

9-1-1945

Memoranda Book 173: Carey Hand Funeral Home records, September 1, 1945 to November 7, 1945

Carey Hand Funeral Home

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Carey Hand Funeral Home

Name of Deceased Mrs. Lucy Ward Beach
 Date of Death Sept. 1-1945 1-A.M.
 Cause of Death Concussion (Cerebral Fall)
 Place of Death Fla. San.
 Residence 737 Maryland Ave. - Winter Park
 Age 89 Y'rs 10 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 4 1945 11 A.M.
 Account Charged Mrs. Amy W. Shaw
 Address Tampa, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Sil Plush
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Walker 1447 275 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation Cremated 9/5/45 50 00
 Urn Plastic (engraved) 30 00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Ambulance 5 00
 Telegram _____
 Minister _____
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

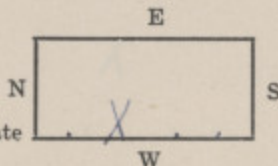
400 00

Carey Hand Funeral Home

Name of Deceased Mrs. Frances C. B. Welsh
 Date of Death September 1-1945 - 8:30 A.M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence Peel & Dade St. - Orlando, Fla.
 Age 52 Y'rs 9 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sept. 2 1945 4 P. M.
 Account Charged Charles R. Welsh
 Address Dade & Peel Sts. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Pl. Emb.
 Casket with Copper Lin. _____
 Style of Casket Coat H C
 No. of Casket Large 1575 195.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 26 - Blk. 14 Lot 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 (1) Family 5.00
 Telegram _____
 Minister (1) Minister Billhaver 5.00
 Music _____ 5.00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. + S. 15.00
 Baggage or Express Train No. _____

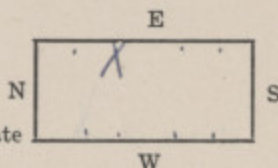
275.00

Carey Hand Funeral Home

Name of Deceased Samuel M. Currie
 Date of Death Sept. 2 - 1945 3:34 A. M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence 3 Henderson Drive - Orlando
 Age 50 Y'rs 4 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sept. 4 1945 4 P. M.
 Account Charged Mrs. Francis Currie
 Address 3 Henderson Dr. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Emberton
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Walker - 722 425.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 0 Lot 13

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) 5.00

Telegram _____

Minister (1) Pallbearers - Ministe 5.00

Music _____

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles S. & S 15.00

Baggage or Express Train No. _____

565.00

Carey Hand Funeral Home

Name of Deceased Paul Collins Haley
 Date of Death Sept. 2 - 1945 2:43 P.M.
 Cause of Death Uremia - Chronic Nephritis
 Place of Death D. C. H.
 Residence Bell Isle - Pinecastle, Fla.
 Age 24 Y'rs 6 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date Sept. 3 - 1945 10 A.M.
 Account Charged Wm. J. Haley
 Address Bell Isle - Pinecastle, Fla.
 Account Guaranteed _____

Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Birch Walnut Fin.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Jame 7-300 685.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot 35

E

I Other Graves _____

N

X

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 (1) Family 5.00
 Telegram (1) 5.00
 Minister (1) _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. _____

825.00

Rosary - 8:00 P.M. Tuesday - Sept. 4 - 1945

Carey Hand Funeral Home

Name of Deceased Mrs. Lillian Maynard Bartlett
 Date of Death Arrived - Sept. 2 - 1945 10:30 A.M.
 Cause of Death Not Given On Record
 Place of Death Residence
 Residence Stuart, Florida
 Age 67 Y'rs 6 Mo's - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at -
 Date - 194 - M.
 Account Charged Johns 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 -
 E
 I Other Graves -
 N - S -
 X Grave on This Date - W
 Cremation Cremated 9/3/45 37 50
 Urn -
 Single Grave -
 Opening and Closing Grave -
 Body Shipped to -
 R. R. Ticket -
 Cash Advanced -
 Autos Return to:
 Telegram Johns Funeral Home
 Minister -
 Music -
 Casket Wagon -
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

37 50

Carey Hand Funeral Home

Name of Deceased Hifford B. Watters
 Date of Death Sept. 4-1945 2:45 A.M.
 Cause of Death Cancer of stomach
 Place of Death Fla. San
 Residence Clermont, Florida
 Age 81 Yrs 4 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Services
 Date _____ 194 _____ M.
 Account Charged Mrs. Mary A. Watters
 Address Box 16 - Clermont, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Br. El. 45 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 _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Cremated 9/6/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced Will call
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

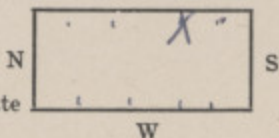
135 00

Carey Hand Funeral Home

Name of Deceased Earl F. Dornick
 Date of Death Arrived Sept. 4-1945 M.
 Cause of Death Cancer of Liver
 Place of Death Bay Pines Veterans Hosp.
 Residence 1620 Dauphin St.
 Age 66 Y'rs 2 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sept 6 1945 4 P. M.
 Account Charged Mrs. Ralph L. Ferry
 Address 2211 E. Central Ave. - 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 Cement 6.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section W Lot 13
Spanish American Plot
 E

I Other Graves



X Grave on This Date

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

105.00

Carey Hand Funeral Home

Name of Deceased Mrs. Ina May Barclay
 Date of Death Sept. 5-1945 12:30 A.M.
 Cause of Death Toxemia of late pregnancy
 Place of Death P.H.H.
 Residence Box 128 - Zellwood
 Age 31 Y'rs - Mo's 25 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Methodist Church - Zellwood
 Date Sept. 7 1945 11 A.M.
 Account Charged Ina H. Barclay
 Address Box 128 - Zellwood
 Account Guaranteed -
 Address -
 Embalming + dressing 35.00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 6/3 Gray Mahogany
 Casket with Copper Lin. -
 Style of Casket 1/2 Couch Ret. H.C.
 No. of Casket Orange State 120 165.00
 Outside Box - Reg.
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Jangerine
 Section - Lot -
 E
 I Other Graves -
 N - S
 W
 X Grave on This Date -
 Cremation -
 Urn -
 Single Grave - 15.00
 Opening and Closing Grave etc.
 Body Shipped to -
 R. R. Ticket -
 Cash Advanced -
 Autos (1) 5.00
 Telegram - 5.00
 Minister Ambulance
 Music - 5.00
 Casket Wagon (1)
 Physician -
 County or City Burial S.S. 15.00
 Automobiles -
 Baggage or Express Train No. -

245.00

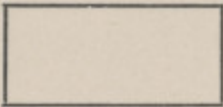
Baby was placed in
 casket with the mother

Carey Hand Funeral Home

Name of Deceased Infant Barclay
 Date of Death Sept. 5 - 1945 12:30 A. M.
 Cause of Death Death in arms of mother
 Place of Death D. G. H.
 Residence Zellwood, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Methodist Church - Zellwood
 Date Sept. 7 1945 11 A. 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 Langerine
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram Baby was placed in
 Minister Casket with Mother
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

00.00

Carry Hand Funeral Home

Name of Deceased Clayton C. Browne
 Date of Death Sept 16-1945 4 A. M.
 Cause of Death Malnutrition - Pillsbury
 Place of Death D. H. H.
 Residence 1507 E. Concord - Orlando, Fla
 Age 43 Y'rs 2 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at First Baptist Church - Orlando
 Date Sept 18 1945 11 A. M.
 Account Charged Dorle J. Browne
 Address Brunswick, Ga.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C.
 No. of Casket Tampa 1850 165.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Jessup, Ga.
 R. R. Ticket Express 25.63
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial S. & S 15.00
 Automobiles _____
 Baggage or Express Train No. _____

200.63

Carey Hand Funeral Home

Name of Deceased Larry L. Carr
 Date of Death Sept. 6 - 1945 M.
 Cause of Death Coronary occlusion
 Place of Death Gla. Sen.
 Residence Cocoa, Fla.
 Age 62 Y'rs 1 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at First Baptist Church
 Date September 8 1945 2 P. M.
 Account Charged H. L. Carr
 Address Box 83 - Cocoa, Florida
 Account Guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Sh. Doe
 Casket with Copper Lin. _____
 Style of Casket Oct. H - C.
 No. of Casket Tampa 1972
 Outside Box _____
 Shipping Case or Vault Req.
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section E Lot 103
Between #5 + #6 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos (1) Family 5.00
 Telegram (1) Pallbearer 5.00
 Minister (1) Minister 5.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

220.00

Carey Hand Funeral Home

Name of Deceased George H. Bassett
 Date of Death September 8-1945 3A.M.
 Cause of Death Coronary occlusion
 Place of Death D.H.H.
 Residence 301 Tampa Ave - Orlando
 Age 58 Y'rs 7 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Fannie Mae Taylor
 Address 5 White St. N.W. Atlanta, Ga.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress " 5 00
 Underwear and Hose yes
 Casket 6/3 Steel Dr Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Tampa 165 00
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Cornelia, Ga.
 R. R. Ticket Express 37 18
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

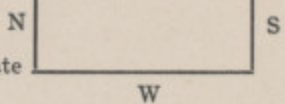
252 18

Carey Hand Funeral Home

Name of Deceased Mrs. Florence Einhorn
 Date of Death Arrived Sept. 8-1945 M.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence Tampa, Florida
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Haineside
 Date September 9 1945 3 P. M.
 Account Charged Mrs. L. Einhorn
 Address Tampa, 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 Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 (Dora & E. Lyon) - space 6 by Tree

I Other Graves



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

60 00

15 00

5 00

5 00

5 00

15 00

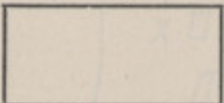
105 00

Carey Hand Funeral Home

Name of Deceased Charles Edward Follmer
 Date of Death Arrived Sept. 8-1945 4 P. M.
 Cause of Death Not given on Permit
 Place of Death Residence
 Residence De Land, Florida
 Age 67 Y'rs 5 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Allen - Sumnerhill
 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 _____
 E
 I Other Graves N S
 X Grave on This Date _____ W
 Cremation Cremated 9/11/45 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. _____

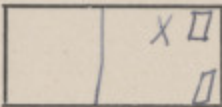
37 50

Carey Hand Funeral Home

Name of Deceased Alfred Calvert Smith
 Date of Death September 8-1945 3 P. M.
 Cause of Death Coronary thrombosis
 Place of Death Fla. San.
 Residence 1009 Pennsylvania Ave. - Winter Park
 Age 57 Y'rs 7 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 11 1945 7:30 P. M.
 Account Charged Mrs. Charlotte S. Smith
 Address 1009 Pennsylvania - Winter Park
 Account Guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch H.C.
 No. of Casket Walker 1415 150 00
 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 9/13/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced Will Call
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

200 00

Carey Hand Funeral Home

Name of Deceased Wilson J. Barrington
 Date of Death September 9-1945 5 AM.
 Cause of Death Coronary occlusion
 Place of Death Station Hospital - A.A.F.
 Residence 605 N. Parson - Orlando
 Age 56 Y'rs 1 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 1945 M.
 Account Charged Mrs. Anita Barrington
 Address 605 N. Parson - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 XX Grey B. Cloth
 Casket with Copper Lin. _____
 Style of Casket Clifford State H.C.
 No. of Casket Tampa 48 350 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section S 1/2 J Lot 49
 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 _____
 Autos (2) Family Card 10 00
 Telegram _____
 Minister (1) Ballbeaver-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

Carey Hand Funeral Home

Name of Deceased Frank W. Clary
 Date of Death September 10-1945 10 A. M.
 Cause of Death Cerebral Thrombosis Poststroke
 Place of Death Fla. Sen.
 Residence 510 Browley St. - Orlando, Fla.
 Age 78 Y'rs - Mo's 1 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date September 12 1945 11 A. M.
 Account Charged E. J. Walbert
 Address 922 W. Princeton - Orlando, Fla.
 Account Guaranteed -
 Address -
 Embalming + Dressing
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 6/3 Gr. Pl.
 Casket with Copper Lin. -
 Style of Casket Spr. + Flare
 No. of Casket Jasper 21
 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 9/13/45
 Urn -
 Single Grave -
 Opening and Closing Grave -
 Body Shipped to -
 R. R. Ticket -
 Cash Advanced -
 Autos -
 Telegram -
 Minister Cash
 Music -
 Casket Wagon (1)
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

25 00

90 00

50 00

5 00

5 00

175 00

Carey Hand Funeral Home

Name of Deceased Robert E. Stevenson
 Date of Death Arrived - Sept. 9-1945 M.
 Cause of Death Plane crash
 Place of Death 10 mi. East of Florence, S.C.
 Residence Jamaica, B.W. I.
 Age 16 Y'rs - Mo's - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at No Services
 Date - 194 - M.
 Account Charged H.B. Sharp
 Address Jamaica, B.W. I.
 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

N

E

S

X Grave on This Date

W

Cremation Cremated 9/11/45
 Urn Plastic - Englund
 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. -

50 00
 35 00

0 00

85 00

Carey Hand Funeral Home

Name of Deceased Mrs. Letitia Sharp
 Date of Death Arrived - Sept. 10-1945 M.
 Cause of Death Pilane crash
 Place of Death 10 mi. E. of Florence, S.C.
 Residence Jamaica, B.W.I.
 Age 41 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Mr. Dennis
 Date 194 M.
 Account Charged H. R. Sharp
 Address Jamaica, B.W.I.
 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
 X Grave on This Date W
 Cremation Cremated 9/11/45 50 00
 Urn Plastic - Engraved 35 00
 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.

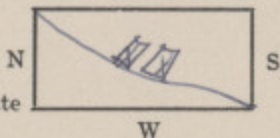
85 00

Carey Hand Funeral Home

Name of Deceased Mrs. Maud Knapp Rossa
 Date of Death September 11-1945 P.M.
 Cause of Death Acute Circulatory Failure
 Place of Death Fla. San.
 Residence Altamonte Springs, Fla.
 Age 77 Y'rs 11 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Residence "Stepping Stones"
 Date September 15 1945 3:30 P.M.
 Account Charged Mrs. Alva M. K. Taylor
 Address 3220 Connecticut Ave. - Washington, D.C.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gray Metal - Sil. Lin.
 Casket with Copper Lin. _____
 Style of Casket State N.C.
 No. of Casket Tampa Leak 675 00
 Outside Box Reg.
 Shipping Case or Vault (Brick)
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section V Lot 71

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 (1) Auto for friends 5 00
 Cash Advanced _____
 Autos (1) Family 5 00
 Telegram _____
 Minister (1) Ballhaver - Minister 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

760 00

Mrs. Rossa died June 19-1943
Book # 19

Carey Hand Funeral Home

Name of Deceased Charles John Goodwin
 Date of Death September 12 - 1945 5 A.M.
 Cause of Death Nephrosis - bilateral
 Place of Death C. H. H.
 Residence 1410 Davenport St. - Orlando, Fla.
 Age 63 Y'rs 11 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 18 1945 11 A.M.
 Account Charged Mrs. Hazel Bennett
 Address 1410 Davenport - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress Blue 18.00
 Underwear and Hose yes 5.00
 Casket 6/3 Emb. Doe
 Casket with Copper Lin.
 Style of Casket Oct. H.C.
 No. of Casket Tampa 197 135.00
 Outside Box Reg.
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section _____ Lot _____

Single Grave

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave Single 25.00

Opening and Closing Grave etc. 15.00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Ballveer - Minister 5.00

Telegram _____

Minister _____

Music yes 5.00

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles S. & S. 15.00

Baggage or Express Train No. _____

263.00

Carey Hand Funeral Home

Name of Deceased Mrs. Mabel Benton McFarland
 Date of Death September 12-1945 6:05 A.M.
 Cause of Death Auto Accident
 Place of Death DeLand Memorial Hospital
 Residence R.R. #1 - Orlando, Fla.
 Age 26 Y'rs 4 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 17 1945 11 A.M.
 Account Charged _____
 Address _____
 Account Guaranteed Insurance
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress White Dress 15 00
 Underwear and Hose _____
 Casket 6/3 Sil. Emb. Maple
 Casket with Copper Lin. _____
 Style of Casket Ext. H.C.
 No. of Casket Orange State 20 150 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section Single Space Lot _____
 I Other Graves _____

N

S
W

E

 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave Yes. 25 00
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister (1) Ballenger-Minister 5 00
 Music _____
 Casket Wagon (1) 15 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

275 00

Carey Hand Funeral Home

Name of Deceased Joseph S. Bryant
 Date of Death arrived - Sept. 13-1945 M.
 Cause of Death Coronary occlusion
 Place of Death St. Vincent Hosp. - Jacksonville
 Residence Lockhart, Florida
 Age 57 Y'rs - Mo's 5 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date September 15 1945 4:30 P. M.
 Account Charged Mrs. Bertha Bryant
 Address P.O. Box 154 - Lockhart, 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 Greenwood
 Section all - 27 - 34.14 Lot 5
Space 5

E

I Other Graves

N

S

X Grave on This Date

W

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

15 00

5 00

5 00

5 00

15 00

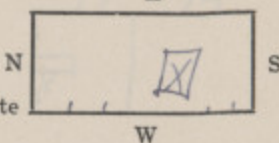
45 00

Carey Hand Funeral Home

Name of Deceased Mrs. Lillie J. Yonge
 Date of Death September 14-1945 5:20 P. M.
 Cause of Death Coronary occlusion - fractured arm
 Place of Death Residence
 Residence R.R. - Apopka, Fla.
 Age 66 Y'rs 9 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Methodist Church - Apopka
 Date September - 18 - 1945 2:30 P.M.
 Account Charged Mrs. C. R. Yonge
 Address Apopka, Florida
 Account Guaranteed _____

Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Pl.
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket Walker 1447 265 00
 Outside Box _____
 Shipping Case or Vault Cement 60 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. 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. _____

395 00

Carey Hand Funeral Home

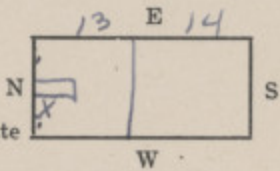
Name of Deceased Thomas Preston Eberlow
 Date of Death Arrived Sept. 15-1945 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Brevard, North Carolina
 Residence Orlando, Fla.
 Age 80 Y'rs - Mo's 24 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at St. Luke's Cathedral
 Date September 17 1945 5 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 S Lot 13 + 14

Head North

I Other Graves -



Cremation -
 Urn -
 Single Grave -
 Opening and Closing Grave etc.
 Body Shipped to -
 R. R. Ticket Flower Car
 Cash Advanced -
 Autos (1) Family
 Telegram (3) Bellbeavers
 Minister -
 Music -
 Casket Wagon (1)
 Physician -
 County or City Burial -
 Automobiles S. & S.
 Baggage or Express Train No. -

15 00
 5 00
 5 00
 15 00
 5 00
 15 00
 60 00

Carey Hand Funeral Home

Name of Deceased Quatar Edwin Sands
 Date of Death Arrived Sept. 17-1945 10:30 A.M.
 Cause of Death Auto Accident - Broken neck
 Place of Death Wabe Sound, Florida
 Residence Wabe Sound, Florida
 Age 41 Y'rs 10 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Johns 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 _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation Cremated 9/18/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister Return to:-
 Music Johns Funeral Home
 Casket Wagon Stuart, Florida
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased Louis M. Chatten
 Date of Death Unwed - Sept. 17 - 1945 4:30 P.M.
 Cause of Death Not Given on Permit
 Place of Death Residence
 Residence St. Petersburg, Florida
 Age 89 Y'rs 11 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Cooksey, Inc.
 Address St. Petersburg, 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 _____
 X Grave on This Date _____ W _____
 Cremation Cremated 9/18/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Return to
 Telegram Cooksey, Inc.
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased James Monroe Hall
 Date of Death September 18-1945 10 A. M.
 Cause of Death Minor Hemorrhage in Throat
 Place of Death 923 Vassar Ave.
 Residence Winter Garden, Fla. - Rt. 2 Box 119
 Age 80 Y'rs 5 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Primitive Baptist Church - Winter Garden
 Date September 22 1945 2:30 P.M.
 Account Charged Preston Hall
 Address 923 Vassar Ave. - Orlando, Fla.
 Account Guaranteed _____

Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Emb. Doe
 Casket with Copper Lin. _____
 Style of Casket A.C. Sq. Corner
 No. of Casket 178 125 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Benlak Cemetery
 Section _____ Lot _____

I Other Graves _____

N

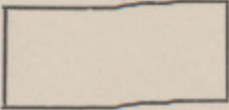
E
W
S

S

 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. _____

Carey Hand Funeral Home

Name of Deceased Robert M. Johnston
 Date of Death Sept. 18-1945 4 P. M.
 Cause of Death _____
 Place of Death Residence
 Residence Starke Lake - Ocoee, Fla.
 Age 74 Y'rs 7 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel (Memorial Services)
 Date September 21 1945 5 P. M.
 Account Charged Mrs. Emogene M. Johnston
 Address Ocoee, Florida
 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 _____
 Section _____ Lot _____
 E
 I Other Graves 
 N S
 X Grave on This Date _____ W
 Cremation Cremated \$ 9/21/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Express to:
 Telegram Dr. Murray Reiter
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

85 00

Carey Hand Funeral Home

Name of Deceased Mrs. Solomon F. Derrick
 Date of Death Sept. 19-1945 7:30 A. M.
 Cause of Death Heart attack
 Place of Death Residence
 Residence Pinecastle, Fla
 Age 64 Y'rs — Mo's 18 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Pinecastle Baptist Church
 Date September - 21 - 1945 2:30 P.M.
 Account Charged Mrs. Lydia Lorie Derrick
 Address Pinecastle, Florida
 Account Guaranteed —
 Address —

Embalming <u>& dressing</u>	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Blond maple</u>	
Casket with Copper Lin.	
Style of Casket <u>H-E</u>	
No. of Casket <u>Yanga 300</u>	650 00
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Woodlawn</u>	
Section	
Lot	

I Other Graves

N

E

S

X Grave on This Date

W

Cremation

Urn

Single Grave

Opening and Closing Grave etc.

Body Shipped to

R. R. Ticket

Cash Advanced

Autos (1) Family

Telegram

Minister (1) Ballheaver

Music

Casket Wagon (1)

Physician

County or City Burial

Automobiles S. & S.

Baggage or Express Train No.

15 00

5 00

5 00

5 00

5 00

15 00

795 00

Carey Hand Funeral Home

Name of Deceased Mr. Edmund L. Mackenzie
 Date of Death Sept. 19-1945 10:15 A.M.
 Cause of Death Myocardial Failure - Cholesterol
 Place of Death A. G. H.
 Residence Empire Hotel - Orlando, Fla.
 Age 88 Y'rs 7 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged K. R. Mackenzie
 Address Empire Hotel - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Gr.
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Orange State #25 150 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Charlottesville, Va. 68 07
 R. R. Ticket yes
 Cash Advanced _____
 Autos (1) Ambulance 3 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

266 07

Carey Hand Funeral Home

Name of Deceased Mr. Benjamin M. Gray
 Date of Death Sept. 20 - 1945 M.
 Cause of Death Pulmonary Tuberculosis
 Place of Death Orange Co. N. C. Unit
 Residence 620 E. 4th Avenue - Orlando
 Age 77 Y'rs - Mo's 13 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Destination
 Date - 194 - M.
 Account Charged Mr. Alton M. Johnston
 Address 1612 Oak St. - Atlanta, Ga.
 Account Guaranteed -
 Address -
 Embalming + Dressing 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 43
 Casket with Copper Lin. -
 Style of Casket -
 No. of Casket -
 Outside Box Req. 275 00
 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 -
 Urn -
 Single Grave -
 Opening and Closing Grave -
 Body Shipped to Atlanta, Ga. 38 77
 R. R. Ticket yes
 Cash Advanced -
 Autos -
 Telegram -
 Minister -
 Music -
 Casket Wagon -
 Physician -
 County or City Burial (2) 10 00
 Automobiles -
 Baggage or Express Train No. -

358 77

Carey Hand Funeral Home

Name of Deceased Mrs. Kato
 Date of Death Sept. 20-1945 M.
 Cause of Death _____
 Place of Death Asst. Hopt.
 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
 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 _____

50 00

I Other Graves

N

E

S

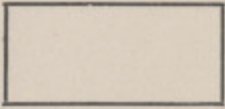
X Grave on This Date

W

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

50 00

Check received
 from Eichelstein-Wigginton
 Funeral Home. Sept. 21-1945

Name of Deceased Mrs. George Chapman
 Date of Death September 21, 1945 3:30 P. M.
 Cause of Death Diabetes? Mellitus
 Place of Death D. H. H.
 Residence 1008 E. Amelia - Orlando, Fla.
 Age 45 Y'rs 11 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sept. 27 1945 4 P. M.
 Account Charged Mrs. Ruth Chapman
 Address 1008 E. Amelia - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gunmetal
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Tampa 56 300 00
 Outside Box _____ Req.
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 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 _____
 Autos (1) Pullman - Minister 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. _____

435 00

Carey Hand Funeral Home

Name of Deceased Mrs. Berta B. Mann
 Date of Death Sept. 22-1945 1:45 A.M.
 Cause of Death Fatal Cerebral Hemorrhage
 Place of Death Residence
 Residence Winter Garden, Florida
 Age 63 Y'rs 10 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Winter Park - Baptist Church
 Date September 26 1945 4 P. M.
 Account Charged Thomas F. Mann
 Address 148 N. Highland - Winter Garden
 Account Guaranteed _____
 Address _____

Embalming & Dressing	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Embossed Maple</u>	
Casket with Copper Lin.	
Style of Casket <u>Ext. H.C.</u>	
No. of Casket <u>Walker 1415</u>	150 00
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery	
Section	

Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____
 W

Cremation	<u>In Vault</u>	
Urn		
Single Grave		
Opening and Closing Grave <u>etc.</u>		30 00
Body Shipped to		
R. R. Ticket		
Cash Advanced <u>(1) Family Car</u>		5 00
Autos		
Telegram		
Minister		
Music		
Casket Wagon <u>(1)</u>		5 00
Physician		
County or City Burial		
Automobiles <u>S. & S.</u>		15 00
Baggage or Express Train No.		

300 00

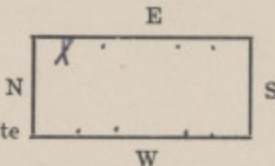
Carey Hand Funeral Home

Name of Deceased Mr. Bert Humphries
 Date of Death September 21-1945 10:00 P.M.
 Cause of Death Pneumonia - Brain also
 Place of Death Residence
 Residence 240 Palmetto - Orlando, Fla.
 Age 64 Y'rs 11 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 24 1945 4 P. M.
 Account Charged Mr. Ada P. Humphries
 Address 240 Palmetto - Orlando, Fla.
 Account Guaranteed _____

Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Bronze Finish
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket "Adams" Orange State 55.00
 Outside Box _____
 Shipping Case or Vault Cement concealed 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section NE 1/4 M Lot #6

Dead East

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) Minister 5.00
 Telegram (2) Callhears 10.00
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

695.00
60.00
635.00

Carey Hand Funeral Home

Name of Deceased Infant 2 mrs. Derry Davis
Date of Death Sept. 22 1945 A.M.
Cause of Death Stillborn - 7 mos.
Place of Death Q. H.
Residence Rt. 19 - Box 216-B - Orlando, Fla.
Age Y'rs Mo's Days
Weight Height ft. in. Eyes
Funeral at No services
Date September 25 1945 M.
Account Charged Mrs. Derry A. Davis
Address Rt. 19 - Box 216-B - Orlando, Fla.
Account Guaranteed
Address
Embalming
Robe, Suit, Dress
Underwear and Hose
Casket 1/4 White Lambkin 12 50
Casket with Copper Lin.
Style of Casket
No. of Casket Tampa 75
Outside Box Req.
Shipping Case or Vault
Handles
Pillow Set
Name Plate
Cemetery Greenwood
Section Baby Row Lot E
I Other Graves
X Grave on This Date N S W
Cremation
Urn
Single Grave Baby Row 12 50
Opening and Closing Grave yes 4 50
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.

34.50

Name of Deceased Mr. Genevieve Jacobs
 Date of Death Sept. 22-1945 4:30 P. M.
 Cause of Death Cerebral Hemorrhage - Extensive sclerosis
 Place of Death Residence
 Residence 1132 Reading Dr. - Orlando, Fla.
 Age 84 Y'rs 10 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel (Private Service)
 Date September 24, 1945 10 A.M.
 Account Charged Ray H. Gibbs
 Address 1132 Reading Dr. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming etc. 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Ch. Sgr.
 Casket with Copper Lin. _____
 Style of Casket J-F
 No. of Casket Large 50.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation Cremated 9/25/45 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. _____

140.00

Name of Deceased Mrs. A. W. Patterson
 Date of Death September 23-1945 2:30 P.M.
 Cause of Death _____
 Place of Death Florida Sanitarium
 Residence Opoka, Florida
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Whidden Funeral Home
 Address Bartow, Florida
 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 _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____
40 00

Carey Hand Funeral Home

Name of Deceased Dr. Wm La Fayette Granlee
 Date of Death Arrived Sept. 25-1945 7:45 P.M.
 Cause of Death Not Given on Permit
 Place of Death Orange City, Fla.
 Residence Orange City, Florida
 Age 86 Y'rs 5 Mo's 29 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 _____
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation

Cremated 9/26/45 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

Name of Deceased Mrs. Charles Math
 Date of Death Sept. 25-1945 1:15 P.M.
 Cause of Death Cancer of rectum
 Place of Death Residence
 Residence 603 Louise Ave. - Orlando, Fla.
 Age 61 Y'rs 2 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 28 1945 3 P. M.
 Account Charged Mrs. Anna Math
 Address 603 Louise Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress Grey Suit 34 50
 Underwear and Hose _____
 Casket 6/3 Sil. Cloth
 Casket with Copper Lin. _____
 Style of Casket State N.C.
 No. of Casket Yampa 39 250 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section NW 1/4 "S" Lot 83
Head 'E' 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 _____
 Autos (1) Family 5 00
 Telegram _____
 Minister (2) Callheaver - Minister 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

434.50

Carey Hand Funeral Home

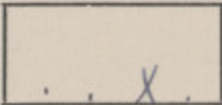
Name of Deceased James William White
 Date of Death Sept. 26 - 1945 7 P. M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence 1505 Conway Rd. - Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged J. B. White
 Address Headland, Alabama
 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 _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Solman Funeral Home of
Headland, Ala. drove down
and took body to Headland
for services and interment, 45 00

Carey Hand Funeral Home

Name of Deceased Ronald Eugene Wales
 Date of Death Sept. 26-1945 M.
 Cause of Death Trachia Bronchitis
 Place of Death Macon Hospital
 Residence Macon, Georgia
 Age 7 Y'rs 6 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date September 28 1945 5 P.M.
 Account Charged B. Carmage Wales
 Address Macon, Georgia
 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 Greenwood
 Section SW 1/4 0 Lot 48

E
 I Other Graves
 N  S
 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 _____
 Autos _____
 Telegram (1) Minister Car 5 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

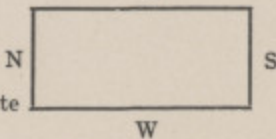
100 00

Carey Hand Funeral Home

Name of Deceased Mr. Edward Egan
Date of Death September 27-1945 A.M.
Cause of Death Fractured Skull
Place of Death Osceola Hospital
Residence Clermont, Florida
Age 17 Y's 7 Mo's 20 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Clermont Catholic Church
Date October 9 1945 10:30 A.M.
Account Charged E. J. Egan
Address Clermont, Florida
Account Guaranteed _____

Address _____
Embalming + Dressing 35.00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Birch Mahg. Fin.
Casket with Copper Lin. _____
Style of Casket State H.C. 625.00
No. of Casket Tampa 300
Outside Box _____
Shipping Case or Vault Open 60.00
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Clermont
Section _____ Lot _____

I Other Graves

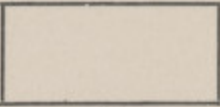


X Grave on This Date

Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon To Osceola 35.00
Physician _____
County or City Burial _____
Automobiles S. & S. & Services 25.00
Baggage or Express Train No. _____

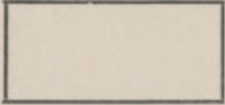
In Vault #14 720.00
until Parents recover 60.00
780.00

Carey Hand Funeral Home

Name of Deceased Lawrence M. Beard
 Date of Death September 28-1945 7:30 P.M.
 Cause of Death Coronary Thrombosis - Obesity
 Place of Death Residence
 Residence Kissimmee, Florida
 Age 54 Y'rs - Mo's 4 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date October 1 1945 P.M.
 Account Charged Mrs. Edith B. Beard
 Address Box 104 Kissimmee, Fla.
 Account Guaranteed -
 Address -
 Embalming + dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Gr. Br. Cl.
 Casket with Copper Lin.
 Style of Casket State H.C.
 No. of Casket Orange State 55 200 00
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section Lot
 E
 I Other Graves
 N  S
 X Grave on This Date
 W
 Cremation Cremated 10/2/45 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.

290 00

Carey Hand Funeral Home

Name of Deceased Ernest Romaine Barnwell
 Date of Death Sept. 29-1945 10:58 P. M.
 Cause of Death Malnutrition exhaustion, cerebral arterio
 Place of Death Bones Nursing Home (Sclerosis)
 Residence Windermer, Florida
 Age 78 Y'rs 3 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped October 1 1945 2:18 P. M.
 Account Charged Mrs. Reginald H. Pigott
 Address Windermer, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress tie + shirt 4 00
 Underwear and Hose _____
 Casket 6/3 Birch mahogany
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Tampa 300 575.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Hartford, Conn. 105.20
 R. R. Ticket + Pullman
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

729 20

Carey Hand Funeral Home

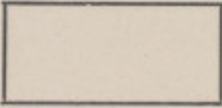
Name of Deceased Mr. John William Vines
 Date of Death October 2, 1945 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence Zellwood, Florida
 Age 78 Y's 1 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at M.E. Church - Zellwood
 Date October 3 1945 3 P.M.
 Account Charged Mrs. Mary Vines
 Address Zellwood, Florida
 Account Guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Walker 415 125 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Angeline - Zellwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 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 _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 10 00
 Baggage or Express Train No. _____

195 00

Carey Hand Funeral Home

Name of Deceased Gerald John Egan Jr.
Date of Death October 2, 1945 8:45 P. M.
Cause of Death In auto wreck
Place of Death Hospital - Camp Blanding
Residence Clermont, Florida
Age 19 Y'rs 1 Mo's 25 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Clermont Catholic Church
Date October 6 1945 10:30 AM.
Account Charged G. J. Egan
Address Clermont, Florida
Account Guaranteed _____
Address _____
Embalming + dressing 35.00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 mahogany
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket Lampa 300 625.00
Outside Box Cement 6.00
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Clermont
Section _____ Lot _____
E
I Other Graves _____
N _____ S _____
X Grave on This Date _____ W _____
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon To Blanding 50.00
Physician _____
County or City Burial _____
Automobiles S. & S. 25.00
Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of Deceased Mrs. Rosalind D. Settle
 Date of Death October 3-1945 A.M.
 Cause of Death Heart attack
 Place of Death Residence
 Residence 503 Florida Ave - Orlando
 Age 35 Y'rs 2 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped October 4 1945 2:15 P.M.
 Account Charged Thomas H. Settle
 Address 503 Florida Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey metal
 Casket with Copper Lin. _____
 Style of Casket State H.C. 850 00
 No. of Casket Tempa - Seal
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Atlanta, Ga.
 R. R. Ticket & Pullman 192.18
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

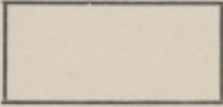
1087.18

Carey Hand Funeral Home

Name of Deceased Paul Daniel Culler
 Date of Death Arrived Oct. 4-1945 4:15 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Cocoa, Florida
 Residence Cocoa, Fla.
 Age 37 Y'rs 1 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Koon-Wylie Funeral Home
 Address Cocoa, 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
 X Grave on This Date W
 Cremation Cremated 10/5/45 37.50
 Urn Yes 24.75
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Return to
 Telegram Koon-Wylie
 Minister Cocoa, Fla.
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

62.25

Carey Hand Funeral Home

Name of Deceased Mrs. Josephine V. Whitford
 Date of Death evening Oct. 4-1945 4:30 P. M.
 Cause of Death Carcinoma of liver
 Place of Death Residence
 Residence Daytona Beach, Florida
 Age 73 Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M.
 Account Charged Budget Weekly - M. Int'l
 Address Daytona Beach, 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
 X Grave on This Date W
 Cremation Cremated 10/5/45 3750
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash Advanced
 Autos Express to:
 Telegram Foster Johnson, F. D.
 Minister
 Music Belvidere Cemetery
 Casket Wagon Belvidere, Ill.
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

3750

Carey Hand Funeral Home

Name of Deceased Mr. Clem Carl Walters
 Date of Death October 5-1945 A.M.
 Cause of Death Lymphatic Leukemia
 Place of Death C. H. H.
 Residence 618 N. Hughey - Orlando, Fla.
 Age 53 Y'rs - Mo's - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date October 7 1945 4 P. M.
 Account Charged Mrs. Ella Walters
 Address 618 N. Hughey - Orlando, Fla.
 Account Guaranteed -
 Address -
 Embalming + dressing 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket 6/3 Sh. Q.
 Casket with Copper Lin. -
 Style of Casket Sgt. + Flare
 No. of Casket Tampa 71 100 00
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery -
 Section - Lot -
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation Cremated 10/8/45 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. - 190 00

Name of Deceased Harry Jenkins
 Date of Death October 5, 1945 9:15 P.M.
 Cause of Death Ruptured Gastric Ulcer
 Place of Death C. G. H.
 Residence Cocoa, Fla.
 Age 84 Y'rs 8 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination

Date _____ 194 _____ M.
 Account Charged James L. Jenkins
 Address Rt. 2 - Cocoa, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Med. Gr.
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C. State
 No. of Casket Orange State #30 200.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

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

265.00

Carey Hand Funeral Home

Name of Deceased Arthur E. Prescott
 Date of Death October 7-1945 2:30 A.M.
 Cause of Death Decomposed Heart disease Pul. Edema
 Place of Death Fla. San.
 Residence 245 Oglethorpe St. - Orlando, Fla.
 Age 52 Y'rs 7 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 9 1945 10 A. M.
 Account Charged Walton F. Prescott
 Address 245 Oglethorpe St. - Orlando - Fla.
 Account Guaranteed _____
 Address _____
 Embalming & Dressing _____
 Robe, Suit, Dress Black Suit
 Underwear and Hose etc.
 Casket 6/3 Dr. Pl.
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C.
 No. of Casket Tampa 1922
 Outside Box Req.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Shingle Creek Cemetery
 Section _____ Lot _____

35 00
 20 00
 1 85

135 00

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc.

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister (1) Minister Ballbeaver

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles S. & S.

Baggage or Express Train No. _____

15 00

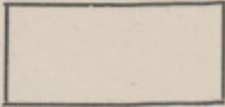
5 00

5 00

15 00

231 85

Carey Hand Funeral Home

Name of Deceased Linger Lee Bridgen
 Date of Death October 7-1945 2:45 A. M.
 Cause of Death Leukemia due to Chronic myelomonocytic leukemia
 Place of Death O. G. H.
 Residence 2209 Orndale - Orlando, Fla.
 Age 4 Y'rs 1 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 9 1945 2 P. M.
 Account Charged Wiley H. Bridgen
 Address 2209 Orndale - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & Dressing 25.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 3/6 White Emb. Glue
 Casket with Copper Lin. _____
 Style of Casket H. C.
 No. of Casket Tampa 103 50.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 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 _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

105.00

Carey Hand Funeral Home

Name of Deceased Infant Alfred Mearns Wearner
 Date of Death October 7-1945 5:15 P.M.
 Cause of Death Stillborn - Molarated fetus
 Place of Death P. A. H.
 Residence Winter Haven - Florida
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date October 9 1945 5 P.M.
 Account Charged St. Carl J. Wearner, Jr.
 Address 511 Spring Lake Court - Winter Haven, Fla.
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 19 White Lamskin
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket Tampa 20
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation Cremated 10/10/45
 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. —

11 50

10 00

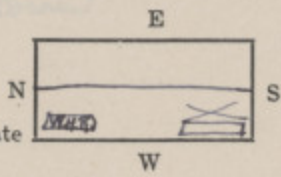
21 50

Carey Hand Funeral Home

Name of Deceased Elizabeth Malvina Robertson
 Date of Death October 8-1945 5 A. M.
 Cause of Death Myocardial Degeneration + decomposition
 Place of Death Residence
 Residence 726 Lucerne Terrace - Orlando, Fla.
 Age 64 Y'rs 2 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 9 1945 4 P. M.
 Account Charged Mrs. Marquette A. Robertson
 Address 726 Lucerne Terrace - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Orange State #5 125 00
 Outside Box Req. _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood _____
 Section W V Lot 44

I Other Graves

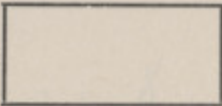


X Grave on This Date

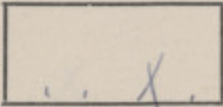
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family Car 5 00
 Telegram _____
 Minister (1) Ballbauer - Minister 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City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

205 00

Carey Hand Funeral Home

Name of Deceased Mrs. Mattie Butler
 Date of Death October 9-1945 8 P. M.
 Cause of Death _____
 Place of Death Residence
 Residence Bentley, Florida
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church of God - Ocoee, Fla
 Date October 12 1945 2 P. M.
 Account Charged John C. Butler
 Address Rt. 1 - 7, Bronson - ~~for~~ White Garden
 Account Guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress yes 25 00
 Underwear and Hose _____
 Casket 6/3 Steel Emb. Dose
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket Tampa 7-1972 160 00
 Outside Box _____
 Shipping Case or Vault Quint 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lake Hill
 Section Blk. 6 Lot 4 40 00
use N.W. Corner 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 _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. + S. 15 00
 Baggage or Express Train No. _____
355 00

Carey Hand Funeral Home

Name of Deceased Mrs. Rose Ella Brodwate
 Date of Death October 10-1945 8 A.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death O. H. H.
 Residence 43 1/2 S. Escala St. - Orlando, Fla.
 Age 80 Y'rs 5 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 11 1945 4 P. M.
 Account Charged Thomas Brodwate
 Address 803 Putnam St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Emb. Mahogany
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C.
 No. of Casket Orange State #5 135 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section S L Lot 27
 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 _____
 Autos (1) Family Car no. chg.
 Telegram _____ 10 00
 Minister (2) Pallbearers
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

215 00

Carey Hand Funeral Home

Name of Deceased Mrs. Eugenia B. Stowell
 Date of Death October 10-1945 9:25 PM.
 Cause of Death Pulmonary Tuberculosis
 Place of Death State I. B. Sanitarium
 Residence Orlando, Florida
 Age 40 Y'rs 7 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 12 1945 4 P. M.
 Account Charged Robert Stowell
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Doe. Plain
 Casket with Copper Lin. _____
 Style of Casket Ext. H.C.
 No. of Casket Yanga 1922 135.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N 1/2 15 - Blk. 14 Lot 10

I Other Graves

N

S

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 _____

Autos (1) Family Car 5.00

Telegram _____ 5.00

Minister (1) Minister Ballman 5.00

Music _____ 5.00

Casket Wagon (1) _____

Physician _____

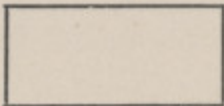
County or City Burial S. & S 15.00

Automobiles _____

Baggage or Express Train No. _____

210.00

Carey Hand Funeral Home

Name of Deceased Allen Claborn Upshaw
Date of Death October 10, 1945 10:11 P.M.
Cause of Death Hypertensive pneumonia
Place of Death St. H.
Residence 437 1/2 S. Hughey - Orlando, Fla.
Age 48 Y'rs 10 Mo's 3 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date October 13 1945 3 P. M.
Account Charged Mrs. Attie Upshaw (mother)
Address Deace Florida
Account Guaranteed _____
Address _____
Embalming & dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Dk. Gr. Br. cl.
Casket with Copper Lin. _____
Style of Casket State H.C. 235 00
No. of Casket Janga 750
Outside Box _____
Shipping Case or Vault Cement 60 00
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Deace
Section _____ Lot _____
E
I Other Graves 
X Grave on This Date _____
W
Cremation _____
Urn _____
Single Grave 15 00
Opening and Closing Grave etc.
Body Shipped to _____
R. R. Ticket _____
Cash Advanced music 5 00
Autos _____
Telegram (1) Minister Car 5 00
Minister _____
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial S. & S. 15 00
Automobiles _____
Baggage or Express Train No. _____

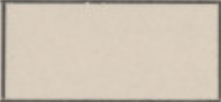
375 00

Carey Hand Funeral Home

Name of Deceased Mrs. Evelyn Lloyd Stafford
 Date of Death Wed. Oct. 11 1945 3:45 P. M.
 Cause of Death Not Given on Permit
 Place of Death Residence
 Residence Lake Wales, Florida
 Age 74 Y'rs 5 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Draeger Funeral Home
 Address Lake Wales, 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 10/12/45 37.50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced Return ashes to
 Autos _____
 Telegram Draeger Funeral Home
 Minister _____
 Music Lake Wales, Fla.
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of Deceased *Mr. Carl Lloyd Mattox*
 Date of Death *October 12-1945* *8 P. M.*
 Cause of Death *Stroke, heart*
 Place of Death *C. H. H.*
 Residence *Box 3 - Box 385-B - Orlando, Fla.*
 Age *63* Y'rs *5* Mo's *15* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *October 17* 194*5* *4 P. 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. # C.*
 No. of Casket *Tampa 1972* *175 00*
 Outside Box *Reg.*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Lake Hill Cemetery* *10 00*
 Section _____ Lot _____
 E
 I Other Graves _____
 N  S
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *etc.* *15 00*
 Body Shipped to _____
 R. R. Ticket *(1) Minister - Bellman* *5 00*
 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. _____

265 00

Carey Hand Funeral Home

Name of Deceased Mrs. David Stonecipher
 Date of Death October 13-1945 4 P. M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence Conway
 Age 66 Y'rs 2 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 16 1945 4 P. M.
 Account Charged Mrs. Anna Stonecipher
 Address P.O. Box 1265 - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3</u> <u>Dr. Cu.</u>	
Casket with Copper Lin.	
Style of Casket <u>H.C. Oct.</u>	
No. of Casket <u>Tampa</u> <u>1850</u>	165 00
Outside Box <u>Reg.</u>	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Woodlawn</u>	
Section <u>B</u> Lot <u>128</u>	

I Other Graves

N

S

X Grave on This Date

W

Cremation

Urn

Single Grave

Opening and Closing Grave etc.

Body Shipped to

R. R. Ticket

Cash Advanced

Autos

Telegram (1) Ballbear - Minister

Minister

Music

Casket Wagon (1)

Physician

County or City Burial

Automobiles S. & S.

Baggage or Express Train No.

15 00

5 00

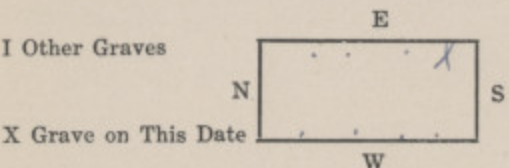
5 00

15 00

240 00

Carey Hand Funeral Home

Name of Deceased Franklin Eugene Haire
 Date of Death Arrived - October 13-1945 AM.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence Jacksonville, Florida
 Age 21 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date October 13 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 Greenwood
 Section SE 4 P Lot 57



Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister Cash to Minister 3.00
 Music _____ 5.00
 Casket Wagon (1) _____
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

38.00

Carey Hand Funeral Home

Name of Deceased Mr. Wilbur E. Hery
 Date of Death October 13, 1945 2:45 P.M.
 Cause of Death Coronary Thrombosis + sclerosis
 Place of Death Residence
 Residence Winter Garden, Florida
 Age 60 Y'rs 10 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 16 1945 10:30 A.M.
 Account Charged Mrs. Tillie Hery
 Address Box 3 - Orlando, Florida
 Account Guaranteed _____
 Address _____
 Embalming + Dressing _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 In. met. gr.
 Casket with Copper Lin. _____
 Style of Casket State
 No. of Casket Lampa 31 250 00
 Outside Box _____ Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section E Lot 200
 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos (1) Family Car no chg.
 Telegram (1) Pallbearer - Minister 5 00
 Minister (1) Pallbearer - Minister 5 00
 Music _____
 Casket Wagon (1) 15 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

325 00

67

Carey Hand Funeral Home

Name of Deceased Mr. John Smith
 Date of Death October 14-1945 A.M.
 Cause of Death Heart Attack
 Place of Death Corn - Orange + Central
 Residence 423 E. South St.
 Age 75 Y'rs 8 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 18 1945 11 A.M.
 Account Charged Mrs. Anna Smith
 Address 423 E. South St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Jr.
 Casket with Copper Lin. _____
 Style of Casket _____ 135 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section V Lot 9
J. Caldwell Lot E
 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) Minister Car 5 00
 Telegram (1) Ballroom Car 5 00
 Minister _____
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

275 00

Carey Hand Funeral Home

Name of Deceased Mrs. Edward H. McFarland
 Date of Death October 15-1945 12:30 P.M.
 Cause of Death Coronary Thrombosis + Coronary sclerosis
 Place of Death 1332 W. Colonial
 Residence 1332 W. Colonial
 Age 62 Y's 11 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Residence
 Date October 18 1945 3 P.M.
 Account Charged Mrs. Eda M. McFarland
 Address 1332 W. Colonial - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/6 Bronze</u>	
Casket with Copper Lin.	
Style of Casket <u>State H.C.</u>	2950 00
No. of Casket <u>Shrub 25.00</u>	
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section _____ Lot _____	

I Other Graves

N

E

S

X Grave on This Date

W

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

3100 00

Carey Hand Funeral Home

Name of Deceased Lawell E. M. Connell
 Date of Death October 15-1945 M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence 845 Floral Dr. - Orlando, Fla.
 Age 55 Y'rs 9 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Oct. 17 1945 2:18 P.M.
 Account Charged John A. M. Connell
 Address 845 Floral Dr. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Eternalite
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Walker
 Outside Box _____ Reg. 700 00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to La Fayette, Ind. 244 95R. 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. _____

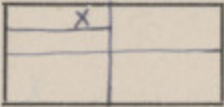
989 95

Carey Hand Funeral Home

Name of Deceased Frederick Lorenzo Seely
 Date of Death October 15-1945 M.
 Cause of Death Acute Hemorrhagic-nephritis
 Place of Death D. I. H.
 Residence Osceola, Fla.
 Age 68 Y'rs 2 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 17 1945 2:30 P.M.
 Account Charged Mrs. F. L. Seely
 Address Osceola, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl. (male)
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C.
 No. of Casket Walker 415 135 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos (1) Family Car 10. Chg
 Telegram 5 00
 Minister (1) Ballheiser. Ballheiser 5 00
 Music 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

210 00

Carey Hand Funeral Home

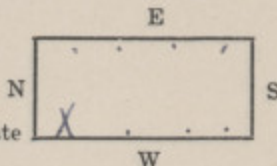
Name of Deceased Mr. William Green Burnette
 Date of Death October 18-1945 7 A.M.
 Cause of Death Heart Attack
 Place of Death Residence
 Residence Maitland - American Fruit Growers Assn.
 Age 49 Y'rs 2 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 20 1945 3 P. M.
 Account Charged Mrs. Mary Alice Burnette
 Address 2711 Orange Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress Blue Suit
 Underwear and Hose 25 00
 Casket 4/3 Steel of Oak Cloth
 Casket with Copper Lin.
 Style of Casket State H.C.
 No. of Casket * Tampa 31 235 00
 Outside Box Reg.
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Balm Cemetery 50 00
 Section A - W Lot 85
 E
 I Other Graves
 N  S
 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
 Autos (1) Pullman - Minister 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.

385 00

Carey Hand Funeral Home

Name of Deceased John Empire
 Date of Death October 18-1945 8 A.M.
 Cause of Death Coronary Thrombosis & Coronary Sclerosis
 Place of Death Residence
 Residence 423 Buith St. - Orlando, Fla.
 Age 63 Y'rs 1 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 23 1945 3 P. M.
 Account Charged Mrs. Marie Empire
 Address 423 Buith St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Birch Walnut
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa 400 725 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N 1/2 17-Blk. 14 Lot 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 Car no Chg

Telegram

Minister (3) Ballman - Minister Cars 15 00

Music (1) Minister 5 00

Casket Wagon (1) 5 00

Physician

County or City Burial

Automobiles S. & S. 15 00

Baggage or Express Train No.

875 00

Name of Deceased Wanita Elliott
 Date of Death October 18-1945 3:45 P.M.
 Cause of Death Tuberculosis of the lungs
 Place of Death State of Ill. Dan.
 Residence 505 E. Frazer Ave. - Orlando
 Age 39 Y's 6 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service

Date _____ 194 _____ M.

Account Charged S. A. Cornwell

Address Bradenton, Florida

Account Guaranteed _____

Address _____

Embalming & Dressing _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6/3 Grey Cloth

Casket with Copper Lin. _____

Style of Casket Glass & Lgn.

No. of Casket ampa

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery _____

Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation

Cremated 10/22/45

Urn Plastic Urn

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos Express to:

Telegram Supt. Graceland Cemetery

Minister 4001 N. Clark St.

Music Chicago, Ill.

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

35 00

100 00

50 00

27 50

5 00

Notary: - Miss Hilda V. Schultz
 422 Melrose St.
 Chicago - Ill. - Illinois

217 50

Carey Hand Funeral Home

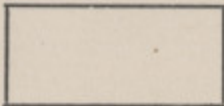
Name of Deceased Ray Benefield
 Date of Death Arrived Oct. 21-1945 A.M.
 Cause of Death motorcycle accident
 Place of Death Cullman, Ga.
 Residence Cape Dr. - Winter Park, Fla.
 Age 19 Y'rs 6 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Winter Park Baptist Church
 Date October 24 1945 10 A. M.
 Account Charged Glenn C. Benefield
 Address Cape Dr. - Winter Park, 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 Palm Cemetery
 Section A Lot 14

I Other Graves _____
 X Grave on This Date _____
 E
 N S
 W

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

105 00

Name of Deceased Mrs. Sarah M. Sanders
 Date of Death October 21 - 1945 A. M.
 Cause of Death Carcinoma of pancreas
 Place of Death Residence
 Residence 727 W. Yale - Orlando, Fla.
 Age 63 Y'rs 30 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped - Oct. 22 1945 11:30 A.M.
 Account Charged Sam H. Clark
 Address 727 W. Yale - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress Pink Dress 26 00
 Underwear and Hose _____
 Casket 6/3 Sil. Riviera
 Casket with Copper Lin. _____
 Style of Casket Low Couch
 No. of Casket Walker 1427 260 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Birmingham, Ala. 38 66
 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. _____

369 66

Name of Deceased Baby Linda Rawls
 Date of Death October 21-1945 7 A. M.
 Cause of Death Prematurity - 7 mos.
 Place of Death C. H. H.
 Residence 2020 Aloma - Winter Park
 Age ✓ Y'rs ✓ Mo's ✓ Days 13 hr. 50 min.
 Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
 Funeral at ✓
 Date October 22 1945 ✓ M.
 Account Charged G. A. Rawls
 Address 2020 Aloma - Winter Park
 Account Guaranteed ✓
 Address ✓
 Embalming etc. 10 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 1/9 White Lamb Skin
 Casket with Copper Lin. ✓
 Style of Casket Sq. Fl. Top
 No. of Casket Tampa 35 11 50
 Outside Box Reg.
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Greenwood
 Section ✓ Lot ✓
Baby Lane E
 I Other Graves ✓
 N ✓ S ✓
 X Grave on This Date ✓ W ✓
 Cremation ✓
 Urn ✓
 Single Grave Baby 12 50
 Opening and Closing Grave etc. 4 50
 Body Shipped to ✓
 R. R. Ticket ✓
 Cash Advanced ✓
 Autos ✓ 5 00
 Telegram ✓
 Minister ✓
 Music ✓ 5 00
 Casket Wagon (1)
 Physician ✓
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓

48 50

Carey Hand Funeral Home

Name of Deceased Mrs. Wheeler
 Date of Death October 21-1945 6:30 PM
 Cause of Death D.O.A. - Chronic Bleeding Stomach Ulcer
 Place of Death Residence + Acute
 Residence Forrest City, Florida allcoholism
 Age 49 Y'rs 1 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 23 1945 10 A.M.
 Account Charged Sarah Wheeler
 Address Forrest City, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Gr. Pl. Doe
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa 71 75 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section Tier V Lot 4
American Legion Plot E
 I Other Graves _____
 N S
 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 _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

135.00

Discount

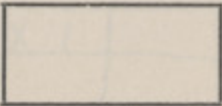
35.00

100.00

Gov. Burial Allowance for Veterans

Carey Hand Funeral Home

William Bowden

Name of Deceased Paul B. Cleveland
 Date of Death October 20, 1945 P. M.
 Cause of Death Dysentery
 Place of Death Lake Apopka
 Residence 849 Edgewood Ave. - Jacksonville, Fla.
 Age 43 Y'rs 6 Mo's 230 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped - October 24, 1945 1:15 A.M.
 Account Charged Mrs. P. B. Cleveland
 Address 849 Edgewood Ave. - Jacksonville, Fla.
 Account Guaranteed _____
 Address _____
 Embalming etc. 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl.
 Casket with Copper Lin. metal lining 50 00
 Style of Casket State N.C.
 No. of Casket Tampa 39 260 00
 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 _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Jacksonville, Fla. 9 98
 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. _____

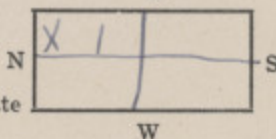
364 98

Body was found Monday October 22-1945
 About 4:30 P.M.

Carey Hand Funeral Home

Name of Deceased Mrs. Annie S. Hage
 Date of Death October 23-1945 7:30 A.M.
 Cause of Death Degenerative heart disease
 Place of Death Fla. San.
 Residence 340 W. Church St. - Orlando, Fla.
 Age 75 Y'rs 3 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date October 25 1945 2 P.M.
 Account Charged Thomas Hage
 Address 500 W. Gre Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Dk. Gr. Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket 1/2 C. 350 00
 No. of Casket Tampa 7-48
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section NE 1/4 I Lot 58

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 Car 5 00Telegram (1) Minister Car 5 00Minister (1) 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. _____

495 00

Carey Hand Funeral Home

Name of Deceased Daniel Milton Gilchrist
 Date of Death October 23-1945 5 P. M.
 Cause of Death Degenerative Heart disease
 Place of Death Fla. San.
 Residence 20 Stone Park Drive - Orlando, Fla.
 Age 85 Y'rs 3 Mo's 6 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date October 26 1945 11 A. M.
 Account Charged Fred Billman
 Address 2515 E. Marion St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress D.K. blue 15.00
 Underwear and Hose _____
 Casket 6/3 Sil. Gr. Plain Ice
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa 1972 135.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
Single Grave
 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) Minister Billman 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. _____

225.00

Carey Hand Funeral Home

Name of Deceased Wayne Daugherty
 Date of Death October 20-1945 9 P.M.
 Cause of Death Drowned
 Place of Death Lake Apopka
 Residence Palm Hailor Park - Orlando, Fla.
 Age 35 Y'rs 3 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date October 25 1945 1:15 AM.
 Account Charged Mrs. Opal Daugherty
 Address Palm Hailor Park, Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gr. Cl.
 Casket with Copper Lin. Yes. 50 00
 Style of Casket Oct. # 1
 No. of Casket Orleans 1818 210 00
 Outside Box _____
 Shipping Case or Vault Req.
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to West La Fayette, Ohio 81 45
 R. R. Ticket Yes
 Cash Advanced _____
 Autos _____ 1 59
 Telegrams Yes
 Minister _____
 Music Searching for body by airplane 7 50
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

395 54

Body found October 24-1945

Carey Hand Funeral Home

Name of Deceased Baby Girl Mrs. Daniel
 Date of Death October 28-1945 10:15 P.M.
 Cause of Death Premature - Hydrocephalus
 Place of Death O. H. H.
 Residence 722 Springdale Rd. - Orlando Fla.
 Age — Y'rs — Mo's — Days 1 hr. 21 min.
 Weight — Height — ft. — in. Eyes —
 Funeral at No Service
 Date — 194 — M.
 Account Charged Mrs. Milton Mrs. Daniel
 Address 722 Springdale Rd. - 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 —
 X Grave on This Date — W —
 Cremation Cremated 10/31/45 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 Thomas Clifton Dutton
 Date of Death Arrived Oct. 29-1945 3:30 A.M.
 Cause of Death 2nd Class on Permit
 Place of Death Chattahoochee State Hospital
 Residence 1412 Minnesota Ave. - Orlando, Fla.
 Age 60 Y'rs 5 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service
 Date _____ 194 _____ M.
 Account Charged Mrs. Elsie Dutton
 Address 1412 Minnesota Ave. - 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

 X Grave on This Date
W

 Cremation Cremated 10/30/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____ 84.10
 R. R. Ticket _____ 87.25
 Cash Advanced To State Hosp.
 Autos _____
 Telegram yes 1.85
 Minister _____
 Music _____
 Casket Wagon _____ (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

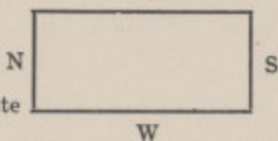
139¹⁰

Carey Hand Funeral Home

Name of Deceased Mrs. Betty H. Anderson
 Date of Death Oct. 31-1945 3 A. M.
 Cause of Death Acute Coronary Thrombosis
 Place of Death Fla. San.
 Residence Winter Park
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 1 1945 10 A. M.
 Account Charged E. R. Phillips
 Address Winter Park, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35⁰⁰
 Robe, Suit, Dress Pink Cape Dress 23⁵⁰
 Underwear and Hose _____
 Casket 6/6 Afford Grey
 Casket with Copper Lin. _____
 Style of Casket State H. C.
 No. of Casket Empire Roman 865⁰⁰
 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 Anderson, Ky. 72⁸⁶

R. R. Ticket Yes.

Cash Advanced _____

Autos _____

Telegram Ambulance 5⁰⁰

Minister _____

Music _____

Casket Wagon (2) 10⁰⁰

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

1011 36

Carey Hand Funeral Home

Name of Deceased Miss Lois Meekins
Date of Death During Oct. 31-1945 M.
Cause of Death Not Given on Permit
Place of Death Residence
Residence Clermont, Fla.
Age 16 Y'rs 7 Mo's 17 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at _____
Date _____ 194 _____ M.
Account Charged Edge Funeral Home
Address Orlando, 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
N S
X Grave on This Date _____ W
Cremation Cremated 11/1/45 3750
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram Return ashes to:-
Minister _____
Music Edge Funeral Home
Casket Wagon Orlando, Fla.
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

3750

86

Carey Hand Funeral Home

Name of Deceased Mrs. Dora Underwhite Russell
Date of Death Arrived October 31-1945 M.
Cause of Death Not Given On Permit
Place of Death St. Augustine, Fla.
Residence St. Augustine, Florida
Age 44 Y'rs Mo's Days
Weight Height ft. in. Eyes
Funeral at
Date 194 M.
Account Charged
Address
Account Guaranteed Craig Funeral Home
Address St. Augustine, Florida
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 Woodlawn
Section Lot 19
E
I Other Graves
N S
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
Autos (1) 5 00
Telegram
Minister
Music
Casket Wagon
Physician
County or City Burial S.T.S. 15 00
Automobiles
Baggage or Express Train No.
35 00

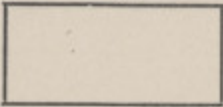
Carey Hand Funeral Home

Name of Deceased Mr. Consolato Semma
 Date of Death October 31-1945 5:10 P. M.
 Cause of Death Carcinoma of liver
 Place of Death D. H. H.
 Residence 1398 N. Orange - Winter Park, Pa.
 Age 60 Y'rs 10 Mo's 30 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged John Sgroi, Jr.
 Address Clarton, Pennsylvania
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Sil Lin.
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Jampa 2239 825.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Uniontown, Pa.
 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. _____

(R.R. + Pullman \$ 36.82
 paid by helper 41.11
 Mr. John Sgroi 77.93
 Pullman

87.00

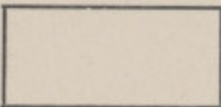
Carey Hand Funeral Home

Name of Deceased Mrs. Elizabeth Mae Spurlock
 Date of Death October 31, 1945 5 P. M.
 Cause of Death Heart attack
 Place of Death O. G. H. D. O. A.
 Residence 1025 - 29th St. - Orlando, Fla.
 Age 41 Yrs 11 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Nov. 2 1945 1:15 A. M.
 Account Charged Leo Spurlock
 Address 1025 - 29th St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket 7-1850 195 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N  S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Wilmington, W. Va. 70 48
 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. _____

310 48

89

Carey Hand Funeral Home

Name of Deceased Mr. Edgar A. Rose
Date of Death November 1-1945 A. M.
Cause of Death _____
Place of Death Residence
Residence Rt. 5 - Box 404 - Orlando, Fla.
Age 66 Y'rs 4 Mo's 3 Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 4 1945 5 P. M.
Account Charged Mrs. Anna B. Rose
Address Rt. 5 - Box 404 - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming & dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Oak
Casket with Copper Lin. _____
Style of Casket 1/2 Couch Slab 465 00
No. of Casket Walker 1652
Outside Box Reg
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
E
I Other Graves _____
N  S
X Grave on This Date _____ W
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to Auburn, N. Y. 90 54
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. _____

600 54

Gov. allowance \$100.00
for Spouse - Mrs. Rose

Carey Hand Funeral Home

Name of Deceased Baby Ethel Hazel Carter
 Date of Death Nov. 15 1945 11 - P. M.
 Cause of Death Premature - lived 2 days
 Place of Death O. L. H.
 Residence 1228 So. Bumby - Orlando, Fla.
 Age — Y's — Mo's — Days 2
 Weight — Height — ft. — in. Eyes —
 Funeral at —
 Date November 3 1945 11 A. M.
 Account Charged Ethel Harrington
 Address 1228 S. Bumby - Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming etc. 5 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 119 White
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket Jampa 17 13 50
 Outside Box Reg.
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section Baby Row Lot E
 I Other Graves —

N

W
S

S

 X Grave on This Date —
 Cremation —
 Urn —
 Single Grave Baby Row 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. —

40 50

Carey Hand Funeral Home

Name of Deceased	Mrs. Mary Ann Carles		
Date of Death	November	8-1945	3:55 A.M.
Cause of Death	Hodgson's Disease		
Place of Death	Fla. San.		
Residence	310 DeSoto Circle		
Age	64	Y'rs	2 Mo's 17 Days
Weight		Height	ft. in. Eyes
Funeral at	Chapel		
Date	November	7	1945 2 P. M.
Account Charged	Frederick Carles		
Address	310 DeSoto Circle - Orlando, Fla.		
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	Oct. H.C.		
No. of Casket	Orange State	#30	250 00
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery			
Section		Lot	
		E	
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S </div>		
X Grave on This Date		W	
Cremation	Cremated 11/8/45		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.			

340 00

92

Carey Hand Funeral Home

Name of Deceased	Mrs. Mary V. Caschero		
Date of Death	November 3-1945	9:45 A.M.	
Cause of Death	Cerebral Hemorrhage		
Place of Death	Residence		
Residence	Rt. #3 - Box #331 - Orlando, Fla.		
Age	80	Y'rs	3
		Mo's	17
		Days	
Weight		Height	
		ft.	
		in.	
Eyes			
Funeral at	St. James Catholic Church		
Date	November 6	1945	
		A.P. M.	
Account Charged	Joseph Vinge (son)		
Address	Rt. 3 - Box 331 - Orlando, Fla.		
Account Guaranteed			
Address			
Embalming & Dressing		35	00
Robe, Suit, Dress	Dark Blue Crepe	15	00
Underwear and Hose	yes	3	45
Casket	6/3 Lathan Grey		
Casket with Copper Lin.			
Style of Casket	12 Couch		
No. of Casket	Walber 1437	300	00
Outside Box	Req.		
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery			
Section			
Lot			
E			
I Other Graves			
X Grave on This Date			
N		S	
W			
Cremation			
Urn			
Single Grave			
Opening and Closing Grave			
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos	(1) Family	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.			

Carey Hand Funeral Home

Name of Deceased Charles Edward Ross
 Date of Death November 3-1945 M.
 Cause of Death Shock (motorcycle accident)
 Place of Death Orange General Hospital
 Residence 2608 S.W. 8th St. Miami, Fla.
 Age 29 Y'rs 3 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 6 1945 2 P. M.
 Account Charged Mrs. Vina Ross
 Address 2608 - S.W. 8th St. - Miami, Fla.
 Account Guaranteed _____
 Address d
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Steel Grey
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Albans 6918 350 00
 Outside Box Req.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 2 Lot 55
 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos (1) Family Car 5 00
 Telegram _____
 Minister (1) Minister - Ballman 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles J. & S. 15 00
 Baggage or Express Train No. _____

430 00

Carey Hand Funeral Home

Benner

Name of Deceased Mrs. Frank U. Benner
 Date of Death November 5-1945 M.
 Cause of Death Uremia - Arterio-sclerosis
 Place of Death Osteopathic Hospital
 Residence 137 Ridgewood - Maitland, Fla.
 Age 26 Y'rs 02 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Shoreside
 Date November 7 1945 11 A. M.
 Account Charged Mrs. E. H. Shank
 Address 137 Ridgewood - Maitland, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6/3 Steel Coffin Cloth

Casket with Copper Lin. State H. C.

Style of Casket _____

No. of Casket Tampa 31

Outside Box _____ Reg. 235 00

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Ora Vista - Lake Hill

Section Blk 20 - W 1/2 Lot 6

E

I Other Graves _____

N

S

X Grave on This Date _____

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave ect. 15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Minister Car 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. _____

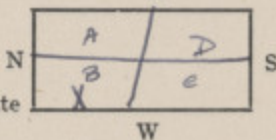
310 00

Carey Hand Funeral Home

Name of Deceased Mrs. Eliza M. Bryant
Date of Death November 5-1945 10 A.M.
Cause of Death Coronary thrombosis
Place of Death Cake Hotel - Apopka
Residence Cake Hotel - Apopka
Age 62 Y'rs 1 Mo's 12 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 7 1945 10 A.M.
Account Charged Fun. Austin Bryant
Address Cake Hotel - Apopka
Account Guaranteed _____
Address _____

Embalming + Dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Lib. Rineer
Casket with Copper Lin. _____
Style of Casket 1/2 Couch 260 00
No. of Casket Walker 1427
Outside Box _____ 60 00
Shipping Case or Vault Cement
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Palm Cemetery - W.B. 100 00
Section B Lot 81

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 Blanket & flowers 75 00
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. _____

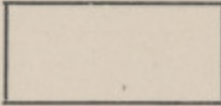
570 00

Carey Hand Funeral Home

Name of Deceased Mrs. Jennie Lee Moore
 Date of Death November 5-1945 7:16 P. M.
 Cause of Death Breast & being struck by auto
 Place of Death A. H.
 Residence 1406 Edgewater Dr. - Orlando, Fla.
 Age 60 Y'rs 6 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date h 194 h M.
 Account Charged Phillips R. Moore
 Address 1406 Edgewater - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Broad Cloth
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Orleans 2638 295 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos (1) Family Car 5 00
 Telegram _____
 Minister (1) Ballman - Ministers 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

Carey Hand Funeral Home

Name of Deceased Edward Burns
 Date of Death November 6-1945 11:00 P. M.
 Cause of Death Alzheimer's - Senile Dementia
 Place of Death O. H. A.
 Residence 26 S. Bryan St. - Orlando, Fla.
 Age 65 Y'rs 1 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 14 1945 10 A. M.
 Account Charged _____
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress Suit 10.00
 Underwear and Hose _____
 Casket 4/3 Grey Cloth
 Casket with Copper Lin _____
 Style of Casket H. cap
 No. of Casket Yampa 71 95.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
Single E
 I Other Graves _____
 N  S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave yes 25.00
 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. _____
200.00

Carey Hand Funeral Home

Name of Deceased Mr. W. C. Ritchie
 Date of Death November 7-1945 5 A. M.
 Cause of Death Broncho pneumonia
 Place of Death Residence
 Residence 222 Weber Ave. Orlando
 Age 77 Y'rs - Mo's 2 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date November 8 1945 4 P. M.
 Account Charged Mr. M. Ritchie
 Address 222 Weber Ave. 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 Ext. H. C.
 No. of Casket Tampa 1850 175 00
 Outside Box -
 Shipping Case or Vault Cement 60 00
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Palm Cemetery - W. P.
 Section B - S. E. Lot 89

I Other Graves

N

E

S

X Grave on This Date

W

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

310 00

Discount

10 00

300 00

Carey Hand Funeral Home

Name of Deceased Mr. Ernst Beckenauer
 Date of Death November 7-1945 12:00 P.M.
 Cause of Death Heart attack
 Place of Death Residence
 Residence Rt. 3-Box 404-A - Orlando, Florida
 Age 39 Y'rs 1 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 9 1945 4 P. M.
 Account Charged Clifford Locke
 Address Orlando, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil Gray
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Tampa 39 260 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Grace
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 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 _____
 Autos _____
 Telegram (1) Ballbear - Minister 5 00
 Minister _____
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

395.00

Carey Hand Funeral Home

Name of Deceased Dr. Herbert Thomas Emery
 Date of Death Assumed November 7-1945 P. M.
 Cause of Death Not Given on Permit
 Place of Death Gustia, Fla.
 Residence Gustia, Florida
 Age 64 Y'rs 11 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Page - Thoms 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 _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation Cremated 11/8/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Return ashes to:
 Telegram Page - Thoms Funeral Home
 Minister Leesburg, Fla.
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50