 County or City Burial
 Automobiles S.V.S. 15.00
 Baggage or Express Train No.

205.00

Carey Hand Funeral Home

Name of deceased E. R. Wilson
 Date of death Sun Nov - 21 - 43 M
 Cause of death Cere. Myocarditis
 Place of death County Home
 Residence County Home
 Age 62 Y'rs 6 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 194 _____ M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____
 Embalming yes
 Robe, Suit, Dress _____
 Underwear and Hose e
 Casket 6-3-
 Casket with Copper Lin. _____
 Style of Casket sq
 No. of Casket N. W.
 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. Meier
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

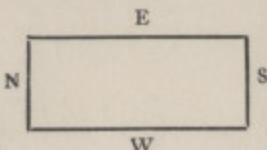
14.50

14.50

Carey Hand Funeral Home

Name of deceased Martha Ida Sheffield
 Date of death Nov 21 M
 Cause of death not given or funeral
 Place of death Custis Fla.
 Residence Custis Fla.
 Age 80 Y'rs. 10 Mo's. 16 Days
 Weight 100 Height 5 ft. 1 in. Eyes Blue
 Funeral at Custis Fla.
 Date Nov 1949 M
 Account charged Jellens Rebbaum
 Address Custis 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 Monday
 Outside Box 4:30 P. M. Nov 22-43
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 8 A. M. Tues Nov 23-43
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

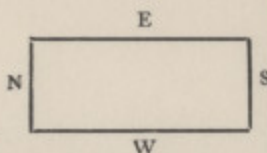
Cremation Ashes expressed to
 Urn Jellens Rebbaum F. H.
 Single Grave Custis Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____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

37.50

Carey Hand Funeral Home

Name of deceased Mr Adolph Kytla
 Date of death Nov 20 - 43 M
 Cause of death Not given as permitted
 Place of death 7th Meyer Pl
 Residence Tice Tice
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Gleason & Englehart
 Address St Meyer Pl
 Account guaranteed check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body covered
 No. of Casket by express Tice
 Outside Box 11.50 a.m.
 Shipping Case or Vault Nov 23 - 43
 Handles _____
 Pillow Set _____
 Name Plate Body Cremated
 Cemetery St. M. Tuesday
 Section Nov 23 - 43 Lot _____

I Other Graves



X Grave on this date

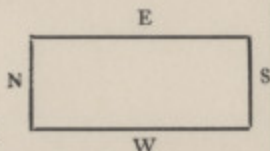
Cremation Open Ashes to
 Urn Gleason - Englehart
 Single Grave F. Home
 Opening and Closing Grave 7th Meyer Pl
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Mrs. Edith E. Kortack
 Date of death Nov-22-43 M
 Cause of death Pneumonia
 Place of death State Hospital Chattanooga
 Residence Opala
 Age 89 Y'rs. 6 Mo's. 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home
 Date _____ 194 _____ M
 Account charged Carey Hand Funeral Home
 Address Opala Tenn.
 Account guaranteed Self
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body Arrived
 Style of Casket by Express
 No. of Casket 1 P. M.
 Outside Box Nov-23-43
 Shipping Case or Vault _____
 Handles Body Cremated 8-AM
 Pillow Set Filed Nov 24-43
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

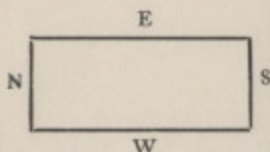
Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Open
 Body Shipped to Expressed to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
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

37.50

Carey Hand Funeral Home

Name of deceased *Mrs. Jane Glenn Childers*
 Date of death *Tues. Nov 23-43* *P.M.*
 Cause of death *Cancer of Lung & Rt. Breast*
 Place of death *W. Va. Post*
 Residence *Jacksonville Fla Geo Washington*
 Age *72* Y'rs. *7* Mo's. *5* Days *1022*
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tue Nov 24* 1943 *11-A.M.*
 Account charged *Mrs. Jane Glenn Childers*
 Address *Delray Beach, Fla*
 Account guaranteed *OK*
 Address _____
 Embalming *& Dress* *35.00*
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket *6-6-6 State Only* *1250.00*
 Casket with Copper Lin. ☒
 Style of Casket *Queen State H. Cox*
 No. of Casket *500 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ☒
 Handles *Ext. Hard - Walnut*
 Pillow Set *Geo. Tan - Walnut*
 Name Plate ☒
 Cemetery *Deat*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Burned blacksville Tenn*
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Jacksonville Tenn* *90.01*
 R. R. Ticket *9.00*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Dinky*
 Music *Organ*
 Casket Wagon *(2)* *10.00*
 Physician *Dr*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92*

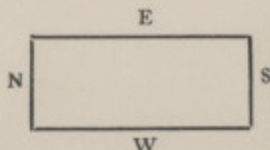
Tue 11-26-43

1385.01

Carey Hand Funeral Home

Name of deceased Miss Olga San Dall
 Date of death Wed - Nov - 24 - 1943 1 M
 Cause of death _____
 Place of death Fla Sant
 Residence Canada
 Age 57 Y'rs 3 Mo's 18 Days
 Weight 150 Height _____ ft _____ in Eyes _____
 Funeral at St James
 Date Fri Nov 24 1943 9 M
 Account charged Father Bishop
 Address _____
 Account guaranteed Mrs. Fla Sant
 Address _____
 Embalming Yes 25.00
 Robe, Suit, Dress ☒
 Underwear and Hose _____
 Casket 6-3-Gr Oak 50.00
 Casket with Copper Lin. _____
 Style of Casket Open St. Pop
 No. of Casket 21- Temp
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Short
 Pillow Set as
 Name Plate Crucifix
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave Anti 5.00
 Opening and Closing Grave Fele 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Father Bishop
 Music By Church 5.00
 Casket Wagon 41
 Physician Dr
 County or City Burial _____
 Automobiles 545 15.00
 Baggage or Express Train No. _____

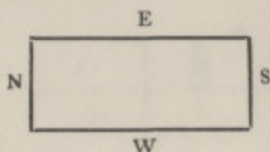
No Relatives at all
small Met in Police
Fla Sant Handled
all Details
25.00 / 20
St James Church

115.00
15.00
100.00

Carey Hand Funeral Home

Name of deceased Mrs. Jessie R. Davis
 Date of death Wed Nov 24 P.M.
 Cause of death _____
 Place of death Wabie Nursing Home
 Residence S. Orange Ave
 Age 74 Y'rs 3 Mo's 9 Days _____
 Weight 125 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Sat Nov 27 1943 P.M.
 Account charged M. E. M. Davis
 Address _____
 Account guaranteed E. H. Davis
 Address _____
 Embalming YD
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 6-3 in. Dr
 Casket with Copper Lin. ☒
 Style of Casket Det. H. C
 No. of Casket 1850 Temp. 2
 Outside Box ☒
 Shipping Case or Vault ☒
 Handles Ext
 Pillow Set gas
 Name Plate ☒
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremation
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated
 R. R. Ticket 8-4 m Nov
 Cash advanced Nov-29-43
 Autos _____
 Telegram ashes to be placed in
 Minister The Davis 24 Sec II
 Music Greenwood Cemetery
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

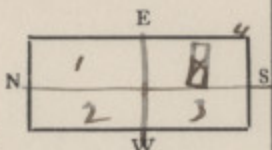
Serv at Cemetery
No Chg-

225.00

Carey Hand Funeral Home

Name of deceased Alonya Elisson
 Date of death Thurs. Nov-25-43 2:45 PM
 Cause of death O.I.H.
 Place of death O.I.H.
 Residence Orlando Rt-4
 Age 23 Y'rs 3 Mo's 18 Days
 Weight 160 Height 5 ft 7 in. Eyes
 Funeral at Grave Side
 Date Sun-Nov-28 1943 3 P. M
 Account charged Ocean Elisson
 Address Orlando Rt-4
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress B. Serge 9.00
 Underwear and Hose 1.00
 Casket 6-3-Gramp 100.00
 Casket with Copper Lin
 Style of Casket Get of Oak
 No. of Casket 1972 Gramp
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set Yes
 Name Plate
 Cemetery Grandy
 Section 24-33 Lot 4

I Other Graves



X Grave on this date

Cremation Burial Lit 10.00
 Urn
 Single Grave
 Opening and Closing Grave 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister C. S. Shumming
 Music
 Casket Wagon
 Physician Dr. Day
 County or City Burial
 Automobiles S. & S 15.00
 Baggage or Express Train No.

Payments

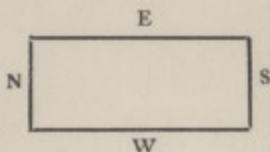
11-24-43

85.00
 50.00
 135.00

Carey Hand Funeral Home

Name of deceased George Ray Douglass
 Date of death Nov 25 8 P. M
 Cause of death _____
 Place of death Residence
 Residence #1 W. New Hampshire
 Age 68 Y'rs 11 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Res -
 Date Nov 1949 M
 Account charged Mrs Della B. Davis
 Address #1 W. New Hampshire
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓ 4.75
 Casket 6-6 Maple Fin 625.00
 Casket with Copper Lin. ✓
 Style of Casket Det. H. Popch
 No. of Casket 1850 400 Tampa
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles Ext
 Pillow Set Yes
 Name Plate ✓
 Cemetery Ft Wayne Ind.
 Section _____ Lot _____

I Other Graves



X Grave on this date

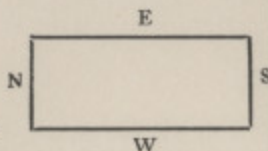
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Ft Wayne Ind.
 R. R. Ticket Y P. 114.69
 Cash advanced _____
 Autos _____ 8.41
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (5) 10.00
 Physician Mr. Mallory
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92

Set Nov 27-49	843.10
entry cash	123.10
Amb Sen	720.00
	843.10
	725.00

Carey Hand Funeral Home

Name of deceased Baby Mudd
 Date of death Nov 26 1:30 a.m.
 Cause of death _____
 Place of death Fla Sant
 Residence _____
 Age Y'rs Mo's Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service
 Date _____ 194 3 M
 Account charged Forrest Mudd
 Address 1408 - E Concord
 Account guaranteed _____
 Address _____
 Embalming Cremation
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn wooden
 Single Grave Body Cremated
 Opening and Closing Grave 8 - A.M.
 Body Shipped to San - 11 - 28 - 43
 R. R. Ticket _____
 Cash advanced will call for
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician Dr. Culp
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

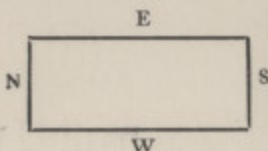
10 00

10 00

Carey Hand Funeral Home

Name of deceased William F. Matheny
 Date of death Nov 28 1943 M
 Cause of death Cerebral Thrombosis
 Place of death Res. Curry Ford Rd
 Residence Curry Ford Rd. Jax Fla
 Age 73 Yrs. 1 Mo's. 3 Days
 Weight 145 Height 5 ft. 6 in. Eyes
 Funeral at Chapel
 Date Sat. Nov 27 1943 5 P. M
 Account charged Annie C. Matheny
 Address 2341 College St. Jax Fla.
 Account guaranteed
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 135.00
 Casket with Copper Lin.
 Style of Casket Get. H. Cap
 No. of Casket 1850 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

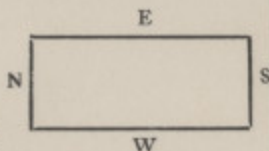
Cremation Cremation 50.00
 Urn wooden
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Crematory
 R. R. Ticket 8- A 9n Jax
 Cash advanced Nov-28-43
 Autos will call for
 Telegram
 Minister Rev. A. Fred Turner
 Music Organ
 Casket Wagon 5.00
 Physician Dr. Redding
 County or City Burial
 Automobiles
 Baggage or Express Train No.

225.00

Carey Hand Funeral Home

Name of deceased Mary Young Ralston
 Date of death Nov 26 10 A. M.
 Cause of death _____
 Place of death O. F. H.
 Residence 117 W. Smith St - Winter Garden
 Age 29 Y'rs 3 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Nov 28 1943 4 P. M.
 Account charged Mrs Elizabeth P. Arnold
 Address 202 S. Katherine Ave W. Garden
 Account guaranteed _____
 Address _____
 Embalming Y 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket C-3- No Doe 125.00
 Casket with Copper Lin. ✓
 Style of Casket Oct-H. Cap
 No. of Casket 1850- Tampa
 Outside Box ✓
 Shipping Case or Vault Cemetery 60.00
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. Guss
 Music Organ
 Casket Wagon 2 10.00
 Physician Spencer Folsom
 County or City Burial _____
 Automobiles S Y J 15.00
 Baggage or Express Train No. AF

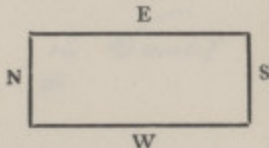
240.00

260.00

Carey Hand Funeral Home

Name of deceased Mrs. Elizabeth E. Roberson
 Date of death Fri Nov - 26 - 43 6:30 P.M.
 Cause of death Pneumonia
 Place of death Residence
 Residence Res - 1912 Grandview Winton Park
 Age 82 Y'rs 6 Mo's 17 Days 74
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Sunday Nov 28, 1943 5:00 P.M.
 Account charged Cash H.H. Roberson
 Address _____
 Account guaranteed Cash
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 1/2 Grey 100.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 1972 Tampa
 Outside Box Reg 5.00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set yes
 Name Plate _____
 Cemetery Lake Hill
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Out. P.B. & M 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. Beasley
 Music _____
 Casket Wagon 11 5.00
 Physician Dr. Haselbaum
 County or City Burial _____
 Automobiles 5.15 15.00
 Baggage or Express Train No. 2

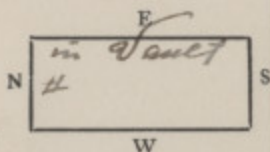
190.00

(Pd
 Invoice 25)

Carey Hand Funeral Home

Name of deceased *Mrs Lillace C. Keltner*
 Date of death *Mar 26* *12 Noon* M
 Cause of death _____
 Place of death *Fla Sanit*
 Residence *1300 Wolford Drive*
 Age *70* Y's *7* Mo's *23* Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Memorial Church - Winter Park*
 Date *Mar 30* 1943 *2: P. M.*
 Account charged *Mrs. C. Keltner*
 Address *1300 Wolford Drive*
 Account guaranteed *Calabro*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress *Ext.* 15.00
 Underwear and Hose *5*
 Casket *6-3-4* 135.00
 Casket with Copper Lin. _____
 Style of Casket *Oct. Ext. C*
 No. of Casket *1850 - Tampa* 50.00
 Outside Box *Res. Linch*
 Shipping Case or Vault _____
 Handles *Ext.*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *in Vault*
 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 *Q1* 10.00
 Physician *Dr. Pym*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Ship in May -

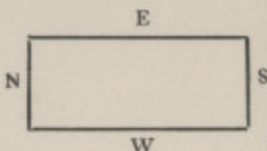
245.00

Memorial Cong Church W. Park
two 30 PM Nov 30-43

Carey Hand Funeral Home

Name of deceased Mr. Walter Newton
 Date of death Sat Nov. 27-43 P.M.
 Cause of death _____
 Place of death The Plant
 Residence Winter Park -
 Age 84 Y'rs. — Mo's. Days 18
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Grave Side
 Date Mon Nov 29, 1943 4 P.M.
 Account charged Mrs. W. Newton
 Address 183 S. Duane Ave
 Account guaranteed Estate & Small Ins.
 Address _____
 Embalming & Diss. 35.00
 Robe, Suit, Dress Blk 17.50
 Underwear and Hose _____ 1.50
 Casket 6-3- In Box 135.00
 Casket with Copper Lin. ✓
 Style of Casket Set of 4
 No. of Casket 1850-7
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles ext -
 Pillow Set yes
 Name Plate _____
 Cemetery Palm H. Park
 Section _____ Lot _____

I Other Graves



X Grave on this date

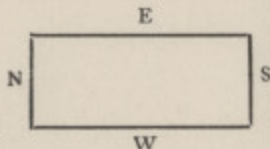
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave rate 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos None No Chg
 Telegram _____
 Minister Mrs. Smith
 Music _____ 5.00
 Casket Wagon (1)
 Physician Dr. Evans
 County or City Burial _____ 15.00
 Automobiles 5.00
 Baggage or Express Train No. _____

284.00

Carey Hand Funeral Home

Name of deceased Mrs Emma O. Barthels
 Date of death Nov 27 9 P. M
 Cause of death _____
 Place of death Residence
 Residence Gotha
 Age 75 Y'rs. 8 Mo's. 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church at Gotha
 Date Wed. Dec - 1 - 1943 4 P. M
 Account charged _____
 Address _____
 Account guaranteed Estate
 Address Tele. -
 Embalming Y
 Robe, Suit, Dress Flesh
 Underwear and Hose Y
 Casket 4-3 in Soe
 Casket with Copper Lin. Y
 Style of Casket Set 1/2-E
 No. of Casket 7-1850
 Outside Box Y
 Shipping Case or Vault Cement
 Handles Ext -
 Pillow Set yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Auto
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Edgar Fischer
 Music By Church
 Casket Wagon (1)
 Physician Dr. Mann
 County or City Burial _____
 Automobiles 545
 Baggage or Express Train No. B

35.00
 7.50
 175.00

60.00

5.00

15.00

5.00

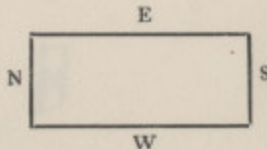
15.00

317.50

Carey Hand Funeral Home

Name of deceased Baby La Boe
 Date of death Jan 11/28-43 6 PM
 Cause of death Still Born
 Place of death Res
 Residence 309 W. Carlton W. Park
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Home
 Date 194 M
 Account charged County
 Address
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0 Car
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery County Home
 Section Lot

I Other Graves



X Grave on this date

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

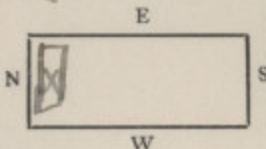
14.50

14.50

Carey Hand Funeral Home

Name of deceased *Mrs Mabel Annie Hutchins*
 Date of death *Sat Nov 27-43* M
 Cause of death *not given on form*
 Place of death *Clearwater*
 Residence *Maitland Fla*
 Age *73* Y'rs *8* Mo's *20* Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Tues Nov 30* 19*43* *2 30 P.*
 Account charged *Dr* *Shelair*
 Address _____
 Account guaranteed *Estate*
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket *6-6-Gr. Cloth* 2.50.00
 Casket with Copper Lin. _____
 Style of Casket *P. Cov. State*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Ext*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Woodlawn Memorial*
 Section *25* all Lot *3*

I Other Graves



X Grave on this date

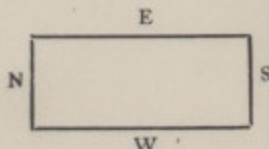
Cremation *Auto. Family No Chg*
 Urn *Cer. P. B.* 5.00
 Single Grave 15.00
 Opening and Closing Grave *4 etc*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced *Mrs F. Home* 50.00
 Autos _____
 Telegram _____
 Minister *Dean Johnson*
 Music *Organ*
 Casket Wagon *to Clearwater* 25.00
 Physician _____
 County or City Burial 15.00
 Automobiles *S & S*
 Baggage or Express Train No. *4*

Burial Lot 360.00
 150.00
 \$ 510.00

Carey Hand Funeral Home

Name of deceased Mrs. Fannie Darley
 Date of death Nov- 29 4 P. M.
 Cause of death _____
 Place of death Osteopathic Hlth
 Residence Prose
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Church of God Prose
 Date _____ 194 _____ M
 Account charged S. C. Darley
 Address Prose
 Account guaranteed Ins -
 Address _____
 Embalming Y S 35.00
 Robe, Suit, Dress _____ 2.50
 Underwear and Hose _____
 Casket 6-3 In. Dce 135.00
 Casket with Copper Lin. _____
 Style of Casket Oct H. C
 No. of Casket 1850
 Outside Box R-9
 Shipping Case or Vault ☒
 Handles yes
 Pillow Set yes
 Name Plate _____
 Cemetery Prose
 Section _____ Lot _____

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 Mr. C. Cunn
 Music By Church
 Casket Wagon W 5.00
 Physician Dr. Harten
 County or City Burial _____
 Automobiles S. Y. S. 15.00
 Baggage or Express Train No. _____

207.50

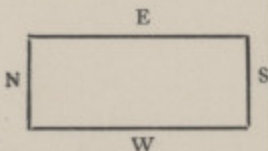
22.50

200.00

Carey Hand Funeral Home

Name of deceased James A. Schaub
 Date of death Tues Nov 30-43 10:50 AM
 Cause of death O.S.H.
 Place of death O.S.H.
 Residence 522 Newwood Ave
 Age 64 Y'rs 4 Mo's 17 Days
 Weight 170 Height 5 ft 10 in. Eyes
 Funeral at Chapel
 Date Thurs Dec-2 1943 8:30 P.M.
 Account charged Mrs. Ora P. Schaub
 Address 522 Newwood Ave
 Account guaranteed Estate
 Address
 Embalming ✓ 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 6-3- In Cup 110.00
 Casket with Copper Lin. ✓
 Style of Casket Ext. W. C.
 No. of Casket 1973 Tampa
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles Ext. Wooden
 Pillow Set yes
 Name Plate ✓
 Cemetery Cremation
 Section Lot

I Other Graves



X Grave on this date

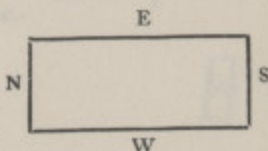
Cremation Cremation 50.00
 Urn wooden
 Single Grave
 Opening and Closing Grave Body
 Body Shipped to Crematory 8-AM
 R. R. Ticket In Dec. 3-43
 Cash advanced
 Autos
 Telegram
 Minister A. Fred Turner
 Music Organ
 Casket Wagon (1) 5.00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

200.00

Carey Hand Funeral Home

Name of deceased *Mrs. Julia Panish*
 Date of death *Nov - 30 - 43* M.P.
 Cause of death *Coronary Occlusion*
 Place of death *Res -*
 Residence *North West Maryland*
 Age *72* Yrs. *4* Mo's. *13* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Rest*
 Date _____ 194 _____ M
 Account charged *Sellis M. Payash*
 Address *1242 N. West St -*
 Account guaranteed *Ins -*
 Address *78*
 Embalming *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-6-6 Cloth* *175.00*
 Casket with Copper Lin. *✓*
 Style of Casket *State*
 No. of Casket *31 - Tampa*
 Outside Box *R-9*
 Shipping Case or Vault *✓*
 Handles *Ins -*
 Pillow Set *Ins -*
 Name Plate *✓*
 Cemetery *Rest*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Burial Sam Ala*
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to *Dothan Ala*
 R. R. Ticket *R.R.* *32.68*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *(2)* *10.00*
 Physician *Dr. M. Andrews*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92*

Wed Dec-1-43

62

252.68
32.68

\$220.00

Carey Hand Funeral Home

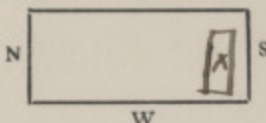
Name of deceased Mrs. Leola B. Powers
 Date of death Mon. Nov 30-43 P.M.
 Cause of death Orthopaedic Stiff
 Place of death Orthopaedic Stiff
 Residence _____
 Age 21 Y'rs. — Mo's. 20 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Dec 5 1943 4 P.M.
 Account charged M

Address _____
 Account guaranteed Insurance
 Address _____

Embalming <u>Yes</u>	35.00
Robe, Suit, Dress <u>Pink Dress</u>	9.00
Underwear and Hose	175.00
Casket <u>6-3-51 Plush</u>	
Casket with Copper Lin.	
Style of Casket <u>Oct 12-19</u>	
No. of Casket <u>7-1800 9.</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault <u>✓</u>	
Handles <u>Ext</u>	
Pillow Set <u>Yes</u>	
Name Plate <u>✓</u>	
Cemetery <u>Greenwood</u>	
Section <u>26 - blk 14</u> Lot <u>7</u>	

Head of Grave Side 4
EAST E

I Other Graves



X Grave on this date

Cremation <u>Cor P. G.</u>	5.00
Urn <u>Out</u>	5.00
Single Grave	
Opening and Closing Grave <u>Extra</u>	15.00
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Autos _____	
Telegram _____	
Minister <u>Music</u>	5.00
Music <u>Music</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Hunter</u>	
County or City Burial _____	
Automobiles <u>S. & S</u>	15.00
Baggage or Express Train No. _____	

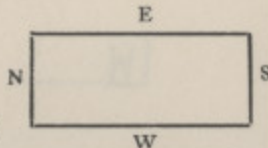
Mr. & Mrs. B. B. Powers 269.00
some Casket 1.00
only 270.00
or (1) Per 5.00
274.00

Pd-Cash

Infant son of Mrs Samuel L. Powers
Carey Hand Funeral Home

Name of deceased *Infant son of Mrs Samuel L. Powers*
 Date of death *Thurs Nov 30 1943* P.M.
 Cause of death *Hill born*
 Place of death *Easton, Mass*
 Residence _____
 Age _____ Y'rs. _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *Care of Body* 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 *Burned in*
 Urn *Casket with the*
 Single Grave *Mother*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician *Dr. Foster*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Added to cost
Mrs. Powers
the mother

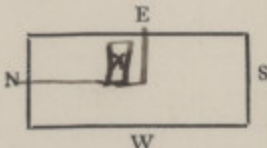
10.00

Dec 1 - 1943

Carey Hand Funeral Home

Name of deceased J. Homer Elephant
 Date of death Dec 2nd 7:30 A.M.
 Cause of death _____
 Place of death A. S. N.
 Residence 153 - magnolia ave
 Age 75 Y'rs 4 Mo's 22 Days _____
 Weight 145 Height 5 ft 7 in. Eyes _____
 Funeral at Chapel
 Date Friday 3rd 1943 40 M
 Account charged Mrs J. N. Elephant
 Address 153 - magnolia ave
 Account guaranteed Paymaster
 Address _____
 Embalming & dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 4-3 In. Box 135.00
 Casket with Copper Lin. _____
 Style of Casket Oct 24 cof.
 No. of Casket 1850-
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section I NE 1/4 Lot 55

I Other Graves



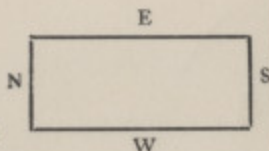
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to Family Car No. 649 5.00
 R. R. Ticket Car P. B. 5.00
 Cash advanced Car. Murr 5.00
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music Organ 5.00
 Casket Wagon 112
 Physician Dr. Frank Gray
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. B
 Total 215.00
 of 15.00
 Pd Cash 200.00

Carry Hand Funeral Home

Name of deceased Mrs Julia Taylor
 Date of death Thurs Dec - 2 - 43 11:00 MP
 Cause of death _____
 Place of death Res Glenwood St
 Residence 31 - N. Glenwood St
 Age 69 Y'rs 11 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home
 Date Sun Dec - 5 1943 2 - P. M
 Account charged Arthur G Taylor
 Address 31 - N. Glenwood St
 Account guaranteed Payment
 Address 4 Suss
 Embalming _____ 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket 4 - 3 - 51 See 175.00
 Casket with Copper Lin. ☒
 Style of Casket Set 2 - 6
 No. of Casket 2 - 1850 - 9
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Set
 Pillow Set Set
 Name Plate _____
 Cemetery Rose Hill Kissimmee
 Section _____ Lot _____

I Other Graves



X Grave on this date

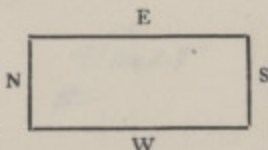
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Set 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister By Family
 Music By Family
 Casket Wagon (1) 5.12
 Physician Dr. M. Andrews
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

245.00
100.00
285.00
30.00
315.00

Carey Hand Funeral Home

Name of deceased Mrs Sarah Wildman
 Date of death Wed Dec 3-43 P.M.
 Cause of death _____
 Place of death Res
 Residence Cumy 7nd Rd Rt-4-Box 553-C
 Age _____ Yrs. _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Dec 6-43 1943 4 P.M.
 Account charged Miss Shirley Wildman
 Address Cumy Rt-4-
 Account guaranteed cash - Crown Service
 Address _____
 Embalming Y.S. 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Grey Maple 110.00
 Casket with Copper Lin. ✓
 Style of Casket Oct & 1/2 Cap
 No. of Casket _____
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation one auto P.O.S.H. 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____ 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____ 2.35
 Telegram _____ 3.36
 Minister Arthur Turner
 Music Organ 5.00
 Casket Wagon
 Physician Dr. Redding
 County or City Burial _____
 Automobiles _____ 15.00
 Baggage or Express Train No. _____

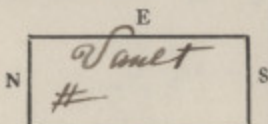
247.36

Long Brown 150
53

Carey Hand Funeral Home

Name of deceased Mrs Dorothy Parks Eddy
 Date of death Sat - Dec - 4 - 43 7 A M
 Cause of death _____
 Place of death O. G. H.
 Residence 538 E. Wash st -
 Age 65 Yrs. 1 Mo's. 28 Days _____
 Weight 135 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Mon - Dec - 6 - 1943 3 P. M
 Account charged M. Ernest B Eddy -
 Address 538 E. Wash st -
 Account guaranteed Estate
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3- in. Oak 495.00
 Casket with Copper Lin. Yes
 Style of Casket Ext. H. Cap
 No. of Casket _____
 Outside Box Reg. turned
 Shipping Case or Vault _____
 Handles Ext.
 Pillow Set Mrs Taylor
 Name Plate _____
 Cemetery Vault
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Spray 10.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos amb. car 5.00
 Telegram _____
 Minister Dean Johnson
 Music Organ
 Casket Wagon (2) 10.00
 Physician Dr. Day
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Due of Deceased 555.00
565.00

Carey Hand Funeral Home

Name of deceased *Mrs. Anne Va. Spague*
 Date of death *Sun Dec-5-43* MA
 Cause of death _____
 Place of death *W. Va.*
 Residence *1523 E. Corn Ave*
 Age *60* Y'rs *11* Mo's *24* Days _____
 Weight *235* Height *5* ft. *6* in. Eyes _____
 Funeral at *Chapel*
 Date *Mon Dec 6-43* 19*43* *5-P. M*
 Account charged *Capt Wm R Spague*
 Address *1523 E. Corn Ave*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-6-6 In Cloth* 285.00
 Casket with Copper Lin. _____
 Style of Casket *R. P. State*
 No. of Casket *Tempa - 47*
 Outside Box *Reg - Painted*
 Shipping Case or Vault _____
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate *National Casket Co.*
 Cemetery *Durington N. C.*
 Section _____ Lot _____

Full Term 9.00 1573
 E

I Other Graves

522.08
15.23
537.81

N S

X Grave on this date

Mon F.H. Cement Vault cost
service \$100.00

Cremation

Urn _____
 Single Grave *Durington N. Cemetery*
 Opening and Closing Grave _____
 Body Shipped to *West Virginia Va*
 R. R. Ticket *5671* 15.73
 Cash advanced *5671* 21.84
 Autos *Express Baggage*
 Telegram *1-135-2100 3-3-3* 6.45
 Minister *Dean Johnson R. Fred Town*
 Music *Organ*
 Casket Wagon *2* 10.00
 Physician *Dr Capt Coalter*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *76*

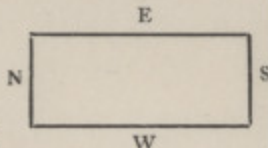
Mon Night 12-6-43 497.44
Ordered Cement Vault from 4.39
the Heins & Horne
Kash-P. 501.83
Express bag 15.73
 452
 522.08

Carey Hand Funeral Home

Name of deceased Alma Weber
 Date of death Mon Dec 5-43 Mon
 Cause of death Res of Dan Leander Yates
 Place of death South S. Tim & Simms Ave
 Residence 88 Y'rs 1 Mo's 3 Days
 Age 88 Y'rs 1 Mo's 3 Days
 Weight 165 Height 5 ft 10 in. Eyes Blue
 Funeral at Leest
 Date 194 M
 Account charged Leander Yates
 Address Res - Leander Yates
 Account guaranteed Estate
 Address Leest
 Embalming Yes
 Robe, Suit, Dress Blk D. C
 Underwear and Hose Yes
 Casket 6-3-12
 Casket with Copper Lin. Yes
 Style of Casket Style of Casket
 No. of Casket 31-1000
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate Yes
 Cemetery West Pullman Pa
 Section 10 Lot 10

35.00
 20.00
 1.50
 175.00

I Other Graves



X Grave on this date

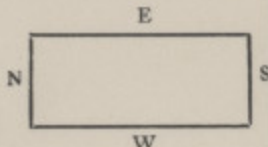
Cremation Yes
 Urn Yes
 Single Grave Yes
 Opening and Closing Grave Yes
 Body Shipped to Pullman Pa
 R. R. Ticket 84.20
 Cash advanced Expr
 Autos 2.00
 Telegram 15-105
 Minister Organ
 Music Organ
 Casket Wagon (2)
 Physician 10.00
 County or City Burial Yes
 Automobiles Yes
 Baggage or Express Train No. 36

Mon Night 12-6-43 327.70
84.20
8243.50

Carey Hand Funeral Home

Name of deceased Baby Bass
 Date of death Sun Dec 5-48 MP
 Cause of death Still Born
 Place of death Res
 Residence Conway
 Age Yrs. Mo's. Days.
 Weight ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Chas Bass
 Address
 Account guaranteed Cash
 Address
 Embalming Cremation 10.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Cremated
 Casket with Copper Lin. 8-14 M
 Style of Casket Tues Dec - 7-48
 No. of Casket
 Outside Box ashes to be scattered
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

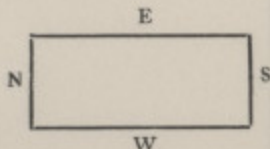
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr Ford
 County or City Burial
 Automobiles
 Baggage or Express Train No.

10.00

Carey Hand Funeral Home

Name of deceased *Mr Edward C. Young*
 Date of death *Sun. Dec 5-43* M.P.
 Cause of death _____
 Place of death *Res*
 Residence *1420 E. Concord*
 Age *81* Y'rs *10* Mo's *13* Days
 Weight *100* Height *6* ft. _____ in. Eyes _____
 Funeral at *Funeral*
 Date *Tuesday* 194 *3* *4* P.M.
 Account charged *Mrs E. C. Young*
 Address *1420 E Concord Ave*
 Account guaranteed _____
 Address _____
 Embalming *Yes* *25.00*
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *See Chg No Chg*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket *Mr had been*
 Outside Box *sent for several mo*
 Shipping Case or Vault *and lot*
 Handles *about every thing*
 Pillow Set *he had*
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

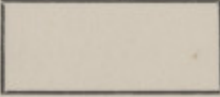


X Grave on this date

Cremation *Cremation* *50.00*
 Urn _____
 Single Grave *Body Cremated*
 Opening and Closing Grave *P.A.M.*
 Body Shipped to _____
 R. R. Ticket *Wed-Dec 8-43*
 Cash advanced _____
 Autos *Will pay for*
 Telegram _____
 Minister *Elder Cone S.R.A.*
 Music _____
 Casket Wagon _____
 Physician *Dr. Kink*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *28*

75.00

Carey Hand Funeral Home

Name of deceased *Mrs Jennie Miller*
Date of death *Oct 4*
Cause of death
Place of death *610 Grand Ave*
Residence *610 Grand Ave*
Age *79* Y'rs Mo's Days
Weight Height ft. in. Eyes
Funeral at *Catholic Church*
Date *Mon - 9 A.M.* 194 *Dec 6 - 43*
Account charged *Father Bishop*
Address
Account guaranteed *100 in Bank*
Address
Embalming *Care of Body* 10.
Robe, Suit, Dress 5.
Underwear and Hose
Casket *6-2-4 Box* 50.
Casket with Copper Lin.
Style of Casket *1st Flat Top*
No. of Casket *71 - 9mpe*
Outside Box *Reg*
Shipping Case or Vault
Handles *Shay*
Pillow Set
Name Plate *Crucifix*
Cemetery *Mount Carmel*
Section *Catholic* Lot *reham*
E
I Other Graves
N  S
W
X Grave on this date
Cremation *out* 5.
Urn
Single Grave 15.
Opening and Closing Grave
Body Shipped to
R. R. Ticket
Cash advanced
Autos
Telegram
Minister
Music
Casket Wagon
Physician *Dr. Gray*
County or City Burial
Automobiles 15.
Baggage or Express Train No. *B*

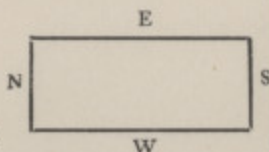
700.00

Carey Hand Funeral Home

Name of deceased *Mr Wm E Rollins*
 Date of death *Wed. Dec 8-43* *A M*
 Cause of death *Osteopathic Syphilis*
 Place of death *Winter Park*
 Residence *Winter Park*
 Age *Yrs.* *Mo's.* *Days.*
 Weight *Height* *ft.* *in.* *Eyes.*
 Funeral at *M.E. Church W. Garden*
 Date *Tue Dec-10-43* *194* *10 A M*
 Account charged *Mr Wm E Rollins*
 Address
 Account guaranteed *Payments*
 Address
 Embalming *YD*
 Robe, Suit, Dress *Blue Ang*
 Underwear and Hose
 Casket *6-3- Gr Doe*
 Casket with Copper Lin.
 Style of Casket *Set M.C.*
 No. of Casket *1530-9*
 Outside Box *Reg*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Winter Garden*
 Section *C-* Lot *7*

35.00
 18.00
 135.00

I Other Graves



X Grave on this date

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

15.00

5.00

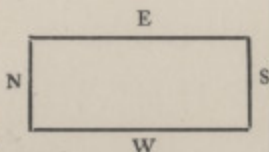
15.00

223.00

Carey Hand Funeral Home

Name of deceased *Injunct of Mr & Mrs Haldorf*
 Date of death *Dec 8 - 1943* *6:30 P M*
 Cause of death _____
 Place of death *Fla. San'ty*
 Residence *2024 - Gant St*
 Age *1* Y'rs *1* Mo's *1* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave Side*
 Date _____ 194____ M
 Account charged *Mrs Christine Haldorf*
 Address *2024 Gant St*
 Account guaranteed *Payments*
 Address _____
 Embalming *Care of Body* *5.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *2 - 0 H L* *12.50*
 Casket with Copper Lin. *See H. T. H.*
 Style of Casket *See H. T. H.*
 No. of Casket *H. M.*
 Outside Box *Req.*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Lake Hill*
 Section _____ Lot _____

I Other Graves



X Grave on this date

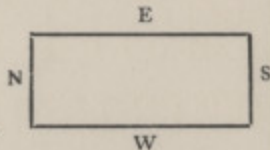
Cremation *Single Grave*
 Urn *No Change old*
 Single Grave *Family*
 Opening and Closing Grave _____
 Body Shipped to *Auto & Car* *5.00*
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *By Family*
 Music _____
 Casket Wagon *No Chg*
 Physician *See*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

30.00

Carey Hand Funeral Home

Name of deceased Rose Tuttle M. Antosh
 Date of death Dec 8 8:30 P. M
 Cause of death _____
 Place of death P. E. N.
 Residence Deland Fla
 Age 86 Y'rs 1 Mo's 14 Days _____
 Weight 200 Height 5 ft. 4 in. Eyes _____
 Funeral at Chapel
 Date Friday Dec 10 1943 11 A. M
 Account charged Arthur T. M. Antosh
 Address 160 N. La Salle St
 Account guaranteed _____
 Address _____
 Embalming Yes
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 6-6-4 Gold
 Casket with Copper Lin. Yes
 Style of Casket 8 Pa Set
 No. of Casket 42-9
 Outside Box Red
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 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 Clear Lake Inn
 R. R. Ticket _____
 Cash advanced Ans S. Co
 Autos _____
 Telegram _____
 Minister A. Fred Turner
 Music yes - (2)
 Casket Wagon _____
 Physician Dr. M. Mallory
 County or City Burial _____
 Automobiles _____
 Baggage on ~~Express~~ Train No. 92

Inc 12-10-42

35.00

595.00

220.76
1.09

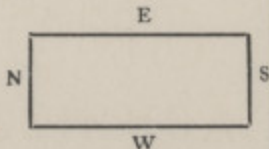
10.00

861.85

Carey Hand Funeral Home

Name of deceased *Infant 9m 3 1/2 yrs O.W. Wiley*
 Date of death *Dec 6 -* M
 Cause of death
 Place of death *Res* *12-8-13*
 Residence *Greenville, Miss* *11:45 PM*
 Age *6* Yrs *2* Mo's *2* Days
 Weight Height ft. in. Eyes
 Funeral at *Chapel*
 Date *Thurs Dec 9 -* 194*3* *4:30 P.M*
 Account charged *Lt. O.W. Wiley*
 Address *Greenville, Miss*
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket *2-0-*
 Casket with Copper Lin
 Style of Casket *Set of 7-7*
 No. of Casket *one set blue vel*
 Outside Box
 Shipping Case or Vault *Concrete* *20.00*
 Handles *small*
 Pillow Set *yes*
 Name Plate
 Cemetery *Woodlawn*
 Section Lot

I Other Graves



X Grave on this date

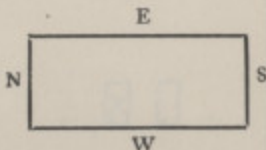
Cremation *Parents drove through*
 Urn *to Olanda*
 Single Grave
 Opening and Closing Grave *etc* *10.00*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister *Rev. Guy*
 Music *Organ & Band*
 Casket Wagon
 Physician
 County or City Burial
 Automobiles *Sedan* *5.00*
 Baggage or Express Train No.

35.00

Carey Hand Funeral Home

Name of deceased Nancy C. Layman
 Date of death Dec-2-43 M
 Cause of death Coronary Thrombosis
 Place of death Res
 Residence De Land Fla
 Age 82 Y'rs. 10 Mo's. 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Allen & Summerville
 Address De Land Fla
 Account guaranteed _____
 Address _____
 Embalming Consumption 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body covered
 Style of Casket 10-12-9-43
 No. of Casket Thurs 12-9-43
 Outside Box _____
 Shipping Case or Vault Body Burial
 Handles 8-AM 12-10-43
 Pillow Set _____
 Name Plate will call for
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

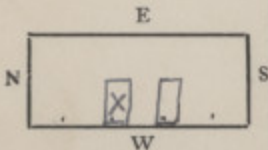
Cremation _____
 Urn wooden
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express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

37.50

Carey Hand Funeral Home

Name of deceased *Mrs Anna L. H. Barr*
 Date of death *Thurs Dec-9-43* M
 Cause of death _____
 Place of death *Fla. Plant*
 Residence *621 Lake St Circle*
 Age *66* Y'rs. *11* Mo's. *16* Days _____
 Weight *200* Height *5* ft. in. Eyes _____
 Funeral at *Chapel*
 Date *Sat Dec 11, 1943* M
 Account charged *M. Geo. F. Barr*
 Address *631- Lake St*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* 38.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket *6-B- in 6 inch* 275.00
 Casket with Copper Lin. ☒
 Style of Casket *Fla. State H. Cap*
 No. of Casket *250* *9 amp a*
 Outside Box ☒
 Shipping Case or Vault *Warrant* 60.00
 Handles *Set*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Greenwood*
 Section *V-* Lot *19*

I Other Graves



X Grave on this date

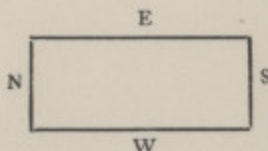
Cremation *(2) yes* 10.00
 Urn *P. B. Car* 5.00
 Single Grave *H. P. B. Car* 5.00
 Opening and Closing Grave *Trout 1st* 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev. Sanchez* 5.00
 Music *yes* 5.00
 Casket Wagon *(1)*
 Physician *Dr. Lawson*
 County or City Burial _____
 Automobiles *5 + 3* 15.00
 Baggage or Express Train No. _____

430.00

Carey Hand Funeral Home

Name of deceased Baby Joyce Troy White
 Date of death Thurs. Dec 9 P.M.
 Cause of death _____
 Place of death at H.
 Residence Altamont
 Age 1 Yrs. 11 Mo's. _____ Days. 7
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date _____ 194 _____ M
 Account charged Malcom White
 Address _____
 Account guaranteed L. Hattaway
 Address Hunter Park
 Embalming yes 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-6-White 52.50
 Casket with Copper Lin. _____
 Style of Casket West. H. Top
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

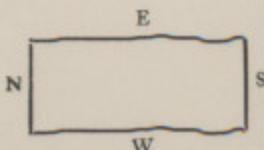
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Express
 Autos _____
 Telegram to Troy ala
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage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

<u>Express. 31.63</u>	87.50
<u>only</u>	2.21
	80.29
15.35	
15.35	
30.70	
91	
31.61	

Carey Hand Funeral Home

Name of deceased J. M. Patterson
 Date of death Thurs Dec 9-42 P.M.
 Cause of death _____
 Place of death Res
 Residence 414- Spurr St
 Age 75 Y'rs 3 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday Dec 13 1942 4 P.M.
 Account charged Mrs. J. M. Patterson
 Address 414- Spurr St
 Account guaranteed Payor's
 Address _____
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- in 6th 135.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. St. Exp.
 No. of Casket 1850 Tape
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate ✓
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Auto Train 5.00
 Urn _____ 25.00
 Single Grave Single Grave 15.00
 Opening and Closing Grave Yote
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. Dand
 Music yes 5.00
 Casket Wagon (1)
 Physician Dr. Larson
 County or City Burial _____ 15.00
 Automobiles S & S
 Baggage or Express Train No. B

235.00

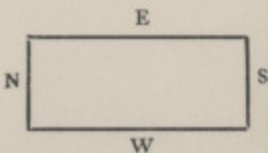
Carey Hand Funeral Home

Name of deceased Miss Livilla Burnsed
 Date of death Sat Dec-11-43 AM
 Cause of death Cancer of Small Intestines
 Place of death Res
 Residence Miller Crossing
 Age 61 Y'rs. 5 Mo's. 3 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Grove Side
 Date Tues. Dec-14 1943 3 P. M
 Account charged N. Burnsed
 Address Opoece Fla
 Account guaranteed Ins
 Address
 Embalming Y.D.
 Robe, Suit, Dress Blue Velvet
 Underwear and Hose
 Casket 6-3-1/2 Plush
 Casket with Copper Lin.
 Style of Casket Get 12-1-1943
 No. of Casket 7-15-25
 Outside Box ☒
 Shipping Case or Vault Cement
 Handles Ext
 Pillow Set Yes
 Name Plate Opoece
 Cemetery
 Section Lot

35.00
18.00
3.00
175.00

60.00

I Other Graves



X Grave on this date

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

15.00

5.00

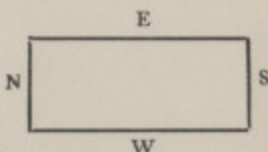
15.00

325.00

Carey Hand Funeral Home

Name of deceased Rev Phillip Gutensohn
 Date of death Mon Dec 12-43 12³⁰ MA
 Cause of death Cardiac Failure
 Place of death Res of Son 1212 Palmer
 Residence 1212 Palmer
 Age 97 Y'rs 11 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Dec 13 1943 5 P. M
 Account charged Rev Mrs Wm Krause
 Address 1212 Palmer St
 Account guaranteed _____
 Address _____
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-2 Gr. Birch 135.00
 Casket with Copper Lin. ✓
 Style of Casket Get St. Oak
 No. of Casket 1850 9mpha.
 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

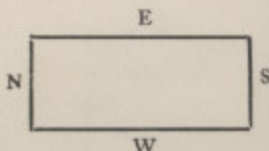
Cremation _____
 Urn _____
 Single Grave Dormitory
 Opening and Closing Grave Ohio
 Body Shipped to Amsterdam
 R. R. Ticket _____
 Cash advanced Express 79.21
 Autos _____ 14.04
 Telegram _____
 Minister Rev St Luethi
 Music yes 5.00
 Casket Wagon (2) 10.00
 Physician Dr. Kowales
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 B

Mon Night 12-13-43 278.25

Carey Hand Funeral Home

Name of deceased Frank R. Heater
 Date of death Sun Dec - 12 - 43 4 P. M
 Cause of death Senile
 Place of death Res - William Hamilton
 Residence 515 - Hart Funerary
 Age 77 Yrs. 5 Mo's. 13 Days
 Weight 150 Height 5 ft 6 in. Eyes
 Funeral at Rest
 Date 194 M
 Account charged Mrs William Hamilton
 Address 515 - Hart Funerary
 Account guaranteed Yes
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress Tie 1.50
 Underwear and Hose Yes 4.12
 Casket 4-3 Walnut Tin 425.00
 Casket with Copper Lin. Yes
 Style of Casket State of E
 No. of Casket 250 Tampa
 Outside Box Reg
 Shipping Case or Vault Yes
 Handles Ext wood
 Pillow Set Yes Daybed
 Name Plate Rest
 Cemetery Rest
 Section Lot

I Other Graves



X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Wilmington Del
 R. R. Ticket Est Pd Car. 4928
 Cash advanced Remain in Pass
 Autos
 Telegram
 Minister
 Music
 Casket Wagon 2 Ford 10.00
 Physician Dr Ford
 County or City Burial
 Automobiles
 Baggage or Express Train No. 92

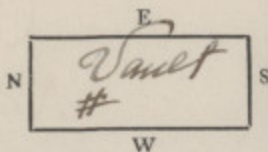
Tues - 12-14-43

471.50

Carey Hand Funeral Home

Name of deceased Arthur S. Atkins
 Date of death Mon. Dec 13-43 1:30 P.M.
 Cause of death O.G. A.
 Place of death Manassas, Ohio
 Residence Manassas, Ohio
 Age 74 Yrs. 1 Mo's. 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed. Dec 15 1943 5 P.M.
 Account charged Mrs. A. S. Atkins
 Address 203 E. Amelia
 Account guaranteed Estate
 Address _____
 Embalming ✓ 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 1/2 x 3 1/2 ft. 575.00
 Casket with Copper Lin. Yes
 Style of Casket 11 Ed. State
 No. of Casket 48 Temp. a
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set Yes
 Name Plate ✓
 Cemetery State
 Section _____ Lot _____

I Other Graves



X Grave on this date

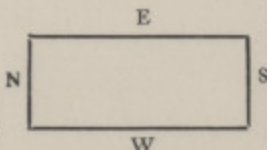
Cremation in Vault ship
 Urn later in spring
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram Grab Ser 5.00
 Minister Rev. M. C. Gandy
 Music Organ
 Casket Wagon 2 10.00
 Physician Dr. Gandy
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

625.00

Carey Hand Funeral Home

Name of deceased Geo W. Dease
 Date of death Mon Dec 13-43 P.M.
 Cause of death _____
 Place of death Res
 Residence Cumby Island R.F.D.
 Age 73 Y'rs 3 Mo's 3 Days _____
 Weight 140 Height _____ ft. _____ in. Eyes _____
 Funeral at grave side
 Date Thurs Dec 14 1943 2-P. M
 Account charged Vernon S Dease
 Address _____
 Account guaranteed _____
 Address _____
 Embalming yes
 Robe, Suit, Dress Blue Sng
 Underwear and Hose _____
 Casket 4-3-12 Gr Cloth
 Casket with Copper Lin. _____
 Style of Casket State N Cap
 No. of Casket 31 Tampa
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles Ext -
 Pillow Set yes
 Name Plate _____
 Cemetery Cumby
 Section _____ Lot _____

I Other Graves



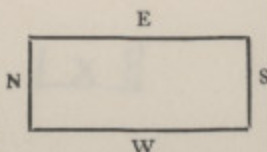
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Y etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister D. J. Fennell
 Music _____
 Casket Wagon (1)
 Physician Dr. Braidell
 County or City Burial _____
 Automobiles 9 & 8
 Baggage or Express Train No. _____

272.00

Carey Hand Funeral Home

Name of deceased Mrs. Jeanette Smith Horton
 Date of death Dec 8 1943 M
 Cause of death not given on Permit
 Place of death Res
 Residence St Petersburg
 Age 82 Y'rs 1 Mo's 6 Days
 Weight 100 Height 5 ft. in. Eyes
 Funeral at St Petersburg
 Date 1943 M
 Account charged Health & Co. Corp
 Address St Petersburg Fla
 Account guaranteed Cash
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body buried
 Casket with Copper Lin by auto
 Style of Casket 4-P. M
 No. of Casket Mon 12-13-43
 Outside Box
 Shipping Case or Vault Body Cremated
 Handles 8-A.M. Tues 12-14-43
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation
 Urn wooden
 Single Grave Exp Order to
 Opening and Closing Grave Supp
 Body Shipped to
 R. R. Ticket Mentor Cemetery
 Cash advanced
 Autos Mentor Ohio
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

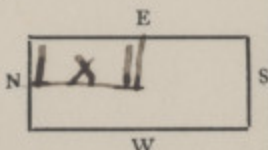


37.50

Carey Hand Funeral Home

Name of deceased Mrs Nellie Jones
 Date of death Mon Dec 13-43 8:30 P.M.
 Cause of death Old Age
 Place of death W. Pa.
 Residence 1235 Wisconsin
 Age 60 Yrs. Mo's. Days.
 Weight 135 Height 5 ft. 6 in. Eyes.
 Funeral at Chapel
 Date Thurs - Dec 16 1943 4 P. M.
 Account charged John Clifton Son
 Address _____
 Account guaranteed Ans -
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓ 2.00
 Casket 6-3 1/2 x 2 1/2 x 5 1/2 125.00
 Casket with Copper Lin. ✓
 Style of Casket Det. H. Cap
 No. of Casket Tampa
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles Ext -
 Pillow Set yes
 Name Plate Greenwood
 Cemetery Greenwood
 Section 4 - N.E. 1/4 Lot 7

I Other Graves



X Grave on this date

Cremation auto 5.00
 Urn auto 5.00
 Single Grave auto 5.00
 Opening and Closing Grave 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Powell Tucker 5.00
 Music yes 5.00
 Casket Wagon 11
 Physician Dr. F. Brown
 County or City Burial _____
 Automobiles 3 & 5 15.00
 Baggage or Express Train No. _____

217.00

Cash Advanced 30.00

247.00

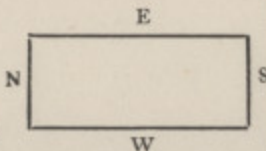
Less 10.00

237.00

Carey Hand Funeral Home

Name of deceased Georgia Munay
 Date of death Dec 14-43 1230 MA
 Cause of death Congestive heart failure
 Place of death Tila Tent
 Residence Leckhart
 Age about 70 Y'rs. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at Tent
 Date 194. M
 Account charged Amster Miller
 Address Leckhart Tila Box 12
 Account guaranteed Law
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hose ☒
 Casket 4-3-Plush 135.00
 Casket with Copper Lin. ☒
 Style of Casket Oct. H Cap
 No. of Casket 1525
 Outside Box Reg
 Shipping Case or Vault ☒
 Handles Exp - wooden
 Pillow Set Yes
 Name Plate ☒
 Cemetery Greenwood New York
 Section. Lot.

I Other Graves



X Grave on this date

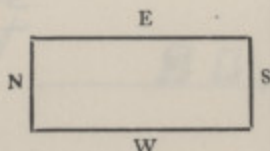
Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to New York
 R. R. Ticket 3828-3828
 Cash advanced Express 76.50
 Autos Tax 2.30
 Telegram (1) 1.13
 Minister
 Music
 Casket Wagon (2) 10.00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No. 76 8

Thurs Night 12-16-43 259.99

Carey Hand Funeral Home

Name of deceased Mrs Thelma Bondhouse
 Date of death Dec 9-43 M
 Cause of death Coronary Sclerosis
 Place of death Atta Chattahoochee Fla
 Residence Lusburg Fla
 Age 73 Y'rs. 11 Mo's. 16 Days
 Weight 80 Height 5 ft 5 in Eyes
 Funeral at Lusburg
 Date 194 M
 Account charged Page Funeral Home
 Address Lusburg Fla
 Account guaranteed OK
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body buried
 Style of Casket by order 11-A-M
 No. of Casket Plus 12-14-43
 Outside Box
 Shipping Case or Vault Body buried
 Handles 8-A-M Wed 12-15-43
 Pillow Set
 Name Plate Order Express to
 Cemetery Page Funeral Home
 Section Lusburg Fla 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

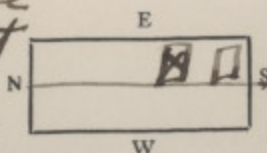
Carey Hand Funeral Home

Name of deceased Mr. Chas R. Gill
 Date of death Dec 11-43 M
 Cause of death Cerebral Thrombosis
 Place of death Nashville Tenn
 Residence Nashville Tenn
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Dec 15 1943 2-P M
 Account charged St.

Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6-4-6 1/2
 Casket with Copper Lin. _____
 Style of Casket Slate
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles Ext -
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section E 1/2 - Lot 90

Head of Grave
 I Other Graves East



X Grave on this date _____

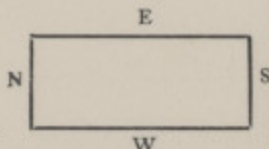
Cremation Auto Family 5.00
 Urn Auto P. B. 5.00
 Single Grave Auto Burial 5.00
 Opening and Closing Grave White 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. L. H. McLean Clint
 Music Organ 5.00
 Casket Wagon 41
 Physician _____
 County or City Burial _____
 Automobiles S. V. S. 15.00
 Baggage or Express Train No. _____

110.00

Carey Hand Funeral Home

Name of deceased *Mr Joseph W. Shreve*
 Date of death *Wed Dec -15-43* *AM*
 Cause of death _____
 Place of death *Leura Nursing Home*
 Residence *South of Orlando*
 Age *72* Y'rs *8* Mo's *7* Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at *Home side*
 Date _____ 194 _____ M
 Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *6-3-Case* *14.50*
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *County Home*
 Section _____ Lot _____

I Other Graves



X Grave on this date

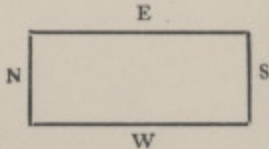
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician *Dr. Moon*
 County or City Burial _____
 Automobiles _____
 Baggage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

14.50

Carey Hand Funeral Home

Name of deceased Charles J. Marden
 Date of death Wed. - Dec. 15-43 5³⁰ P. M.
 Cause of death _____
 Place of death Bres
 Residence Old Apopka Rd. - Near Lockhart
 Age 70 Y'rs. Mo's 3 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday Dec. 17, 1943 3 P. M.
 Account charged C. J. Marden
 Address Apopka, Fla.
 Account guaranteed _____
 Address 35-
 Embalming Dress 25.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓ 1.10
 Casket 4-3-2 100.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. H. C.
 No. of Casket 1922 Tampa
 Outside Box 179
 Shipping Case or Vault ✓
 Handles Ext. wooden
 Pillow Set yes
 Name Plate _____
 Cemetery Apopka
 Section _____ Lot _____

I Other Graves



X Grave on this date

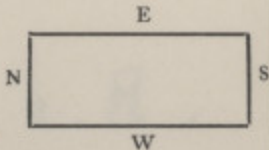
Cremation Auto 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev. A. H. Mc. Carlin
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr. Hedding
 County or City Burial _____
 Automobiles 5.00 15.00
 Baggage or Express Train No. _____

165.00

Carey Hand Funeral Home

Name of deceased Mr John Joseph Maney
 Date of death Thurs Dec 16-43 7:15 AM
 Cause of death Cholera
 Place of death City
 Residence 241 East 10th Ave
 Age 71 Yrs 10 Mo's 24 Days
 Weight _____ Height _____ ft _____ in Eyes _____
 Funeral at Catholic Church
 Date Sat Dec 18 1943 9:30 M
 Account charged Mrs Rose M. Maney
 Address 241 E Robinson
 Account guaranteed Wife
 Address _____
 Embalming Yes
 Robe, Suit, Dress 5-150 50
 Underwear and Hose _____
 Casket 6/3 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket State N. C.
 No. of Casket 750-Tampa
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate crucifix
 Cemetery Greenwood
 Section 1 Lot _____

I Other Graves
 X Grave on this date



Cremation aut. P. B.
 Urn aut. Maney
 Single Grave White
 Opening and Closing Grave 1.00
 Body Shipped to aut. Tampa
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Fr. O'Brien
 Music by Church
 Casket Wagon _____
 Physician Dr. Spencer Johnson
 County or City Burial _____
 Automobiles S.V.S.
 Baggage or Express Train No. _____

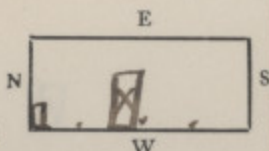
394.74

Carey Hand Funeral Home

Cornelius

Name of deceased *Mr Neal Loveless*
 Date of death *Dec 17* 1943 *3 A.M.*
 Cause of death *White Pneumonia*
 Place of death *Home 12-17-43 - B. Pneumonia*
 Residence *414 S. Osceola St -*
 Age *84* Y'rs *8* Mo's *26* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sun Dec 19* 1943 *3 P.M.*
 Account charged *Mr Neal Loveless*
 Address *414 - S. Osceola -*
 Account guaranteed *Estate*
 Address _____
 Embalming *Yes* *35.00*
 Robe, Suit, Dress *✓*
 Underwear and Hose *✓*
 Casket *6-3-Grd Birch* *375.00*
 Casket with Copper Lin. *✓*
 Style of Casket *R. Ca Slate H. Cap*
 No. of Casket *8108 - Shum*
 Outside Box *✓*
 Shipping Case or Vault *Cement* *60.00*
 Handles *Ext -*
 Pillow Set *Yes -*
 Name Plate *✓*
 Cemetery *Greenwood*
 Section *A* Lot *179*

I Other Graves



X Grave on this date

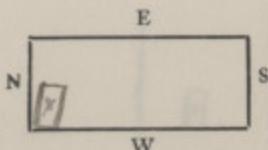
Cremation *P. B. Cas* *5.00*
 Urn *Can min* *5.00*
 Single Grave *1-Grav Res* *5.00*
 Opening and Closing Grave *T & etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev A. Fred Turner*
 Music *Organ*
 Casket Wagon *(1)* *5.00*
 Physician *Dr Neal*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage or Express Train No. *9*

520.00

Carey Hand Funeral Home

Name of deceased James Henry Croom
 Date of death Oct Dec 18 1943 1-11 M
 Cause of death _____
 Place of death Res
 Residence Apoka
 Age 51 Y'rs. 4 Mo's. 22 Days
 Weight 160 Height 5 ft. 8 in. Eyes _____
 Funeral at Apoka
 Date Sun Dec 19 1943 4:30 P.
 Account charged Mrs. Lelia Croom
 Address Apoka Fla
 Account guaranteed Ins
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-6 6th 275.00
 Casket with Copper Lin. ✓
 Style of Casket State 12-6
 No. of Casket 7-48 Tampa
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles est
 Pillow Set yes
 Name Plate ✓
 Cemetery Apoka
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Yute 15.00
 Body Shipped to _____
 R. R. Ticket ✓
 Cash advanced _____
 Autos _____ 6.03
 Telegram _____
 Minister Dean Johnson V F & M
 Music Organ Lodge 5.00
 Casket Wagon 1 1/2 In. Quads
 Physician Dr. In. Quads
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

411.03

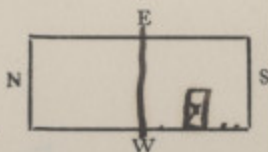
F. & A. M. Sec. at

Same

Carey Hand Funeral Home

Name of deceased Mrs. Albertas H. Appling
 Date of death Sun Dec 19-43
 Cause of death Yes
 Place of death Yes
 Residence 308-E. Miller St Orlando
 Age Yrs. Mo's Days
 Weight 145 Height 5 ft. 4 in. Eyes
 Funeral at Chapel
 Date Tues 12-31-1943 2 P. M
 Account charged Thos. G. Appling
 Address 308 E. Miller St Orlando
 Account guaranteed
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 4-2-Black Toga Plank 350.00
 Casket with Copper Lin. ✓
 Style of Casket Oct. 12 C
 No. of Casket 2637 1/2 shini
 Outside Box ✓
 Shipping Case or Vault Cement 60.00
 Handles Short
 Pillow Set yes
 Name Plate ✓
 Cemetery Guinness
 Section N. S 1/2 Lot 49

I Other Graves



X Grave on this date

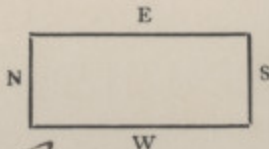
Cremation Burial Lot 250.00
 Urn Auto P. B. 5.00
 Single Grave Auto P. B. 5.00
 Opening and Closing Grave Ticket 15.00
 Body Shipped to Auto Family 5.00
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Samuel Tucker
 Music yes 5.00
 Casket Wagon (12) 5.00
 Physician Dr. Larson
 County or City Burial
 Automobiles 5.00 15.00
 Baggage or Express Train No.

995.00
250.00
745.00

Carey Hand Funeral Home

Name of deceased Mr. Ruth Lewis
 Date of death Sun Dec-19-43 P.M.
 Cause of death O. S. H.
 Place of death O. S. H.
 Residence 2135 St. South St
 Age Yrs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Wed. Dec 22 1943 4 P.M.
 Account charged Ins - Out
 Address
 Account guaranteed
 Address
 Embalming Y D 35.00
 Robe, Suit, Dress 10.00
 Underwear and Hose 135.00
 Casket 6-7 Sil Plush
 Casket with Copper Lin. Y
 Style of Casket Oct H.C.
 No. of Casket 1575 Tampa
 Outside Box Reg
 Shipping Case or Vault Y
 Handles Y
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section Lot

I Other Graves



X Grave on this date

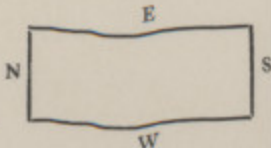
Cremation Lot Direct
 Urn
 Single Grave
 Opening and Closing Grave Gate 15.00
 Body Shipped to
 R. R. Ticket P.B. Car 5.00
 Cash advanced Auto 5.00
 Autos
 Telegram
 Minister W. M. Smith
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr. Hink
 County or City Burial
 Automobiles S. S. 15.00
 Baggage or Express Train No.

225.00

Carey Hand Funeral Home

Name of deceased Michael H Kahn
 Date of death Dec - 18 - 43 M
 Cause of death Not given on Permit
 Place of death His -
 Residence Delmar, Del.
 Age 51 Y's. Mo's. Days.
 Weight. Height. ft. in. Eyes.
 Funeral at Grave Side
 Date Mon Dec 20 1943 4 P M
 Account charged Stephenson T. Kane
 Address Delmar, Del.
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 4-3 Only 4 in
 Casket with Copper Lin.
 Style of Casket State
 No. of Casket
 Outside Box 6-6-
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section. Lot.

I Other Graves



X Grave on this date

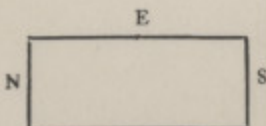
Cremation
 Urn
 Single Grave
 Opening and Closing Grave Del B. V. etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Rabi Schoppa
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

25.00

Carey Hand Funeral Home

Name of deceased Mr. Frank L. Gurski
 Date of death Mon Dec 20-43 2 P.M.
 Cause of death Tela Sant
 Place of death Tela Sant
 Residence 612 - Ridgwood Ave
 Age 76 Yrs. 1 Mo's. 4 Days
 Weight 165 Height 5 ft. 8 in. Eyes
 Funeral at St. Raphael
 Date Wed. Dec 22 1943 2 P.M.
 Account charged C. R. Carow
 Address 612 - Ridgwood Ave
 Account guaranteed Yes Mr. G. A.
 Address
 Embalming & Dress 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3-Gr Cloth 185.00
 Casket with Copper Lin. ✓
 Style of Casket Get 1/2-2
 No. of Casket 7-1830-Form
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set Yes
 Name Plate
 Cemetery Burnwood
 Section 20 Blk 14 1/2 Lot 1

I Other Graves



X Grave on this date

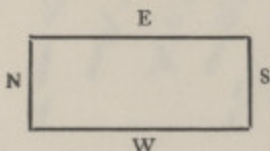
Cremation Not Bought Direct
 Urn Auto P.B. & H.P.B 10.00
 Single Grave Auto 5.00
 Opening and Closing Grave Auto 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister Powell Tucker
 Music Organ 5.00
 Casket Wagon (1)
 Physician Dr. Larson
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No.

270.00

Carey Hand Funeral Home

Name of deceased Mrs Kate B. Camp
 Date of death Dec 21-43 2 17 A M
 Cause of death _____
 Place of death 219 S. Cleveland Dr
 Residence 219 S. Cleveland Dr
 Age 77 Y'rs. 3 Mo's. 19 Days _____
 Weight 125 Height 5 ft. 5 in. Eyes _____
 Funeral at Chapel
 Date Tue 12-21-43 194 8 P M
 Account charged Dr. J. C. Collins
 Address Belmont
 Account guaranteed _____
 Address _____
 Embalming Y D 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓ 48 1/2
 Casket 6-3 1/2 x 26 1/2 450.00
 Casket with Copper Lin. ✓
 Style of Casket R. C. 5th
 No. of Casket 8108 - Shiner
 Outside Box Reg -
 Shipping Case or Vault ✓
 Handles at Home Park
 Pillow Set Yes -
 Name Plate Yes -
 Cemetery West -
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Burial at
 Urn Moulton Ga
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Columbus Ga -
 R. R. Ticket 50-50-
 Cash advanced 14.16 682
 Autos _____
 Telegram _____
 Minister A. Fred Turner
 Music Organ
 Casket Wagon (2)
 Physician Dr. Tolson
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 B

Wed Dec 22-43

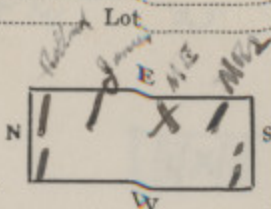
72 31
71.48

556.40
557.31

Carey Hand Funeral Home

Madison

Name of deceased Mr. M. E. Weeks
 Date of death Dec 19-43 M
 Cause of death _____
 Place of death Res
 Residence Plant City Fla
 Age 83 Yrs. _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 194 _____ M
 Account charged Hills Funeral Home
 Address Plant City Fla
 Account guaranteed ok
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Set. H. Cap
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Ref
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section L Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation auto Min
 Urn _____
 Single Grave _____
 Opening and Closing Grave Y etc
 Body Shipped to Funeral Portage
 R. R. Ticket Arrived at Columbus
 Cash advanced 10.00 A.M. - 12-21-43
 Autos _____
 Telegram _____
 Minister Paul Tuck
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____



10.00

5.00

15.00

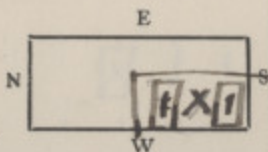
30.00

Carey Hand Funeral Home

Name of deceased *Legia Grace Kiser*
 Date of death *Thurs Dec 21-43* M
 Cause of death
 Place of death *Ret*
 Residence *51- Grove Hill out*
 Age *51* Y'rs *6* Mo's *4* Days
 Weight *300* Height *5* ft *4* in. Eyes
 Funeral at *Chapel*
 Date *Thurs Dec 28, 1943* *11:30* M P
 Account charged *Paul Walters*
 Address *51 Grove Hill out Orlando*
 Account guaranteed *Payor's*
 Address
 Embalming *+ Dues*
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-X*
 Casket with Copper Lin.
 Style of Casket *Det H.C.*
 No. of Casket *1972-Tampa*
 Outside Box *Rea*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set
 Name Plate
 Cemetery *Greenwood*
 Section *G SW 14* Lot *25*

35.00
 7.50
 150.00

I Other Graves



X Grave on this date

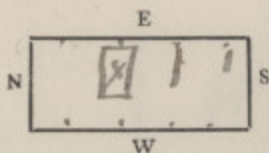
Cremation
 Urn
 Single Grave
 Opening and Closing Grave *1 etc* 15.00
 Body Shipped to
 R. R. Ticket *into Miami* 5.00
 Cash advanced *into Miami* 5.00
 Autos
 Telegram *John Day*
 Minister *John J. Inman*
 Music *Organ* 5.00
 Casket Wagon
 Physician *Dr. Kirk*
 County or City Burial
 Automobiles *5.00* 15.00
 Baggage or Express Train No. *28*

237.60

Carey Hand Funeral Home

Name of deceased *Herbert Arthur Siemer*
Date of death *Thurs Dec 21-43* *1:30 P.M.*
Cause of death _____
Place of death *O. G. St.*
Residence *Orlando Rt- 3- Box F 121*
Age *15* Yrs. *-* Mo's *14* Days _____
Weight *175* Height *5* ft. *-* in. Eyes _____
Funeral at *Chapel*
Date *Thurs Dec 23* 194*3* *2 P.* M
Account charged *Edward H Siemer*
Address *Orlando Rt- 3- Box F. 121*
Account guaranteed _____
Address _____
Embalming *Yes* *25.00*
Robe, Suit, Dress _____ *4.50*
Underwear and Hosiery _____ *1.50*
Casket *No-3- Gay Maple* *75.00*
Casket with Copper Lin. _____
Style of Casket *Sgt. H. Cap*
No. of Casket *71- Tampa*
Outside Box *Reg*
Shipping Case or Vault _____
Handles *Shot*
Pillow Set *yes*
Name Plate _____
Cemetery *Lake Hill*
Section *Blk- 10* Lot *7*

I Other Graves



X Grave on this date

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

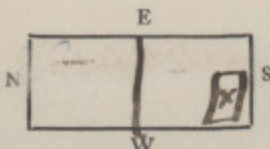
138.00

135.00

Carey Hand Funeral Home

Name of deceased John R. Smith
 Date of death Dec 22 - 5:30 a. M
 Cause of death Coronary Thrombosis
 Place of death Residence
 Residence Fairville Fa
 Age 23 Y'rs 7 Mo's 16 Days
 Weight 175 Height 5 ft 9 in. Eyes
 Funeral at Chapel
 Date Friday Dec 24 1943 M
 Account charged Mrs Katherine Smith
 Address Fairville Fla
 Account guaranteed Yes
 Address
 Embalming & Dues 35.⁰⁰
 Robe, Suit, Dress Tie 1.⁵⁰
 Underwear and Hose
 Casket 6-3- in Cloth 300.⁰⁰
 Casket with Copper Lin.
 Style of Casket Stag H Pk
 No. of Casket 250 Tampa
 Outside Box
 Shipping Case or Vault Cement 60.⁰⁰
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section N S 12 Lot 43

I Other Graves
Lot Street



X Grave on this date

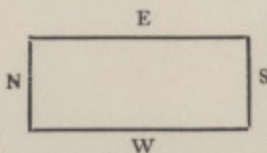
Cremation
 Urn
 Single Grave 15.⁰⁰
 Opening and Closing Grave Y etc 5.⁰⁰
 Body Shipped to Auto 5.⁰⁰
 R. R. Ticket
 Cash advanced Spa Flowers 5.⁰⁰
 Autos
 Telegram
 Minister Geo Trapp
 Music Organ 5.⁰⁰
 Casket Wagon (11) 15.⁰⁰
 Physician John Redding
 County or City Burial
 Automobiles S & S
 Baggage or Express Train No.

441.50

Carey Hand Funeral Home

Name of deceased Henry P. Comstock
 Date of death Dec 22nd 8-11 A.M.
 Cause of death _____
 Place of death G. G. N.
 Residence Pine Castle
 Age 72 Y'rs. 4 Mo's. 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Dec 25-42 194 8-11 P.M.
 Account charged Mrs H. P. Comstock
 Address Pine Castle
 Account guaranteed Ins
 Address _____
 Embalming Y Dress 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket See below 15.00
 Casket with Copper Lin. _____
 Style of Casket See H. P. Comstock
 No. of Casket Henry 21
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



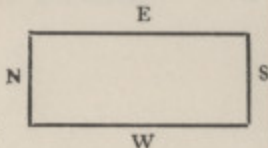
X Grave on this date

Cremation Cremation 50.00
 Urn wooden
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cremated
 R. R. Ticket 8-A M Mon
 Cash advanced Dec. 27-42
 Autos will call for
 Telegram _____
 Minister By Francis
 Music Organ
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____ 100.00

Carey Hand Funeral Home

Name of deceased *Mr. Troy Eddy*
 Date of death *Thurs Dec 25* M
 Cause of death *P. T. B.*
 Place of death *State T. S. Hospital*
 Residence _____
 Age *25* Y'rs. *7* Mo's. *23* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *unk*
 Date _____ 194 _____ M
 Account charged *Thomas Funeral Home*
 Address *Gunnsville Fla*
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose *Thomas and*
 Casket *Co called for the*
 Casket with Copper Lin. *Eddy -*
 Style of Casket _____
 No. of Casket *6-P.M. 12-23-43*
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

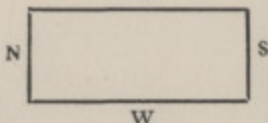
35.00

35.00

Carey Hand Funeral Home

Name of deceased Salem A. Marsh
 Date of death Dec - 20 - M
 Cause of death Not given in Permit
 Place of death Stuart Fla
 Residence Stuart Fla
 Age Yrs. Mo's. Days.
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Johns Funeral Home
 Address Stuart Fla
 Account guaranteed
 Address
 Embalming Cremation 37.50
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin. Body Arrived
 Style of Casket by auto 9-A.M.
 No. of Casket
 Outside Box Thurs Dec 23-
 Shipping Case or Vault
 Handles Body Cremated
 Pillow Set 9-A.M.
 Name Plate Fri Dec 24-43
 Cemetery
 Section Express to Johns
Funeral Home Stuart Fla

I Other Graves



X Grave on this date

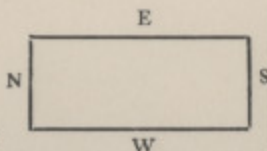
Cremation
 Urn wooden
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased Infant Baby Taylor
 Date of death Thurs. Dec 23 1943 8:30 MA
 Cause of death Still Born
 Place of death City of North
 Residence Winter Garden Fla
 Age ✓ Y'rs. ✓ Mo's. ✓ Days ✓
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home side
 Date Dec 23 1943 4:30 MP
 Account charged Leo G. Taylor
 Address Winter Garden At 2. Box 24
 Account guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0-4-2
 Casket with Copper Lin. _____
 Style of Casket Set of 3
 No. of Casket 103 Tampa
 Outside Box Reg -
 Shipping Case or Vault _____
 Handles small
 Pillow Set yes
 Name Plate _____
 Cemetery Wesley
 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 Wm. Wesley
 Music _____
 Casket Wagon _____
 Physician Dr. Hunter
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

34 50

34 50

Carey Hand Funeral Home

Name of deceased Maggie Jane Potest
 Date of death Fri Dec-24-43 AM
 Cause of death _____
 Place of death Res-
 Residence 1210 - N. 4th Ave
 Age 66 Y'rs. 11 Mo's. 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Dec 24 1943 2 P. M.
 Account charged Henry R. Potest
 Address 1210 N. 4th Ave
 Account guaranteed Payment
 Address _____
 Embalming Yes
 Robe, Suit, Dress White
 Underwear and Hose _____
 Casket 6-3-3 Sil Plush
 Casket with Copper Lin. Yes
 Style of Casket Set of 4
 No. of Casket 114 Pine
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Set
 Pillow Set Yes
 Name Plate Yes
 Cemetery Greenwood
 Section _____ Lot _____

35.⁰⁰
 2.50
 135.⁰⁰

E

I Other Graves

N

S

W

X Grave on this date

Cremation Auto
 Urn None Family
 Single Grave White
 Opening and Closing Grave 4 & etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Bookhart
 Music Organ
 Casket Wagon (1)
 Physician Dr. Andrews
 County or City Burial _____
 Automobiles S.Y. 2
 Baggage or Express Train No. _____

5.⁰⁰
 5.⁰⁰
 25.⁰⁰
 10.⁰⁰

5.⁰⁰

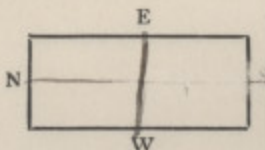
15.⁰⁰

247.⁵⁰

Carey Hand Funeral Home

Name of deceased Lillian T. Wolcott
 Date of death Thurs Dec - 24 - 43 2-17 M
 Cause of death O. I. H.
 Place of death _____
 Residence 20 - W. Underwood
 Age 81 Y'rs 2 Mo's 4 Days _____
 Weight 150 Height 5 ft 7 in. Eyes _____
 Funeral at Capz Church
 Date Sun Dec 24 1943 4P. M
 Account charged J. T. Wolcott
 Address 20 - W. Underwood
 Account guaranteed Payments
 Address _____
 Embalming yes
 Robe, Suit, Dress ✓
 Underwear and Hosiery ✓
 Casket 6-3 In. Oak
 Casket with Copper Lin. ✓
 Style of Casket State of Ill.
 No. of Casket 31 - Temp.
 Outside Box Reg.
 Shipping Case or Vault ✓
 Handles Ext.
 Pillow Set yes
 Name Plate -
 Cemetery Greenwood
 Section J. 5-12 Lot 95

I Other Graves



X Grave on this date

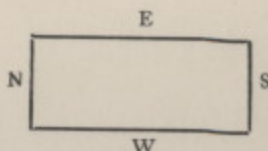
Cremation Auto P. B. 5.00
 Urn Aut. Iron 5.00
 Single Grave Auto Family 5.00
 Opening and Closing Grave ✓ 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music O. J. Church 5.00
 Casket Wagon ✓
 Physician Dr. Beardsall
 County or City Burial _____
 Automobiles ✓
 Baggage or Express Train No. _____

240.00
 10.00
 250.00

Carey Hand Funeral Home

Name of deceased Mrs Loretta E. Poyer
 Date of death Mon Dec 24-42 M
 Cause of death _____
 Place of death Res
 Residence Deer
 Age 88 Yrs 4 Mo's 22 Days
 Weight 90 Height 5 ft 5 in. Eyes _____
 Funeral at St James Catholic Church
 Date Mon Dec 27 1943 10-AM
 Account charged FL SEELEY
 Address Chloe Ma
 Account guaranteed Payments
 Address _____
 Embalming Yes
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 4-3- Sil Plush
 Casket with Copper Lin. ✓
 Style of Casket Oct 10 Cap
 No. of Casket 1850 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Oct
 Pillow Set Yes
 Name Plate Qualix
 Cemetery Woodlawn
 Section C Lot 33

I Other Graves



X Grave on this date

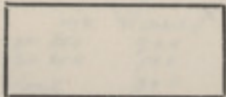
Cremation P.B. \$ 5.00
 Urn Mr \$ 5.00
 Single Grave Family \$ 5.00
 Opening and Closing Grave Y etc \$ 15.10
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Father
 Music By Church
 Casket Wagon Scott
 Physician Dr Scott
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 15.00

205.00

\$195.00

Carry Hand Funeral Home

Name of deceased *Miss Pink Messey*
 Date of death *Fri Dec 24-43* *130 M P*
 Cause of death *O. G. H.*
 Place of death *O. G. H.*
 Residence *North Conway New Hampshire*
 Age *83* Y'rs *4* Mo's *22* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Friday* 194 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming *J. Mess*
 Robe, Suit, Dress *Dress*
 Underwear and Hose *—*
 Casket *Service Case*
 Casket with Copper Lin. *43 Easy Case*
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves 

X Grave on this date _____

Cremation *Cremation*
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket *2 Amb Trps*
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Dr. Dandy*
 Music _____
 Casket Wagon *(1)*
 Physician *Dr. S. McEuan*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00
10.00
2.00
75.00

80.00
10.00

5.00

\$187.00

Carey Hand Funeral Home

Name of deceased Mrs. Emma Lowenstein
 Date of death Sat. Dec 25 - 4 - A M
 Cause of death old age
 Place of death old way out #4
 Residence _____
 Age 72 Y'rs 5 Mo's 13 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Dec 27 1943 11 A M
 Account charged Henry Lowenstein
 Address 4 - Widney out
 Account guaranteed _____
 Address _____
 Embalming yes 35.00
 Robe, Suit, Dress ☒
 Underwear and Hosiery ☒
 Casket 4 - 3 - in Black Sd 175.00
 Casket with Copper Lin. ☒
 Style of Casket Set 1/2 E -
 No. of Casket 2-1850
 Outside Box Reg. Lined 50.00
 Shipping Case or Vault _____
 Handles ext
 Pillow Set yes
 Name Plate _____
 Cemetery Mount
 Section _____ Lot _____

I Other Graves

		E	
N	in Mount		S
	1 - No	5.00	
	2 - No	5.00	
	bal	5.00	
		W	

X Grave on this date

Cremation _____
 Urn Body in Vault
 Single Grave Ship later
 Opening and Closing Grave date
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rabbi Schaff
 Music _____
 Casket Wagon 2 Gray 10.00
 Physician Dr. Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. BB

270.00

Carey Hand Funeral Home

Name of deceased <u>Rev Arthur S. Anderson</u>		
Date of death <u>Dec 22-43</u>		M
Cause of death <u>Not given on Permit</u>		
Place of death <u>Riz</u>		
Residence <u>411 Myer</u>		
Age <u>22</u>	Y'rs	Mo's
Weight	Height	ft. in. Eyes
Funeral at		
Date	194	M
Account charged <u>Laurence A Powell</u>		
Address <u>411 Myer Fla -</u>		
Account guaranteed <u>OK -</u>		
Address		
Embalming <u>Cremation</u>		37.50
Robe, Suit, Dress		
Underwear and Hose		
Casket <u>C-3-Lyn H C</u>		
Casket with Copper Lin.		
Style of Casket		
No. of Casket <u>Body Cremated</u>		
Outside Box <u>None Dec 27-43</u>		
Shipping Case or Vault <u>8 AM</u>		
Handles <u>Antes Express &</u>		
Pillow Set <u>Laurence Powell</u>		
Name Plate <u>F. Home</u>		
Cemetery <u>411 Myer Fla</u>		
Section	Lot	

I Other Graves

E

N

S

W

X Grave on this date

E

N

S

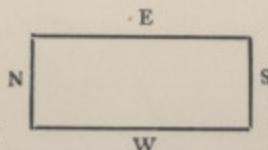
W

Cremation	
Urn <u>wooden</u>	
Single Grave	
Opening and Closing Grave	
Body Shipped to <u>Body arrived by</u>	
R. R. Ticket <u>Exp. 252 # 78</u>	
Cash advanced <u>for money</u>	
Autos <u>12-25-43</u>	
Telegram	
Minister	
Music	
Casket Wagon	
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No.	37 50

Curry Hand Funeral Home

Name of deceased Infant Stanford
 Date of death Sat Dec-25-43 A M
 Cause of death Still Born
 Place of death O. H.
 Residence 1000 Nottingham Ave
 Age 2 Y'rs. 2 Mo's. 4 Days
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Chapel
 Date Mon Dec-26 1943 5 P. M
 Account charged S. M. Stanford
 Address 1000 Nottingham Ave
 Account guaranteed _____
 Address _____
 Embalming Care of body 5.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0 1/2 L. 15.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt. J. S. S.
 No. of Casket 75
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Small
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section U Lot 20

I Other Graves



X Grave on this date

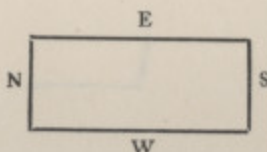
Cremation Auto 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave 7.50
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean Johnson
 Music _____
 Casket Wagon _____
 Physician Dr. Collins
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 26

32.50

Carey Hand Funeral Home

Name of deceased *Mr. L. L. Lutes*
 Date of death *Sat Dec 25-43* P. M.
 Cause of death *Heart*
 Place of death *Home*
 Residence *Greene*
 Age *69* Y'rs. *3* Mo's. *10* Days
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at *Grave Side*
 Date *Sun Dec-26* 1943 *2 P. M.*
 Account charged *Allen Lutes*
 Address *Newburg W. Va.*
 Account guaranteed *Mrs. Lutes*
 Address *Greene*
 Embalming *Yes*
 Robe, Suit, Dress *Guy*
 Underwear and Hose _____
 Casket *6-8-14 Joe*
 Casket with Copper Lin. *Yes*
 Style of Casket *Oct. H. C.*
 No. of Casket *1850-7*
 Outside Box *Reg.*
 Shipping Case or Vault *Yes*
 Handles *Yes*
 Pillow Set *Yes*
 Name Plate *Yes*
 Cemetery *Greene*
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

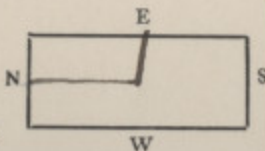
er Ins

215.00
 55.00
 160.00

Carey Hand Funeral Home

Name of deceased Mr Sidney Webb
Date of death Dec 21-43 M
Cause of death Stroke Nephritis
Place of death Cincinnati Ohio
Residence Delmo
Age 58 Y'rs. Mo's. Days
Weight Height ft. in. Eyes
Funeral at Chapel
Date Mon Dec 27 1943 2 P.M
Account charged Sidney Webb Jr
Address 1430 Hillcrest
Account guaranteed Ins -
Address
Embalming
Robe, Suit, Dress
Underwear and Hose
Casket
Casket with Copper Lin.
Style of Casket Cet 1/2-C
No. of Casket
Outside Box
Shipping Case or Vault
Handles Cut
Pillow Set yes
Name Plate
Cemetery Greenwood
Section 9 NE 1/4 Lot 64

I Other Graves



X Grave on this date

Cremation	Aut. P. B.	5.00
Urn	Aut. Urn	5.00
Single Grave	Aut. Family	5.00
Opening and Closing Grave	Y etc	15.00
Body Shipped to		
R. R. Ticket		
Cash advanced		
Autos		
Telegram		
Minister	Dean Johnson	
Music	Organ	
Casket Wagon		5.00
Physician		
County or City Burial		
Automobiles	S. & S.	15.00
Baggage or Express Train No.		

40 〃〃

Carry Hand Funeral Home

Name of deceased Mr. Anson J. Rice
 Date of death Dec - 23 - 43 M
 Cause of death Mysocarditis
 Place of death De Land
 Residence De Land Fla
 Age 68 Y'rs. 3 Mo's. 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land
 Date _____ 194 _____ M
 Account charged Allen & Summerville
 Address De Land Fla
 Account guaranteed Ck -
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body buried
 Casket with Copper Lin. 4 P. M.
 Style of Casket Sum 12-24-43
 No. of Casket _____
 Outside Box Body cremated
 Shipping Case or Vault 8-4 M
 Handles Min Dec - 27-43
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves
 E
 N S
 W

X Grave on this date _____

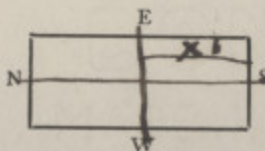
Cremation _____
 Urn wooden
 Single Grave Express Order to
 Opening and Closing Grave _____
 Body Shipped to Allen & Summerville
 R. R. Ticket De Land Fla
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 2

37.50

Carey Hand Funeral Home

Name of deceased Mrs. Billie Harrington
 Date of death _____
 Cause of death Fractured skull auto accident
 Place of death Acacia Phone ring
 Residence Winter Park
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rollins Chapel
 Date Fri Dec 31 - 1948 2:30 P.M.
 Account charged Mrs. Balchman
 Address Lake View Dr
 Account guaranteed Yes
 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 St. Park
 Section E 1/2 S. Lot 75

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes 15.00
 Body Shipped to _____ 5.00
 R. R. Ticket 1- Auto
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Dean
 Music by collection 5.00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles 3 & 2 15.00
 Baggage or Express Train No. _____

40.00

Jan 4-44 - Acet. P. H. H. H.
 by Herman Harrington