

7-1-1945

Memoranda Book 172: Carey Hand Funeral Home records, July 1, 1945 to August 30, 1945

Carey Hand Funeral Home

Find similar works at: <https://stars.library.ucf.edu/cfm-ch-records>

University of Central Florida Libraries <http://library.ucf.edu>

This Record is brought to you for free and open access by the Carey Hand Funeral Home Records at STARS. It has been accepted for inclusion in Carey Hand Funeral Home Records by an authorized administrator of STARS. For more information, please contact STARS@ucf.edu.

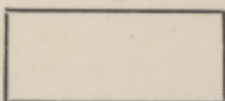
Recommended Citation

Carey Hand Funeral Home, "Memoranda Book 172: Carey Hand Funeral Home records, July 1, 1945 to August 30, 1945" (1945). *Carey Hand Funeral Home Records*. 172.

<https://stars.library.ucf.edu/cfm-ch-records/172>

Carey Hand Funeral Home

Name of deceased Julius Behnholdt
 Date of death July 1 - 1945 3:15 P.M.
 Cause of death Intestinal obstruction
 Place of death Fla. Same
 Residence 417 E. Church St. - Orlando, Fla.
 Age 60 Y'rs 11 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 3 1945 4 P. M.
 Account charged Louise Behnholdt
 Address 417 E. Church St. - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming & dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl.
 Casket with Copper Lin. _____
 Style of Casket Det. # C
 No. of Casket 116 Orange State 150.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

 I Other Graves 
 X Grave on this date _____
 Cremation Cremation 7/4/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Will Call
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

240.00

Carey Hand Funeral Home

Name of deceased Loree Morrow
 Date of death July 2-1945 A. M
 Cause of death Pneumonia
 Place of death Asst. Hosp.
 Residence 407 S. Main St. - Winter Garden
 Age 39 Yrs. 7 Mo's. 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged Grady Morrow
 Address 407 S. Main St. - Winter Garden
 Account guaranteed _____
 Address _____
 Embalming & dressing
 Robe, Suit, Dress Lt. Blue Dress
 Underwear and Hose yes
 Casket 6/3 Lt. Br. Emb. Plush
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C.
 No. of Casket Lampa 15.25
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

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

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

35 00
 12 50
 2 50

175 00

55 21

10 00

235 00

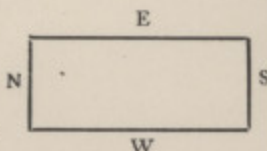
55 21

279 21

Carey Hand Funeral Home

Name of deceased Infant Allredge
 Date of death July 13-1945 3:30 P.M.
 Cause of death Hydrocephalic monster
 Place of death C. G. H.
 Residence 411 W. Amelia - Orlando
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at No Services
 Date — 1945 — M
 Account charged Fun. F. Allredge
 Address 411 W. Robinson - Orlando Fla.
 Account guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —

I Other Graves

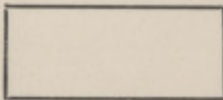


X Grave on this date

Cremation Cremated 7/5/45 10 00
 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. —

10 00

Carry Hand Funeral Home

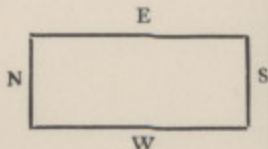
Name of deceased Percy Martin Pond
 Date of death July 3 - 1945 1 P. M.
 Cause of death Lymphatic Leukemia
 Place of death D. F. S.
 Residence 1320 Devon Rd. - Winter Park
 Age 75 Y'rs 5 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Services
 Date _____ 194 _____ M
 Account charged Mrs. Edith Pond
 Address Winter Park, Florida
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/8 Gr. el. 35.00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Cremated 7/7/45 50.00
 Urn Plastic 27.50
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

152.50

Carry Hand Funeral Home

Name of deceased George Dewey Browner
Date of death July 4-1945 P. M
Cause of death Suicide
Place of death D. H.
Residence 536 W. Central - Orlando
Age _____ Y'rs _____ Mo's _____ Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date July 7 1945 2:30 P. M
Account charged Denver Browner
Address Orlando, Florida
Account guaranteed Payments
Address _____
Embalming + dressing 35 00
Robe, Suit, Dress Blue Serge 23 50
Underwear and Hose _____
Casket 6/3 Gv. Box
Casket with Copper Lin. _____
Style of Casket Oct. H. C.
No. of Casket 1922 Tampa 135 00
Outside Box Reg.
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section _____ Lot _____

I Other Graves



X Grave on this date

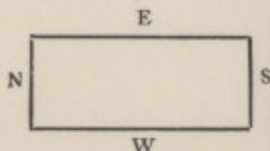
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave etc. 15 00
Body Shipped to _____
R. R. Ticket _____
Cash advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

228 50

Carey Hand Funeral Home

Name of deceased Elwood Aaron Duley
 Date of death July 5 - 1945 M
 Cause of death Carcinoma of jaw - metastases
 Place of death D. H. H.
 Residence Pinecastle, Fla.
 Age 79 Y'rs. 4 Mo's. 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Bremerside
 Date July 11 1945 2 P. M.
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Conway
 Section _____ Lot _____

I Other Graves



X Grave on this date

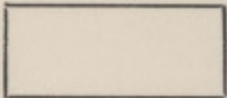
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc.
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Spray of Flowers
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage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

15.00

5.00

5.00

Carey Hand Funeral Home

Name of deceased Anna C. Eden
 Date of death July 5 - 1945 2:20 P. M
 Cause of death Acute myocarditis
 Place of death Residence
 Residence 815 S. Main St. - Orlando
 Age 94 Y'rs. 2 Mo's. 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged Mrs. Jore E. Waller
 Address 815 S. Main St. - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Metal Sil Grey
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Tampa - Leaks 650 00
 Outside Box Reg.
 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 New Brunswick, N.J. 67 00
 R. R. Ticket Yes
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

762 00

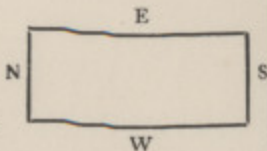
Carry Hand Funeral Home

Name of deceased Ida Davis Johnston
 Date of death July 5-1945 10:30 P.M.
 Cause of death arterio sclerotic heart
 Place of death C. H. H.
 Residence 217 E. Amelia - Orlando, Fla.
 Age 73 Y'rs 2 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged Col. Geo. C Johnston
 Address 217 E. Amelia St. - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Br. Ll.
 Casket with Copper Lin. _____
 Style of Casket State 1/2 c.
 No. of Casket 6398 Orleans 325.00
 Outside Box Reg.
 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 Pittsburg, Pa.
 R. R. Ticket Express 84.19
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
504 19

Carey Hand Funeral Home

Name of deceased Mrs. Mary K. Mc Lanchan
 Date of death July 7-1945 12:05 A. M
 Cause of death Coronary Thrombosis
 Place of death Maitland, Fla.
 Residence 2223 Gaylord - Butte, Mont.
 Age 60 Yrs 9 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 9 1945 2 P. M
 Account charged Jones & Sons M. Lanchan
 Address Maitland, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 St. Pl.
 Casket with Copper Lin. _____
 Style of Casket Ext. H.C.
 No. of Casket 1922 Tampa
 Outside Box _____
 Shipping Case or Vault Lined
 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 Butte, Montana
 R. R. Ticket _____
 Cash advanced Carey
 Autos _____
 Telegram _____
 Minister _____
 Music yes
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

135.00

50.00

5.00

5.00

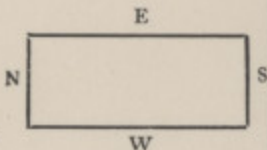
10.00

240.00

Carey Hand Funeral Home

Name of deceased Mrs. Low Ellen Gilliam
 Date of death July 2-1945 4:40 P. M.
 Cause of death Cardio vascular renal disease
 Place of death Clareona
 Residence Clareona, Fla.
 Age 82 Y'rs. 3 Mo's. 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Clareona
 Date July 9 1945 4 P. M.
 Account charged A. F. Gilliam
 Address Clareona, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 G. W. El.
 Casket with Copper Lin. _____
 Style of Casket Ext. H. C.
 No. of Casket Tampa
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Opoka
 Section _____ Lot _____

I Other Graves



X Grave on this date

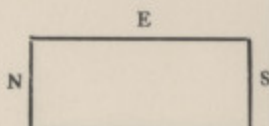
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc.
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S.
 Baggage or Express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

205.00

Carey Hand Funeral Home

Name of deceased Ernest J. Radbourne
 Date of death July 7-1945 2:40 P. M
 Cause of death Heart Attack on Permit
 Place of death De Land
 Residence De Land, Florida
 Age 64 Y'rs 7 Mo's 9 Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Allen - Summerhill
 Address De Land, Florida
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

Cremation Cremated 7/8/45
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram Return to
 Minister Allen - Summerhill
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

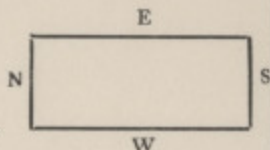
3750

3750

Carey Hand Funeral Home

Name of deceased Mr. Ernest Coke Bray
 Date of death July 8 - 1945 9:30 AM
 Cause of death Acute myocarditis
 Place of death Residence
 Residence Winter Garden, Fla.
 Age 68 Y'rs. 9 Mo's. 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 10 1945 2 P. M
 Account charged Carey H. Bray
 Address 310 Lakeland - Winter Garden
 Account guaranteed _____
 Address _____
 Embalming + dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Black Br. el
 Casket with Copper Lin. _____
 Style of Casket State H.C. R. Cov.
 No. of Casket Shiner 6000
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

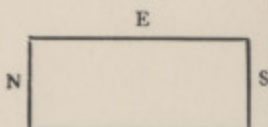
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc.
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles S. & S.
 Baggage or Express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

35 00
425 00
60 00
15 00
15 00
550 00

Carey Hand Funeral Home

Name of deceased Mrs. Louise Bell Cooper
 Date of death arrived July 8-1945 M
 Cause of death not from a Permitt
 Place of death Bendona
 Residence St. Petersburg, Florida
 Age 70 Y'rs 8 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Cooper, Mrs.
 Address St. Petersburg, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 7/10/45 3750
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Skip to
 Telegram Oak Ridge Cemetery Corp.
 Minister Wesley, Del.
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

Carey Hand Funeral Home

Name of deceased Miss Belle Wilson
 Date of death July 8-1945 8:30 P. M
 Cause of death Carcinoma of Esophagus
 Place of death C. H. H.
 Residence Albany, Ala.
 Age 60 Yrs. 9 Mo's. 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged J. L. Wilson
 Address Birmingham, Ala.
 Account guaranteed _____
 Address _____
 Embalming + dressing
 Robe, Suit, Dress Pink Dress
 Underwear and Hose _____
 Casket 6/3 Steel Gr. Br. Ll.
 Casket with Copper Lin. _____
 Style of Casket 1/2 C. State
 No. of Casket Sample 7-31
 Outside Box Reg.
 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 Cordele, Ga.
 R. R. Ticket yes
 Cash advanced _____
 Autos _____
 Telegram yes
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35 00
12 50

235 00

28 35

3 30

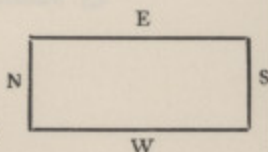
10 00

324 15

Cary Hand Funeral Home

Name of deceased Joseph J. Dickinson
 Date of death July 12, 1945 6:47 A.M.
 Cause of death arterio sclerotic heart disease
 Place of death D. H. H.
 Residence Winter Garden
 Age 72 Y'rs. 4 Mo's. 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 11, 1945 4 P.M.
 Account charged Mrs. Sarah J. Dickinson
 Address 12 S. Lakewood - Winter Garden
 Account guaranteed _____
 Address _____
 Embalming & Dressing 8
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Coppertone Finish
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket 300
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves

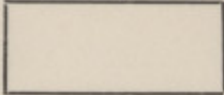


X Grave on this date

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

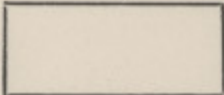
735.00

Carey Hand Funeral Home

Name of deceased Mrs. Bertha B. Brown
 Date of death July 10 - 1945 10 P.M.
 Cause of death Intoxication by Household gas
 Place of death Residence
 Residence 610 W. Central Ave.
 Age 24 Y'rs 2 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 12 1945 4 P.M.
 Account charged Fred L. Brown
 Address 610 W. Central - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 x Sh. el.
 Casket with Copper Lin. _____
 Style of Casket State 1/2 P.
 No. of Casket 1575 Tampa 190 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 29 Blk 14 Lot 4
Space 6
 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 (1) Ballheuer - Minister 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

265 00

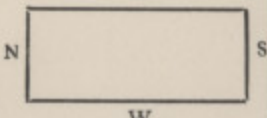
Carey Hand Funeral Home

Name of deceased Thomas P. Money
 Date of death July 11-1945 11:30 P.M.
 Cause of death _____
 Place of death Summerville Nursing Home
 Residence 117 N. Eola
 Age 86 Yrs. 2 Mo's. 27 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged Mrs. Lena Money
 Address 117 N. Eola Dr. Orlando Fla.
 Account guaranteed _____
 Address _____
 Embalming & Shrining 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Bronze Finish
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket 6/3 Tampa Lake 650.00
 Outside Box Reg.
 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 Same, Pa.
 R. R. Ticket Yes 104.88
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

799.88

Carey Hand Funeral Home

Name of deceased Mrs. Mary W. Foucar
 Date of death July 11 - 1948 M
 Cause of death Carcinoma of left Breast
 Place of death Residence
 Residence 640 Baker St. - Mt. Dora
 Age 50 Y'rs. 7 Mo's. 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged W. H. Foucar
 Address Murray, Pa.
 Account guaranteed _____
 Address _____
 Embalming & dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa
 Outside Box Reg. 240.00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

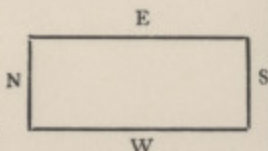
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Murray, Pa. 139.73
 R. R. Ticket yes
 Cash advanced _____
 Autos _____ 3.45
 Telegram yes
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

428 18

Carey Hand Funeral Home

Name of deceased Mrs. Ella H. Brown
 Date of death Arrived - July 12-1945 AM
 Cause of death not this on Permit
 Place of death Residence
 Residence Lake Hammock, Fla.
 Age 80 Y'rs. 1 Mo's. 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Carey Hand Funeral Home
 Address Haines City, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 6/13/45
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Return to
 Autos _____
 Telegram Carey Hand Funeral Home
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

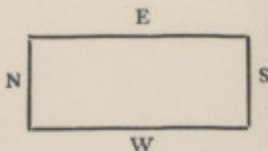
3750

3150

Carey Hand Funeral Home

Name of deceased Robert Lee Mills
 Date of death July 12 - 1945 4:45 P.M.
 Cause of death Myocardial compensation
 Place of death Residence
 Residence 1402 - 21st St. - Orlando
 Age 56 Y'rs. 10 Mo's. - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date July 12 1945 3 P.M.
 Account charged Mrs. Edgar Purdue
 Address 1346 - 19th St. - Orlando, Fla.
 Account guaranteed -
 Address -
 Embalming + dressing
 Robe, Suit, Dress Suit
 Underwear and Hosiery -
 Casket 6/3 G. O.
 Casket with Copper Lin. -
 Style of Casket Det. H. E.
 No. of Casket Tampa 1942
 Outside Box Rig.
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Greenwood
 Section - Lot -

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave yes

Opening and Closing Grave etc.

Body Shipped to

R. R. Ticket

Cash advanced

Autos

Telegram

Minister

Music

Casket Wagon (1)

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

35.00
12.50

135.00

25.00
15.00

5.00

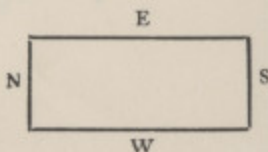
5.00

247.50

Carey Hand Funeral Home

Name of deceased John Jacob Amerman
 Date of death Arrived July 14-1945 M
 Cause of death Noted on Permit
 Place of death Residence
 Residence Deland, Florida
 Age 81 Y'rs. 3 Mo's. 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Allen - Summerhill
 Address Deland, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Quoted 7/15/45 37.50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Will Call
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carry Hand Funeral Home

Name of deceased James Collins Schoolfield
 Date of death July 15-1945 2:15 P.M.
 Cause of death Coronary Thrombosis
 Place of death St. Louis
 Residence 1400 Nebraska Ave.
 Age 55 Y's 11 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 19 1945 11 A.M.
 Account charged Mrs. Gladys Schoolfield
 Address 1400 Nebraska Ave. - Orlando
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Mahogany State
 Casket with Copper Lin. _____
 Style of Casket 1/2 E
 No. of Casket General - Walker 8.00 00
 Outside Box _____
 Shipping Case or Vault Cement 6.00 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section space 1 Lot 9
Hook 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 (2) family Cars 10.00
 Autos _____
 Telegram (1) Minister Car 5.00
 Minister _____
 Music (2) Ballroom Car 10.00
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S 15.00
 Baggage or Express Train No. _____

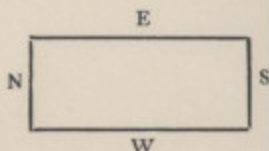
955.00

288 سو

Carry Hand Funeral Home

Name of deceased Mrs. Katherine Thurman
 Date of death July 12, 1945 2 A.M.
 Cause of death Natural occulation
 Place of death Residence
 Residence 3113 Eagle Blvd - Orlando, Fla.
 Age 73 Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date July 22 1945 2:30 P.M.
 Account charged Estate
 Address
 Account guaranteed
 Address
 Embalming etc.
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Emb. Pl.
 Casket with Copper Lin.
 Style of Casket Oct. H. P.
 No. of Casket 1415 Walker
 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 New York City
 R. R. Ticket Express
 Cash advanced
 Autos
 Telegram Ad to Minister
 Minister
 Music
 Casket Wagon (2)
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

35 00

150 00

10 00

28 86

5 00

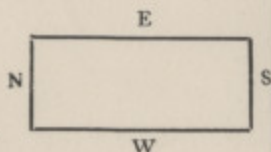
10 00

288 86

Carey Hand Funeral Home

Name of deceased Mr. Ralph Loyal Reed
 Date of death July 12-1945 9:30 P. M.
 Cause of death Coronary occlusion
 Place of death D. S. H.
 Residence 614 S. Sumnerlin - Orlando, Fla.
 Age 25 Y'rs. 5 Mo's. 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 20 1945 4 P. M.
 Account charged Mrs. Mary Adedodge Reed
 Address 614 S. Sumnerlin - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming etc.
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 H. Cl.
 Casket with Copper Lin. _____
 Style of Casket Flat Top Sqv.
 No. of Casket Yampa 91
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 2/21/45
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

180.00

Carey Hand Funeral Home

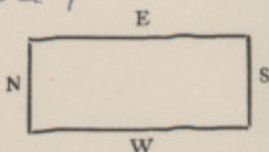
Name of deceased <u>Mrs. Helen E. Bennett</u>	
Date of death <u>July 18-1945</u>	A. M
Cause of death <u>Exhaustion knee-fracture</u>	
Place of death <u>Flk. Sen.</u>	
Residence <u>New York City</u>	
Age <u>66</u> Yrs. <u>7</u> Mo's <u>2</u> Days	
Weight _____ Height _____ ft. _____ in. Eyes _____	
Funeral at <u>Destination</u>	
Date _____ 194 _____ M	
Account charged _____	
Address <u>7 National City Bank - New York City</u>	
Account guaranteed _____	
Address _____	
Embalming <u>etc.</u>	35 00
Robe, Suit, Dress _____	
Underwear and Hose _____	
Casket <u>6/3 Walnut</u>	750 00
Casket with Copper Lin. _____	
Style of Casket <u>State 1/2 Couch</u>	
No. of Casket <u>7-400 - Tampa</u>	
Outside Box <u>Reg.</u>	
Shipping Case or Vault _____	
Handles _____	
Pillow Set _____	
Name Plate _____	
Cemetery _____	
Section _____ Lot _____	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;">I Other Graves</div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> E W N S </div> </div> <div style="text-align: right;">X Grave on this date</div> </div>	
Cremation _____	
Urn _____	
Single Grave _____	
Opening and Closing Grave _____	
Body Shipped to <u>New York City</u>	78 86
R. R. Ticket <u>Express</u>	
Cash advanced _____	
Autos _____	
Telegram <u>Ambulance Service</u>	5 00
Minister _____	
Music _____	
Casket Wagon <u>(2)</u>	10 00
Physician _____	
County or City Burial _____	
Automobiles _____	
Baggage or Express Train No. _____	

7. Frank E. Campbell, Inc. 828.86

Carey Hand Funeral Home

Name of deceased Mr. Arthur C. Godwin
 Date of death July 18-1945 A. M
 Cause of death Coronary Thrombosis + sclerosis
 Place of death Residence
 Residence 1420 Edgewater - Orlando
 Age 20 Y'rs 6 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 20 1945 10:30 A.M
 Account charged Mrs. Annie Godwin
 Address 1420 Edgewater - Orlando
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 1 1/3 Dark Gray Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket S. H. C.
 No. of Casket 250 - Tampa 300.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 8 space 7 Lot 137

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 Family Car no chg.
 Telegram _____
 Minister (1) Palmetto - Minister 5.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

435.00

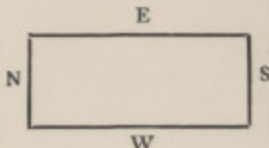
Disc 15.00

420.00

Carey Hand Funeral Home

Name of deceased Edmon Cornelius Flowers
 Date of death July 18 - 1945 ? P. M.
 Cause of death Acute Hemoral nephritis
 Place of death D. H. H.
 Residence Winter Garden, Fla.
 Age 3 Y'rs ✓ Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Shoreside
 Date July 21 1945 10:30 A.M.
 Account charged M. John P. Flowers
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming etc. 15 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3/6 White Larch
 Casket with Copper Lin. _____
 Style of Casket Pet. H.C. - Full Union 50 00
 No. of Casket Tampa - 103
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Grace
 Section _____ Lot _____

I Other Graves



X Grave on this date

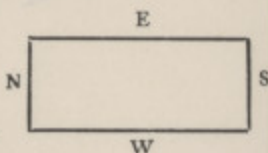
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave ect. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos (1) 5 00
 Telegram _____
 Minister Auto to Res. 5 00
 Music Auto Res. to Cemetery 5 00
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

95 00

Carry Hand Funeral Home

Name of deceased Mr. Gustav H. Hoffman
 Date of death July 20-1945 M
 Cause of death Not given on Permit
 Place of death Tampa, Fla.
 Residence Sebring, Fla.
 Age 74 Y'rs. 89 Mo's. 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Stephenson Funeral Home
 Address Sebring, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 7/20/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Return to
 Telegram Stephenson Funeral Home
 Minister _____
 Music Sebring, Fla.
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of deceased Mr. Andrew G. Panos
 Date of death July 29-1945 10:20 PM
 Cause of death Q. I. H.
 Place of death Q. I. H.

Residence _____
 Age 65 Y'rs. _____ Mo's. _____ Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Chapel
 Date July 22 1945 4 P. M.

Account charged Pete G. Panos

Address Orlando, Florida

Account guaranteed _____

Address _____

Embalming etc. 35.00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6/3 Gr.

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket Tampa 21 50.00

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

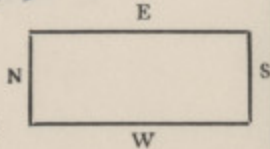
Name Plate Greenwood

Cemetery Greenwood

Section NE 4 55 Lot 8

space 2

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 (1) Auto 5.00

Minister _____

Music _____

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles S. & S. 15.00

Baggage or Express Train No. _____

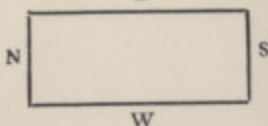
125.00

Carey Hand Funeral Home

Name of deceased Robert F. Pittman
 Date of death arrived July 18-1945 M
 Cause of death _____
 Place of death Chattahoochee State Hosp.
 Residence 1329 W. Yale - Orlando, Fla.
 Age 43 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 19 1945 4 P. M
 Account charged Exp. R. F. Pittman
 Address 1329 W. Yale - Orlando, Fla.
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Grey
 Casket with Copper Lin. _____
 Style of Casket State
 No. of Casket 6918 - Orlando 350 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section S. 1/2 12-Blk 14 Lot 6
space 3

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 (1) Primly Car 5 00
 Telegram _____
 Minister (1) Bellbeaver - Minster 5 00
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

455 00

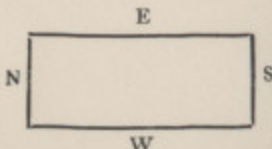
Carey Hand Funeral Home

Name of deceased Rosario Geraci
 Date of death Arrived July 20 - 1945 M
 Cause of death not given on permit
 Place of death Leesburg, Fla.
 Residence Orlando, Fla.

Age 28 Y'rs 8 Mo's Days
 Weight Height ft in. Eyes
 Funeral at St. James Catholic Church
 Date July 23 1945 9 A. M.
 Account charged Dominic Geraci
 Address Orlando, Fla.
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery St. James Greenwood
 Section Single Grave Lot

I Other Graves



X Grave on this date

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

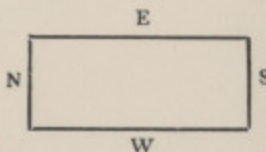
25 00
 15 00
 5 00
 5 00
 15 00

65.00

Carry Hand Funeral Home

Name of deceased Ben Hooks (Colored)
 Date of death July 20 - 1945 2:10 P. M.
 Cause of death _____
 Place of death Delopaw, Fla.
 Residence Orlando, Fla.
 Age 66 Y'rs 3 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date July 24 1945 10 A. M.
 Account charged Mary Lee Washington
 Address 341 W. South - Orlando, Fla.
 Account guaranteed County
 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 County 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 County Burial
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

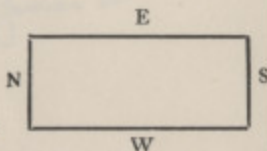
14 50

14 50

Carey Hand Funeral Home

Name of deceased Mr. George Anderson
Date of death July 23-1945 P. M
Cause of death _____
Place of death Residence
Residence Apopka, Florida
Age 63 Y'rs 3 Mo's 23 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Graveside
Date July 27 1945 2 P M
Account charged Mrs. Sally L. Anderson
Address Apopka, Florida
Account guaranteed _____
Address _____
Embalming & Dressing _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Oak
Casket with Copper Lin. _____
Style of Casket State H.C.
No. of Casket Tampa 119
Outside Box Reg.
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Apopka
Section _____ Lot _____

I Other Graves



X Grave on this date

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

35 00

400 00

15 00

5 00

5 00

15 00

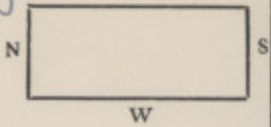
475 00

Carey Hand Funeral Home

Name of deceased John Robert Moore
 Date of death July 24-1945 2:15 P. M
 Cause of death Myocardial Heart
 Place of death Residence
 Residence Rt. 2 - Box 45 - Winter Garden, Fla.
 Age 75 Y'rs. 4 Mo's. - Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 1945 M
 Account charged Mrs. Ellene Webb
 Address Rt. 2 - Box 45 - Winter Garden
 Account guaranteed _____
 Address _____

Embalming & Dressing	35 00
Robe, Suit, Dress <u>Blk. Suit</u>	10 00
Underwear and Hose	
Casket <u>6/3 Gr. Pl.</u>	
Casket with Copper Lin.	
Style of Casket	
No. of Casket <u>Single</u>	90 00
Outside Box <u>Reg.</u>	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section <u>Single</u> Lot	
<u>N-160-Space 2</u> E	

I Other Graves



X Grave on this date

Cremation	
Urn	
Single Grave <u>yes</u>	25 00
Opening and Closing Grave <u>etc.</u>	15 00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Autos <u>Telegram</u>	1. 28
Telegram	
Minister	
Music <u>(1) Auto</u>	5 00
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles <u>S. & S.</u>	15 00
Baggage or Express Train No.	

201 28

Carry Hand Funeral Home

Name of deceased Mrs. Lillie Bailey
 Date of death July 25-1945 3:55 P. M
 Cause of death O. G. H.
 Place of death O. G. H.
 Residence Rt. 1-Box 49 - Orlando, Fla.
 Age 64 Y'rs 1 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 27 1945 11 A. M
 Account charged Mrs. R. C. Bailey
 Address Rt. 1-Box 49 - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress 15.00
 Underwear and Hose _____
 Casket 6/3 Oct. H.C.
 Casket with Copper Lin. _____
 Style of Casket W.C.
 No. of Casket Walker 1415
 Outside Box Reg. 150.00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

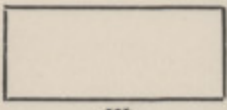
I ☐ Other Graves
 X ☒ Grave on this date

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

240.00

Carey Hand Funeral Home

Name of deceased Paul Berre Montreville
 Date of death July 25-1945 5:45 P.M.
 Cause of death _____
 Place of death Residence
 Residence 419 W. Colonial - Orlando, Fla.
 Age 66 Y'rs. 6 Mo's. 18 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 27 1945 4:00 P.M.
 Account charged Mrs. Lois Montreville
 Address Orlando, Florida
 Account guaranteed _____
 Address _____
 Embalming + dressing 30.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl.
 Casket with Copper Lin. _____
 Style of Casket Sgt. H.C. 95.00
 No. of Casket _____
 Outside Box Yampa 21
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves 

X Grave on this date _____

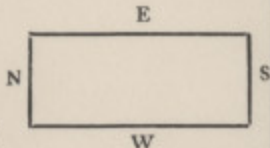
Cremation Cremated 7/30/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

185.00

Carey Hand Funeral Home

Name of deceased Mrs. Carrie E. Patterson
 Date of death Arrived - July 26-1945 M
 Cause of death Not Given Per Permit
 Place of death Residence
 Residence Leesburg, Fla.
 Age 26 Y'rs. 2 Mo's. 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Carey Hand Funeral Home
 Address Leesburg, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Completed 7/27/45
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

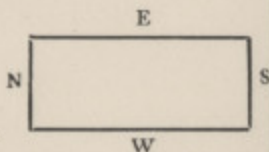
37 50

37 50

Carey Hand Funeral Home

Name of deceased Edward S. Richmond
 Date of death Monday July 26 1945 5:45 P.M.
 Cause of death Int. Ill. on Permit
 Place of death Residence
 Residence Greensboro, Florida
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at
 Date 194..... M
 Account charged Van Pelt Funeral Home
 Address Greensboro, Florida
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section..... Lot.....

I Other Graves



X Grave on this date

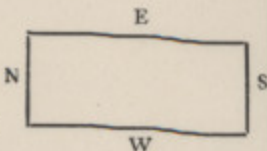
Cremation Cremated 7/27/45 37 50
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37 50

Carey Hand Funeral Home

Name of deceased Lillian Powers
 Date of death July 22-1945 12:30 A. M
 Cause of death _____
 Place of death Wilsey Nursing Home
 Residence 399 Chase Ave. - Winton Park
 Age 73 Y'rs. 2 Mo's. 23 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 28 1945 2:00 P. M
 Account charged Mrs. Rose P. Rochelle
 Address 399 Chase Ave. - Winton Park
 Account guaranteed _____
 Address _____
 Embalming x dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Dr. Cl.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

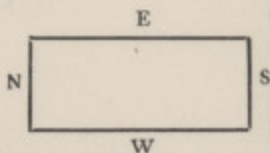
Cremation Cremation 7/1/45
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

145 00

Carey Hand Funeral Home

Name of deceased Mrs. Edna Ruth Henschen
 Date of death Arrived July 27-1945 8:30 P. M
 Cause of death 2nd Stroke On Permit
 Place of death Residence
 Residence Deland, Florida
 Age 62 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Allen-Sumnerhill
 Address Deland, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 7/28/45 37.50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

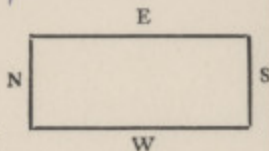
37.50

42

Carey Hand Funeral Home

Name of deceased Lt. Albert A. Walters
 Date of death Arrived July 27-1945 M
 Cause of death Accident
 Place of death Oshland, Alabama
 Residence _____
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date July 31 1945 4 P. M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 26 - Lot 6 Lot Blk. 14
space 1

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc.
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos (2) Family
 Telegram _____
 Minister (1) Minister - Pullman
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S.
 Baggage or Express Train No. _____

15 00

10 00

5 00

5 00

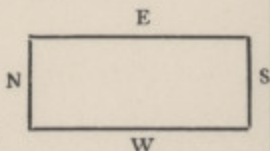
15 00

50 00

Carey Hand Funeral Home

Name of deceased Mrs. Katherine Chesboro
 Date of death July 28-1945 P. M.
 Cause of death Old Age
 Place of death Chesboro, Pa.
 Residence 914 Glendora Drive - Glendora, Pa.
 Age Y'rs. Mo's Days
 Weight Height ft. in. Eyes
 Funeral at St. James Catholic Church
 Date July 31 1945 9 A. M.
 Account charged
 Address
 Account guaranteed
 Address
 Embalming & dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Gr. Doe
 Casket with Copper Lin.
 Style of Casket Oct. H. C. 125 00
 No. of Casket
 Outside Box
 Shipping Case or Vault Reg.
 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 Bloomington, Ill. 79 33
 R. R. Ticket Express
 Cash advanced
 Autos
 Telegram
 Minister
 Music (2) 10 00
 Casket Wagon
 Physician
 County or City Burial
 Automobiles S. & S. 15 00
 Baggage or Express Train No.

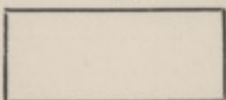
264 33

Carey Hand Funeral Home

Name of deceased Mr. Millard Croft
 Date of death July 28, 1945 10:55 P.M.
 Cause of death Septic - Kerosene poison
 Place of death C. G. H.
 Residence 634 Underhill Dr. - Orlando, Fla.
 Age 34 Y'rs. 9 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged Mrs. Nina L. Croft
 Address Box 634 - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Dr. Doe
 Casket with Copper Lin. _____
 Style of Casket H.C. 95.00
 No. of Casket Lamps 21
 Outside Box _____
 Shipping Case or Vault Req.
 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 Thomasville, Ga.
 R. R. Ticket Express 21.25
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

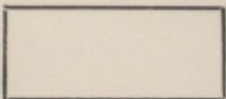
161.25

Carey Hand Funeral Home

Name of deceased Mr. John Howard Kemper
 Date of death July 29, 1945 P. M.
 Cause of death Coronary occlusion
 Place of death Residence
 Residence 421 Winter Park Ave. - Orlando
 Age 54 Y'rs. 2 Mo's. 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 2 1945 10 A. M.
 Account charged Mrs. Jessie Kemper
 Address 421 E. W. P. Ave. - Orlando
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 gr. el.
 Casket with Copper Lin. _____
 Style of Casket 1/2 C. State
 No. of Casket Wagon 2-31 200 00
 Outside Box _____ 60 00
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N Lot 20
space 8
 E
 I Other Graves 
 X Grave on this date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced (1) Family Car 5 00
 Autos _____
 Telegram (1) Pallbearer - Minister 5 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

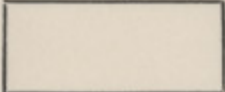
340 00

Carey Hand Funeral Home

Name of deceased Mrs. A. L. Wright
 Date of death July 30-1945 8:00 A.M.
 Cause of death Apoplexy - Hypertension
 Place of death Don't Nursing Home
 Residence 123 Harding St. - Orlando, Fla.
 Age 71 Y'rs. 1 Mo's. 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 1 1945 10 A.M.
 Account charged Mrs. Bessie B. Wright
 Address 617 Woodward - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 12/3 2d. Doe
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tempa 65.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Cremated 8/2/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

155.00

Carey Hand Funeral Home

Name of deceased Mrs. Lula Doerr
 Date of death July 30 - 1945 M
 Cause of death arterio sclerotic heartdise
 Place of death Bronx, N.Y.
 Residence 1611 E. Concord - Orlando, Fla.
 Age 80 Y'rs 4 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church
 Date August 2 1945 9 A. M
 Account charged Wm J. Doerr
 Address 324 - Delata Circle - Orlando
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 St. Pl.
 Casket with Copper Lin. _____
 Style of Casket Art. H. C.
 No. of Casket Walker 1472 232.50
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section M Lot 11
space 3
 E
 I Other Graves
 N  S
 W
 X Grave on this date
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced 2 family cars 5.00
 Autos _____
 Telegram 45 minutes 5.00
 Minister (1) Palbearer 5.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

327.50

Carey Hand Funeral Home

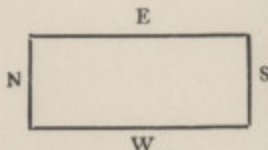
Name of deceased Male M. Crosby
 Date of death arrived July 30-1945 12:30 PM
 Cause of death 2nd class on Permit
 Place of death Selma, Florida
 Residence Selma, Fla.
 Age..... Y'rs..... Mo's..... Days.....
 Weight..... Height..... ft..... in. Eyes.....
 Funeral at
 Date 194..... M
 Account charged Stephenson Funeral Home
 Address Selma, Florida
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section..... Lot.....
 I Other Graves
 X Grave on this date
 Cremation Cremated 7/30/45 3750
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced Express to
 Autos
 Telegram M. B. Williamson, Executor
 Minister 201 W. Park Ave.
 Music Champaign, Ill.
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750

Carey Hand Funeral Home

Name of deceased Miss Alice Louise Littlefield
 Date of death Arrived July 31-1945 M
 Cause of death Carcinoma of breast
 Place of death Residence
 Residence Mount Dora, Florida
 Age 82 Y's 11 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Rehbaum & Co.
 Address Mount Dora, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 8/1/45 3750
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

Carey Hand Funeral Home

Name of deceased David B. Adkins
 Date of death Arrived - August 1 - 1945 noon M
 Cause of death _____
 Place of death Bay Pines Veterans Hopt.
 Residence Lake Mann
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Glenside
 Date August 5 1945 4 P. M
 Account charged Mrs. Percy Adkins
 Address Lake Mann, Ocala, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Ocala
 Section _____ Lot _____

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

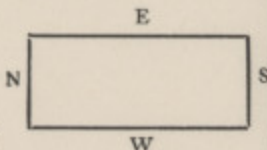
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00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

90.00

Carey Hand Funeral Home

Name of deceased Baby Jeffers
 Date of death July 30, 1945 M
 Cause of death Still Born
 Place of death Dist. Hosp. - Orlando
 Residence St. Cloud, Fla.
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Geo. B. Jeffers
 Address St. Cloud, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 8/3/45
 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. _____

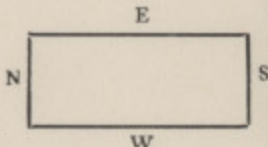
10 00

10 00

Carey Hand Funeral Home

Name of deceased Walter F. Norton
 Date of death August 2-1945 2 P. M
 Cause of death Coronary Heart failure
 Place of death D. H. H.
 Residence Pinecastle, Fla.
 Age 70 Yrs 1 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 5 1945 2 P. M
 Account charged Mrs. Grace B. Norton
 Address Pinecastle, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl.
 Casket with Copper Lin. _____
 Style of Casket 7. & 8 gr.
 No. of Casket Simple 50 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Conway
 Section _____ Lot _____

I Other Graves



X Grave on this date

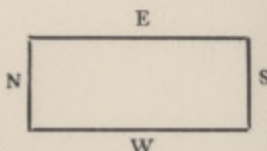
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Family Car no chg
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

125 00

Carey Hand Funeral Home

Name of deceased Bauer R. Bridgford
 Date of death August 4-1945 1:15 P. M.
 Cause of death Carcinoma of prostate
 Place of death Birmingham
 Residence 1411 Nottingham - Orlando
 Age 78 Y'rs. 11 Mo's. 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 4 1945 9:30 A. M.
 Account charged Mrs. Mary F. Bridgford
 Address 1411 Nottingham Rd - Orlando
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Gr. Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket State H.C. 350 00
 No. of Casket Almond
 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 Burial Lot 150 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos (1) Family 5 00
 Telegram (1) Pallbearer - Minister 5 00
 Minister (1) Pallbearer - Minister
 Music (1) 5 00
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

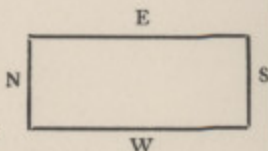
640 00

54

Carey Hand Funeral Home

Name of deceased Miss Virginia Woolfolk
 Date of death August 6, 1945 9:40 A.M.
 Cause of death Multiple sclerosis
 Place of death Holiday House
 Residence 420 S. Cherokee Dr. - Orlando
 Age 43 Y'rs 6 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 7 1945 11:30 A.M.
 Account charged Mrs. R. B. Woolfolk
 Address 420 S. Cherokee Dr. - Orlando
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/2 Lt. Br. Q.
 Casket with Copper Lin. _____
 Style of Casket H.C. 295.00
 No. of Casket Orlando
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

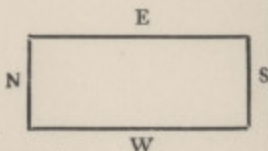
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Louisville, Ky.
 R. R. Ticket Express 71.92
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

411 92

Carey Hand Funeral Home

Name of deceased Dr. Edward M. Coleman
 Date of death arrived Aug. 6-1945-4:15 P. M
 Cause of death _____
 Place of death Clermont, Fla.
 Residence Clermont, Fla.
 Age 72 Y'rs 3 Mo's 12 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Edge Funeral Home
 Address Shoreland, Fla.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 8/7/45
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

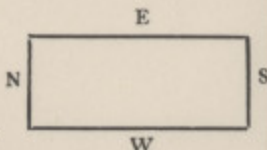
3750

3750

Carey Hand Funeral Home

Name of deceased Nellie B. Freeman
 Date of death August 8-1945 3:45 A.M
 Cause of death _____
 Place of death Res.
 Residence Pinecastle
 Age 84 Y'rs 7 Mo's 14 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 9 1945 11 A.M
 Account charged Nellie B. Freeman
 Address _____
 Account guaranteed _____
 Address _____
 Embalming + Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Dr. Cl.
 Casket with Copper Lin. _____
 Style of Casket Sgt. 45.00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

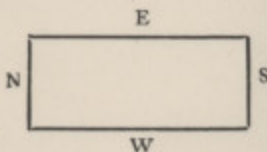
Cremation Cremated 8/10/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced spray flowers 3.00
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (15) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

128.00

Carey Hand Funeral Home

Name of deceased Mrs. John L. Montgomery
 Date of death August 8-1945 M
 Cause of death _____
 Place of death Residence
 Residence 512 E. Livingston
 Age 56 Y'rs. 4 Mo's. 28 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 10, 1945 2 P. M.
 Account charged Mrs. Bess L. Montgomery
 Address 512 E. Livingston - Oakland
 Account guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket 1818 Oakland 275 00
 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 _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced (1) Family 5 00
 Autos (1) Ballroom - Houston 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

415 00

Carey Hand Funeral Home

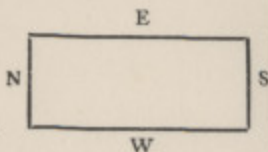
Name of deceased James S. Sullivan
 Date of death August 8-1945 2:30 P.M.
 Cause of death Heart attack
 Place of death A.C.L. R.R. Sta. - Orlando
 Residence 44 Walton St. - Princeton, N. J.
 Age 53 Y'rs. - Mo's 2 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Deat.
 Date - 1945 - M
 Account charged Mrs. H. E. Sullivan
 Address 1216 Gorman - Orlando, Fla.
 Account guaranteed -
 Address -
 Embalming + dressing 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 6/3 Sh. Doe
 Casket with Copper Lin. -
 Style of Casket Oct. H. C.
 No. of Casket Tampa Reg. 125 00
 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 Princeton, N. J.
 R. R. Ticket etc. 64 73
 Cash advanced -
 Autos 70 A. F. Cole Funeral Home
 Telegram Cranbury, N. J.
 Minister -
 Music -
 Casket Wagon (1) 45 00
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

229 73

Carey Hand Funeral Home

Name of deceased Wm Alexander Hays
 Date of death August 8-1945 4:50 P.M.
 Cause of death _____
 Place of death Post. Hpt.
 Residence Osage
 Age 63 Y'rs. 7 Mo's. 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date August 10 1945 3:00 P.M.
 Account charged Mrs. Jennie Mae Hays
 Address Box 1869 Osage, Mo.
 Account guaranteed Gulf Ins.
 Address _____
 Embalming + dressing
 Robe, Suit, Dress Black Suit
 Underwear and Hose _____
 Casket 4/3 Sh. of. yes
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Walker 415
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Osage
 Section _____ Lot _____

I Other Graves



X Grave on this date

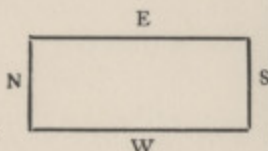
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

225 00

Carey Hand Funeral Home

Name of deceased Mr. Geo. B. Campbell
 Date of death August 9-1945 M
 Cause of death _____
 Place of death Sutton Nursing Home
 Residence _____
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 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 Greenwood
 Section _____ Lot _____

I Other Graves



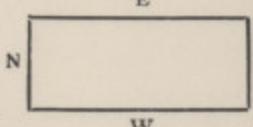
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket City Burial 25.00
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

25.00

Carey Hand Funeral Home

Name of deceased Mrs. Jesse Marie Pohlman
Date of death August 10-1945 2 P.M
Cause of death Coronary occlusion
Place of death Residence
Residence 827 Irma St. - Orlando
Age 59 Yrs 4 Mo's 17 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date August 13 1945 10 A.M
Account charged Edwin J. Pohlman
Address 827 Irma St. - Orlando, Fla.
Account guaranteed _____
Address _____
Embalming & dressing _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Birch Walnut
Casket with Copper Lin. _____
Style of Casket 1/2 C
No. of Casket Tampa 2-300
Outside Box Req.
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 Alton, Ill.
R. R. Ticket Express
Cash advanced Tap
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon (2)
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

35.00

685.00

75.00
2.25

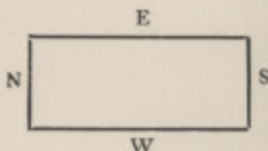
10.00

\$ 807.25

Carey Hand Funeral Home

Name of deceased Albert R. Sigler
 Date of death August 10-1945 4 A.M.
 Cause of death Pneumonia
 Place of death Fla. San
 Residence Rt. 1 - Maitland
 Age 84 Y'rs. 14 Mo's. 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Services
 Date _____ 194 _____ M
 Account charged Mrs. Wm. Morris
 Address Mableville Ind Rt 4
 Account guaranteed Estate
 Address _____
 Embalming & Dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Cg Grey Rose
 Casket with Copper Lin. _____
 Style of Casket Oct H. Cap
 No. of Casket 1972 Tampa
 Outside Box C
 Shipping Case or Vault Cement Vault
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



X Grave on this date

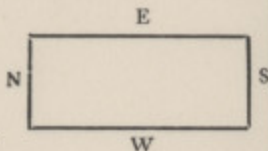
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos 1 Auto
 Telegram _____
 Minister none
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles 575
 Baggage or Express Train No. _____

335.00

Carey Hand Funeral Home

Name of deceased John Biddle - Colored
 Date of death August 8 - 1945 M
 Cause of death _____
 Place of death Residence
 Residence Montford
 Age _____ Y'rs. _____ Mo's. _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged County Welfare
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home Cemetery 14 50
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

14 50

64

Carey Hand Funeral Home

Name of deceased Jerry Clark Robertson
Date of death Aug. 10 - 1945 M
Cause of death Heart Trouble
Place of death Bay Pines Vet. Hosp.
Residence 1413 Oregon Ave. - Orlando, Fla.
Age 67 Y'rs. Mo's Days
Weight Height ft. in. Eyes
Funeral at Chapel
Date August 10 1945 5 P. M
Account charged Frank Robertson
Address 1413 Oregon Ave. - Orlando, Fla.
Account guaranteed See 3:00 Bal - Family
Address
Embalming
Robe, Suit, Dress
Underwear and Hose Body arrived
Casket from Bay Pines
Casket with Copper Lin. Friday
Style of Casket from Aug 10 - 45
No. of Casket
Outside Box
Shipping Case or Vault
Handles Body cremated
Pillow Set 8 a.m. Sat - Aug 11
Name Plate 1945
Cemetery
Section Lot

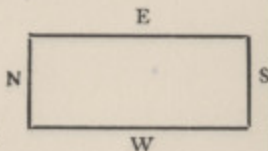
E
I Other Graves
N S
W
X Grave on this date
Cremation Cremated 8/11/45 50 00
Urn
Single Grave
Opening and Closing Grave
Body Shipped to
R. R. Ticket Will call for
Cash advanced ashes
Autos
Telegram
Minister
Music
Casket Wagon
Physician
County or City Burial
Automobiles
Baggage or Express Train No.

50 00

Carey Hand Funeral Home

Name of deceased Mrs. Tillie Farrell
 Date of death August 11-1945 M
 Cause of death Coronary Occlusion
 Place of death D. H. A.
 Residence 327 W. Central Ave
 Age 75 Y'rs. 3 Mo's. 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday Aug 14 1945 4:30 PM
 Account charged Fidelity Ex-Emment
 Address E. Central Ave
 Account guaranteed Estate
 Address _____
 Embalming Dissection
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Orange Fin metal
 Casket with Copper Lin. Inner Lining
 Style of Casket 7 Hinge Cap State
 No. of Casket Walker 226
 Outside Box Req
 Shipping Case or Vault _____
 Handles Ext - Orange Fin
 Pillow Set yes
 Name Plate _____
 Cemetery Arlington 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 ✓ Pullman
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister West
 Music _____
 Casket Wagon (2)
 Physician Dr. P. L. Moore
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

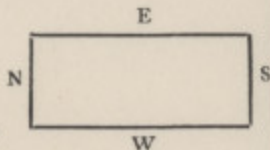
700.00

10.00

Carey Hand Funeral Home

Name of deceased Leslie J. Roberts
 Date of death Sun Aug 12 - 45 740 M A
 Cause of death T. B. Pulmonary
 Place of death State T. B. Hospital
 Residence Jacksonville Fla
 Age 42 Yrs 10 Mo's 3 Days
 Weight 100 Height 5 ft 9 in. Eyes Brn
 Funeral at Deat Berry 152
 Date 194 M
 Account charged C. C. Livingston
 Address Belgrade Ct
 Account guaranteed OK
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3- Guyer 100.00
 Casket with Copper Lin. ✓
 Style of Casket Sgt. H. Cap
 No. of Casket 21
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Short
 Pillow Set yes
 Name Plate Deat
 Cemetery Deat
 Section Lot

I Other Graves



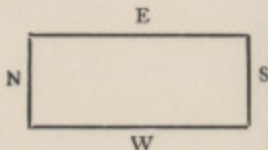
X Grave on this date

Cremation
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to Berry Fla
 R. R. Ticket
 Cash advanced Express 58.58
 Autos 56.88 tax 1.75
 Telegram
 Minister
 Music 10.00
 Casket Wagon (2)
 Physician at the T. B. Sanit
 County or City Burial
 Automobiles
 Baggage or Express Train No. 76
Sunday night Aug 12 - 203.58

Carey Hand Funeral Home

Name of deceased Willard C. Dalton
 Date of death Sun Aug 12 11-17 M
 Cause of death _____
 Place of death in Amb at OSH
 Residence Windermere Fla
 Age 41 Y's Mo's 12 Days _____
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Residence
 Date Thursday 1943 10:30 A M
 Account charged Mrs Martha V. Dalton
 Address Windermere Fla
 Account guaranteed Payments
 Address _____
 Embalming + Dressing \$35.00 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Cloth 125.00
 Casket with Copper Lin. _____
 Style of Casket Oct H.C.
 No. of Casket Temp 178
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Grey
 Pillow Set Yes
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

I Other Graves



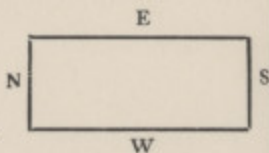
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister Rev Ischy
 Music _____
 Casket Wagon Del - Body to Res 10.00
 Physician Dr. Edwards
 County or City Burial _____
 Automobiles STS 15.00
 Baggage or Express Train No. _____
\$190.00

Carey Hand Funeral Home

Name of deceased James E. Watkins
 Date of death Aug 12 11 P.M.
 Cause of death Ulcered Stomach Yemen's
 Place of death Miami Fla Yemen's
 Residence Miami Fla
 Age 53 Y'rs 4 Mo's 10 Days
 Weight _____ Height _____ ft _____ in. Eyes _____
 Funeral at Tuscaloosa Ala
 Date Aug 1945 M
 Account charged Mr Harry E. Fivelling
 Address Orlando Fla
 Account guaranteed Postal Savings
 Address _____
 Embalming Ed Combs and Co 75 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Grey B. Cloth 200 00
 Casket with Copper Lin. _____
 Style of Casket State N. Cap
 No. of Casket Tampa 31
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Grey Lin
 Pillow Set Yls.
 Name Plate _____
 Cemetery Destinaton
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn Funeral Car to
 Single Grave Tuscaloosa Ala 250 00
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Call Car to Miami Fla 100 00
 Telegram _____
 Minister Destinaton
 Music _____
 Casket Wagon _____
 Physician At Miami Fla
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

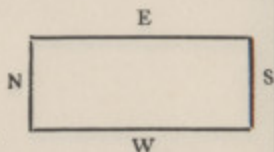
Left early Tuesday
Morning Aug 14
for burial

\$625 00

Carey Hand Funeral Home

Name of deceased Rosalee P. Yale
 Date of death Aug 9 M
 Cause of death not given as permit
 Place of death Tampa Fla
 Residence Tamiami City Fla
 Age 68 Y's 8 Mo's 8 Days
 Weight 140 Height 5 ft 6 in. Eyes Grey
 Funeral at Tamiami City Fla
 Date Aug 1945 M
 Account charged Paul Funeral Home
 Address Tamiami City 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
 Outside Box Saturday 10 a.m.
 Shipping Case or Vault Aug 13-45
 Handles Monday 8 a.m.
 Pillow Set
 Name Plate Body Cremated
 Cemetery
 Section Lot

I Other Graves



X Grave on this date

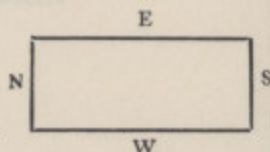
Hold
 Cremation Ashes mail
 Urn not kept
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician Dr. H. M. Smith
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37.50

Carey Hand Funeral Home

Name of deceased *Anna Laura Hewlett*
 Date of death *Aug 12 9:05 AM*
 Cause of death *Anemia Pectoris*
 Place of death *Andrus Nursing Home*
 Residence *Winter Garden Fla*
 Age *76* Y'rs. *4* Mo's. *4* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Wed Aug 15 1945* *11 A* M
 Account charged *C. W. Hewlett*
 Address *Winter Garden Fla*
 Account guaranteed *Bay View*
 Address _____
 Embalming *& Dressing*
 Robe, Suit, Dress *Pink Dress*
 Underwear and Hose _____
 Casket *6/3 Grey Hol*
 Casket with Copper Lin. _____
 Style of Casket *Oct N.C*
 No. of Casket *Tampa 1972*
 Outside Box *Plg*
 Shipping Case or Vault _____
 Handles *Grey*
 Pillow Set *yes*
 Name Plate _____
 Cemetery *Oakland*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation *Family Car* *3.00*
 Urn *Casket* *5.00*
 Single Grave _____
 Opening and Closing Grave *etc* *15.00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev*
 Music _____
 Casket Wagon *5.00*
 Physician *Les Chiles*
 County or City Burial _____
 Automobiles *SVS* *15.00*
 Baggage or Express Train No. _____

72 12.50

Carey Hand Funeral Home

Name of deceased *Rufus Jackson Hawkins*
 Date of death *Aug 15* *4:30 AM*
 Cause of death _____
 Place of death *O. G. H.*
 Residence *2512 Marion St. Orlando Fla*
 Age *71* Y'rs *7* Mo's *30* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Friday 11 a.m.* 194 *5* *Aug 15* *a.m.*
 Account charged *Mrs Sallie Hawkins*
 Address *2512 Marion St. Orlando Fla*
 Account guaranteed _____
 Address _____
 Embalming *& Dressing* *35 00*
 Robe, Suit, Dress *Suit* *23 50*
 Underwear and Hose _____
 Casket *6/3 Grey Emb. Loc* *125 00*
 Casket with Copper Lin. _____
 Style of Casket *Oct H. Cap.*
 No. of Casket *178 Tampa*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *Grey*
 Pillow Set *Yls*
 Name Plate _____
 Cemetery *Greenwood*
 Section *Single Grave* Lot _____
 Right side

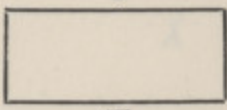
E
 N S
 W

 I Other Graves _____
 X Grave on this date _____
 Cremation *0.13 & minutes* *5 00*
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc* *15 00*
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister *Rev.*
 Music *Organ*
 Casket Wagon *(1)* *5 00*
 Physician *Dr. Byler*
 County or City Burial _____
 Automobiles *5.15* *15 00*
 Baggage or Express Train No. _____

223 50

Carey Hand Funeral Home

Name of deceased Donald W. Allardice
Date of death August 12-1945 3 P. M
Cause of death Cerebral Thrombosis
Place of death Residence
Residence 1162 N. Orange Ave. - W. P.
Age 35 Y'rs 4 Mo's 17 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Destination
Date Shipped Aug 18 1945 1:15 P. M
Account charged Mr. & Mrs. Allardice
Address 1162 N. Orange Ave. - Winter Park, Fla.
Account guaranteed _____
Address _____
Embalming & Disposing 35.00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 4/6 Gr. Br. Cl.
Casket with Copper Lin. _____
Style of Casket State H.C. 35.00
No. of Casket Tampa 48
Outside Box Reg.
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____

I Other Graves 

X Grave on this date _____

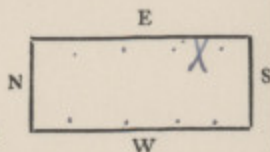
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to Saranton, Pa. 81.24
R. R. Ticket Express
Cash advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon (2) 10.00
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

476.24

Carey Hand Funeral Home

Name of deceased Franklin B. Pervert
 Date of death August 18, 1945 4:55 P.M.
 Cause of death Chronic myocarditis, etc.
 Place of death P. H. N.
 Residence 2207 E. Central Ave. - Orlando
 Age 77 Y'rs 11 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 28, 1945 4 P. M.
 Account charged Mrs. Estley J. L. Pervert
 Address 2211 E. Central Ave. - Orlando
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Gr. Pl.
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Jan 1972 135.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section B SE 1/4 Lot 122

I Other Graves

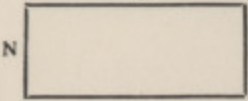


X Grave on this date

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

270.00

Carey Hand Funeral Home

Name of deceased Mrs. Bettie F. Early
 Date of death August 18-1945 2:55 P
 Cause of death Pneumonia
 Place of death Fla. Sea
 Residence 161 Portland Ave. - Winter Park
 Age 81 Y'rs 11 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped 194 M
 Account charged Mrs. C. E. Archer
 Address Orlando, Florida
 Account guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Br. Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket W.C.
 No. of Casket Tampa 7-1575 275 00
 Outside Box Reg.
 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 Houston, Texas 191 61
 R. R. Ticket etc.
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
511 61

Carey Hand Funeral Home

Name of deceased Dallas E. Speigner
Date of death August 18-1945 8:10 A. M
Cause of death Coronary heart failure
Place of death J.P.H.H.

Residence 330 W. Princeton - Orlando
Age 62 Y'rs 11 Mo's 11 Days
Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Destination
Date Shipped 194 _____ M

Account charged Mrs. Lizzie Speigner
Address 330 W. Princeton - Orlando, Fla.

Account guaranteed _____
Address _____

Embalming + dressing 35 00
Robe, Suit, Dress _____

Underwear and Hose _____
Casket 6/3 Gu. Ll

Casket with Copper Lin. _____
Style of Casket 1/2 Couch Det.

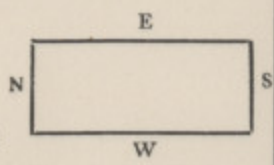
No. of Casket Walker 1415 150 00
Outside Box Reg.

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 Dathan, Ala. 33 51
R. R. Ticket yes

Cash advanced _____
Autos _____

Telegram _____
Minister _____

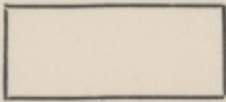
Music _____
Casket Wagon (2) 10 00

Physician _____
County or City Burial _____

Automobiles _____
Baggage or Express Train No. _____

228 51

Carey Hand Funeral Home

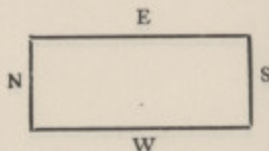
Name of deceased Mrs. Jane Smith Schimid
 Date of death Arrived August 18-1945 M
 Cause of death Not Given On Permit
 Place of death Bidgewood Hopt - DeLand, Fla.
 Residence Cassadaga, Florida
 Age 53 Y'rs 5 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Allen - Sunnashill
 Address DeLand, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on this date _____ W
 Cremation Cremated 8/19/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carry Hand Funeral Home

Name of deceased Lewis L. Kenneday
 Date of death August 18-1945 6 P. M
 Cause of death Emphysema of lungs
 Place of death S. H. H.
 Residence Winter Garden, Fla
 Age 69 Y'rs 4 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church - Winter Garden
 Date August 22 1945 11 A.M.
 Account charged Mrs. Eva S. Kenneday
 Address Winter Garden, Florida
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress Blue Suit 19.50
 Underwear and Hose _____
 Casket 6/3 Steel Gr.
 Casket with Copper Lin. _____
 Style of Casket S. H. C.
 No. of Casket 1 31 200.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Garden
 Section _____ Lot _____

I Other Graves



X Grave on this date

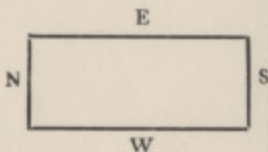
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister (1) 5.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00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

294.50

Carey Hand Funeral Home

Name of deceased Ernest Frank Ober
 Date of death August 19-1945 5:20 A.M.
 Cause of death Gun Shot wound - Self inflicted
 Place of death Residence
 Residence Apopka, Florida
 Age 68 Y's 1 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 22 1945 3:30 P.M.
 Account charged E. F. Ober, Jr.
 Address Box 222 Apopka, Fla.
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Br. Metal
 Casket with Copper Lin. Inner
 Style of Casket State H.C.
 No. of Casket Tampa Leak 850.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery New Apopka
 Section _____ Lot _____

I Other Graves



X Grave on this date

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

985.00

Carey Hand Funeral Home

Name of deceased Wm Henry Wright
 Date of death Arrived 3:30 PM - Aug. 19-1945 M
 Cause of death Santa Ana Beach
 Place of death Steremia
 Residence Sanford, Florida
 Age 55 Yrs 6 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Erickson Funeral Home
 Address Sanford, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

E

N
S

W

X Grave on this date

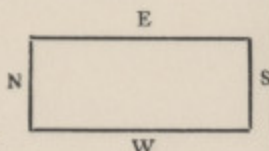
Cremation Cremated 8/21/45 3750
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

Carey Hand Funeral Home

Name of deceased James Miller Pugh
 Date of death August 19-1945 7:45 P.M.
 Cause of death _____
 Place of death Residence
 Residence Yellowwood, Florida
 Age 68 Y'rs 7 Mo's 3 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Granside
 Date August 22 1945 2 P. M
 Account charged Mrs. Mary Pugh
 Address Yellowwood, Florida
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket 31 200.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Langerine Cemetery
 Section _____ Lot _____

I Other Graves



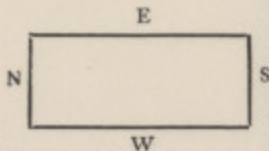
X Grave on this date

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

270.00

Carey Hand Funeral Home

Name of deceased Karl Inacio Best
 Date of death Arrived Aug 20-1945 11:45 A.M
 Cause of death Not Given on Permit
 Place of death Residence
 Residence Mount Dora, Florida
 Age 66 Y'rs 4 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Behbaum Funeral Home
 Address Mount Dora, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremated 8/20/45 3750
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

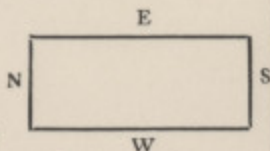


3750

Carey Hand Funeral Home

Name of deceased Annie C. Bacon
 Date of death Arrived Aug. 20-1945 4 P. M
 Cause of death Not Dead On Permit
 Place of death Residence
 Residence Orange City, Florida
 Age 66 Y'rs 88 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged Allen - Summerhill
 Address De Land, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

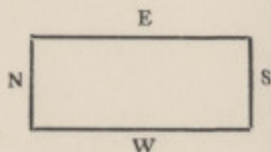
Cremation Cremated 8/21/45 37.50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Infant Ylessey
 Date of death August 20-1945 M
 Cause of death Pneumonia with - about 2 mos.
 Place of death O. H. H.
 Residence Plymouth
 Age - Yrs - Mo's - Days 20 hrs.
 Weight - Height - ft. - in. Eyes -
 Funeral at Granside
 Date August 21 1945 10:30 A.M.
 Account charged Brady Ylessey
 Address Plymouth, Florida
 Account guaranteed -
 Address -
 Embalming -
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 2/0 white Emb. Pl.
 Casket with Copper Lin. -
 Style of Casket Det. H. C.
 No. of Casket Tampa 150 30 00
 Outside Box -
 Shipping Case or Vault Cement 25 00
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Apopka
 Section - Lot -

I Other Graves



X Grave on this date

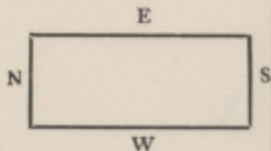
Cremation -
 Urn -
 Single Grave -
 Opening and Closing Grave etc. 5 00
 Body Shipped to -
 R. R. Ticket -
 Cash advanced -
 Autos -
 Telegram -
 Minister -
 Music -
 Casket Wagon (1) 5 00
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

65 00

Carey Hand Funeral Home

Name of deceased Edwin Forrest Spencer
 Date of death August 20 - 1945 11 P.M.
 Cause of death _____
 Place of death Residence
 Residence Lake Placid, Florida
 Age 89 Y'rs 5 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 23 1945 1 P.M.
 Account charged Mildred E. Williams
 Address Lake Placid, Florida
 Account guaranteed _____
 Address _____
 Embalming & Dressing yes 35 00
 Robe, Suit, Dress Suit 23 50
 Underwear and Hose yes 2 50
 Casket 6/3 Gr. Gl.
 Casket with Copper Lin. _____
 Style of Casket H.C. Sgs. & Flare 100 00
 No. of Casket Tempal 71
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 8/24/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos Service 15 00
 Telegram _____ 5 00
 Minister Jo. Minister
 Music _____
 Casket Wagon (1) to Lake Placid 40 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

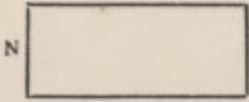
271 00

Carey Hand Funeral Home

Name of deceased John Lee Ensign, Sr.
 Date of death August 21-1945 7:45 P. M.
 Cause of death Senility
 Place of death Boney Nursing Home
 Residence 319 E. Church St. - Orlando, Fla.
 Age 84 Yrs. 2 Mo's. — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date August 23 1945 4 P. M.
 Account charged Mr. Grand B. Ensign
 Address 319 E. Church St. - Orlando, Fla.
 Account guaranteed —
 Address —
 Embalming & dressing 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6/3 Sv. El.
 Casket with Copper Lin. —
 Style of Casket State H. P.
 No. of Casket Tampa 31 200 00
 Outside Box Reg.
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section N Lot 159
Single Grave
 I Other Graves —
 X Grave on this date —
 Cremation —
 Urn — 25 00
 Single Grave yes 15 00
 Opening and Closing Grave etc.
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Autos —
 Telegram (1) Family Car. 5 00
 Minister (1) Ballman - Minister 5 00
 Music — 5 00
 Casket Wagon (1)
 Physician —
 County or City Burial — 15 00
 Automobiles S. & S.
 Baggage or Express Train No. —

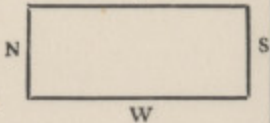
305 00

Carey Hand Funeral Home

Name of deceased Clara Louise Guild
 Date of death August 21-1945 P. M.
 Cause of death Exhaustion + Malnutrition
 Place of death Residence
 Residence 419 N. Duntelachen Winter Park
 Age 81 Y'rs 3 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/12 Dr. Cl. Sil. Emb.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Orange State 20 150.00
 Outside Box Reg.
 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 Boston, Mass. 368.69
 R. R. Ticket yes.
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

563.69

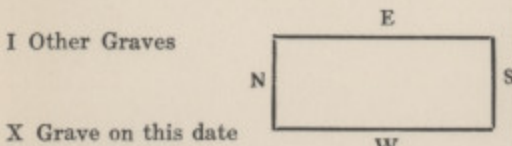
Carey Hand Funeral Home

Name of deceased Althea G. Y. Jones
 Date of death August 22-1945 M
 Cause of death _____
 Place of death Residence
 Residence 1617 Woodward Ave. - Chicago
 Age 57 Y'rs 5 Mo's - Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped 1945 M
 Account charged Peterson Funeral Home
 Address Wausau, Wisconsin
 Account guaranteed Western Union Draft
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sh. Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket 1/2 c. set. 200 00
 No. of Casket Reg
 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 Wausau, Wis. 104 76
 R. R. Ticket Express
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

349 76

Carey Hand Funeral Home

Name of deceased Wm Charles Martin
Date of death Arrived August 22-1945 4:30 PM
Cause of death Not Given on Permit
Place of death Residence
Residence 1815 Amberst - Orlando
Age 66 Yrs 2 Mo's 5 Days
Weight Height ft in. Eyes
Funeral at
Date 194 M
Account charged Eiselstein - Wigginton
Address Orlando, Fla.
Account guaranteed
Address
Embalming
Robe, Suit, Dress
Underwear and Hose
Casket
Casket with Copper Lin.
Style of Casket
No. of Casket
Outside Box
Shipping Case or Vault
Handles
Pillow Set
Name Plate
Cemetery
Section Lot

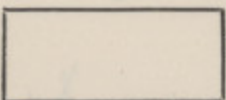


X Grave on this date

Cremation Cremated 8/24/45 37.50
Urn
Single Grave
Opening and Closing Grave
Body Shipped to
R. R. Ticket
Cash advanced
Autos Return asked to
Telegram Eiselstein - Wigginton
Minister
Music
Casket Wagon
Physician
County or City Burial
Automobiles
Baggage or Express Train No.

37.50

Carey Hand Funeral Home

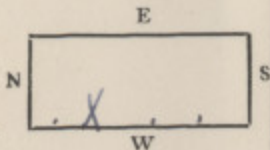
Name of deceased Miss Ida Isabel Boyce
 Date of death August 24 - 1945 9:40 P M
 Cause of death Chronic myocarditis
 Place of death D. H. H.
 Residence 434 S. Rosalind - Orlando
 Age 85 Yrs 5 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 22 1945 3 P. M
 Account charged Mrs. Alice Engman
 Address 434 S. Rosalind - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. el.
 Casket with Copper Lin. _____
 Style of Casket Sav. + Flare 90.00
 No. of Casket Tampa 21
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation Cremated 8/28/45 50.00
 Urn Plastic 27.50
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram Ambulance 5.00
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

212.50

Carey Hand Funeral Home

Name of deceased Florence V. Lantz
 Date of death August 25 - 1945 1:15 P.M.
 Cause of death Cardiac Embolism
 Place of death Residence
 Residence 302 - 21st St. - Orlando, Fla.
 Age 74 Y'rs 5 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 26 1945 4 P.M.
 Account charged L. M. Lantz
 Address 302 - 21st St. - Orlando
 Account guaranteed _____
 Address _____
 Embalming + Dressing
 Robe, Suit, Dress Floral Pink
 Underwear and Hose _____
 Casket 1/3 Sil. Pl.
 Casket with Copper Lin. _____
 Style of Casket Let. H.C.
 No. of Casket Walker 1427 232 50
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section 7 Lot 227

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 (2) Family 10 00
 Telegram (1) Ballheiser & Min. 5 00
 Minister _____
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

344 35

Carey Hand Funeral Home

Name of deceased Baby Roy
 Date of death August 25-1945 M
 Cause of death Pneumonia
 Place of death Fla. San.
 Residence Rt. 2 - Orlando
 Age Y's Mo's Days 9 hrs.
 Weight Height ft. in. Eyes
 Funeral at No Services
 Date 194 M
 Account charged Ronald L. Roy
 Address Rt. 2 - Orlando, Fla.
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 N S
 W
 X Grave on this date
 Cremation Cremated 8/27/45 10 00
 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. 10 00

Carey Hand Funeral Home

Name of deceased Mrs. Mary A. Ballou
 Date of death Monday - Aug. 20, 1945 10 P. M.
 Cause of death Heart Failure on Permit
 Place of death Residence
 Residence Stuart, Florida
 Age 89 Y'rs. 2 Mo's. 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M
 Account charged John's Funeral Home
 Address Stuart, Florida
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E
N S
 X Grave on this date W
 Cremation Cremated 8/27/45 37.50
 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. _____

Return to
 John's Funeral Home

37.50

Carey Hand Funeral Home

Name of deceased Infant Soule
 Date of death August 26-1945 M
 Cause of death Diabetes - Still Born
 Place of death Reg. Hsp. A. A. F. Center
 Residence 1215 E. Wash. St. - Orlando
 Age — Yrs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Shoreline
 Date August 28 1945 9 A. M
 Account charged Ronald E. Soule
 Address 1215 E. Washington St. - Orlando
 Account guaranteed —
 Address —
 Embalming Service 10 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 2/0 White
 Casket with Copper Lin. —
 Style of Casket Bassanette
 No. of Casket Yampa 27 25 00
 Outside Box Reg.
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —
 I Other Graves —
 X Grave on this date —
 Cremation —
 Urn —
 Single Grave Baby Stone 12 50
 Opening and Closing Grave etc. 4 50
 Body Shipped to —
 R. R. Ticket —
 Cash advanced —
 Autos (1) 5 00
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

57 00

94

Carey Hand Funeral Home

Name of deceased Clarence Perry Ford
 Date of death August 27 - 1945 M
 Cause of death Acute dilatation of heart
 Place of death P. H. H.
 Residence Wesley, Fla.
 Age 68 Y's 10 Mo's - Days
 Weight Height ft. in. Eyes
 Funeral at Destination
 Date 194 M
 Account charged Mrs. P. H. Bennett
 Address Wesley, Florida
 Account guaranteed
 Address
 Embalming & dressing 35 00
 Robe, Suit, Dress Suit 25 00
 Underwear and Hose
 Casket 6/3 Steel Gr. Br. Cl.
 Casket with Copper Lin.
 Style of Casket 1/2 Couch
 No. of Casket Tampa - 7-1850 195 00
 Outside Box Req.
 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 Lawrenceville Ga. 34 24
 R. R. Ticket Express
 Cash advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon (2) 10 00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

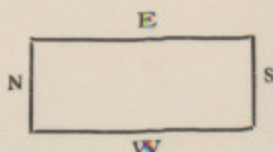
299 24

95

Carey Hand Funeral Home

Name of deceased George C. Spurgeon
 Date of death August 27-1945 M
 Cause of death Heart Block
 Place of death Q. H.
 Residence Deer, Florida
 Age 72 Y'rs. — Mo's. 8 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Destination
 Date Shipping Aug 29, 1945 2:18 P. M.
 Account charged Mrs. Lela Brown
 Address Deer, Fla.
 Account guaranteed —
 Address —
 Embalming + dressing 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6/3 St. Gr. Emb.
 Casket with Copper Lin. —
 Style of Casket Det. H.C. 15 00
 No. of Casket Walker 1415
 Outside Box Reg.
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —

I Other Graves



X Grave on this date

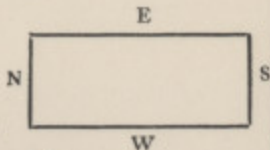
Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Birmingham, Ala. 44 56
 R. R. Ticket yes.
 Cash advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon (2) 10 00
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

239 56

Carey Hand Funeral Home

Name of deceased Mrs. Kate E. Hoptetter
 Date of death August 27-1945 4:45 P.M.
 Cause of death acute circulatory failure
 Place of death Fla. - San.
 Residence Clinton, Iowa
 Age 84 Y'rs. 7 Mo's. 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 30 1945 11 A.M.
 Account charged Mrs. Leonard Dyer
 Address Box 98 - Winter Park, Fla.
 Account guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gv.
 Casket with Copper Lin. _____
 Style of Casket o'lane + 2gv.
 No. of Casket Tampa 21 90.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cremated 8/31/45 50.00
 Urn plastic - Engraved 30.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

210.00

Carey Hand Funeral Home

Name of deceased Baby Boy Lewis
 Date of death August 27, 1945 M
 Cause of death Signature
 Place of death L. G. H.
 Residence Orlando, Fla.
 Age Yrs. Mo's. Days 9 1/2 hrs
 Weight Height ft. in. Eyes
 Funeral at no service
 Date 194 M
 Account charged Robert E. Lewis
 Address 712 E. Pine St. - Orlando
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot

I Other Graves

E

N

S

X Grave on this date

W

Cremation

Cremated 8/29/45

10 00

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.

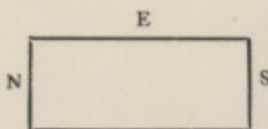
10 00

98

Carey Hand Funeral Home

Name of deceased Baby Girl LewisDate of death August 27-1945 1 P.M.Cause of death ObstetricityPlace of death A. S. H.Residence 712 E. Pine St. - OrlandoAge - Y'rs. - Mo's. - Days 7 HoursWeight - Height - ft. - in. Eyes -Funeral at No ServiceDate - 194 - MAccount charged Robert E. LewisAddress 712 E. Pine St. - OrlandoAccount guaranteed -Address -Embalming -Robe, Suit, Dress -Underwear and Hose -Casket -Casket with Copper Lin. -Style of Casket -No. of Casket -Outside Box -Shipping Case or Vault -Handles -Pillow Set -Name Plate -Cemetery -Section - Lot -

I Other Graves



X Grave on this date

Cremation Cremated 8/29/45 10 00Urn -Single Grave -Opening and Closing Grave -Body Shipped to -R. R. Ticket -Cash advanced Will CallAutos -Telegram -Minister -Music -Casket Wagon -Physician -County or City Burial -Automobiles -Baggage or Express Train No. -

10 00

99

Carey Hand Funeral Home

Name of deceased Paul Otto Godolski
 Date of death Arrived Aug. 28-1945 10 A.M.
 Cause of death Not dead on Permit
 Place of death Residence
 Residence Mount Dora, Florida
 Age 70 Y'rs. Mo's. Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M
 Account charged Rehbaum & Co.
 Address Mount Dora, Florida
 Account guaranteed
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 I Other Graves
 X Grave on this date
 Cremation Cremated 8/28/45 37 50
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Autos Return to
 Telegram Rehbaum & Co.
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37 50

Carey Hand Funeral Home

Name of deceased Mrs. Mary C. Crain
 Date of death August 28-1945 M
 Cause of death Bacterial Pneumonia
 Place of death Wilson Nursing Home
 Residence 210 S. Flamingo St. - Orlando
 Age 82 Y'rs 6 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date August 30 1945 11:30 A.M.
 Account charged Mrs. A. A. Leiden
 Address Box 2 - Box 45 - Orlando, Fla.
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 1 1/3 Steel Gr. Emb. Doe
 Casket with Copper Lin. _____
 Style of Casket Ext. H.C. 90 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves _____
 X Grave on this date _____
 Cremation Cremated 8/31/45 50 00
 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. _____

175 20

101

Carey Hand Funeral Home

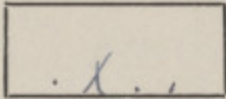
Name of deceased Ella (Eleanor) M. Marshall
 Date of death August 30-1945 5 A. M
 Cause of death Degenerative Heart Disease
 Place of death Fla. San.
 Residence Fla. San.
 Age 81 Y'rs. 5 Mo's. — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date August 31 1945 4 P. M
 Account charged Vertude O. Gubler
 Address 17 Bellgrove Dr. - Upper Marlboro Md.
 Account guaranteed —
 Address —
 Embalming & Dressing — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 6/3 Gr. O.
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket Tampa 100 00
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —

 I Other Graves —

 X Grave on this date —

 Cremation Cremated 9/2/45 50 00
 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. — 185 00

Carey Hand Funeral Home

Name of deceased Mrs. Mary E. Bleakley
 Date of death Aug. 30 - 1945 4:30 A.M.
 Cause of death Carcinoma, lower st. lobe
 Place of death Holiday House
 Residence 203 S. Rosalind Ave. - Orlando
 Age 75 Yrs. - Mo's. 5 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date Sept. 1 1945 10:30 A.M.
 Account charged Mrs. Frances B. Kirsch
 Address 1521 East Vernon - Orlando
 Account guaranteed -
 Address -
 Embalming & dissection 35.00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 6/3 Grey
 Casket with Copper Lin. -
 Style of Casket 1/2 C.
 No. of Casket 7-1850 195.00
 Outside Box Reg.
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Greenwood
 Section N 1/2 - 11 Sec. 16 Lot Blk. 14
S 1/2 4 " " " "
 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 (1) family 5.00
 Telegram (1) Bellman - Min. 5.00
 Minister -
 Music -
 Casket Wagon (1) 5.00
 Physician -
 County or City Burial -
 Automobiles S. & S. 15.00
 Baggage or Express Train No. -

275.00