

11-7-1945

Memoranda Book 174: Carey Hand Funeral Home records, November 7, 1945 to December 22, 1945

Carey Hand Funeral Home

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Carey Hand Funeral Home

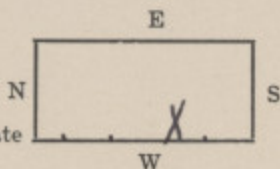
Name of Deceased Mrs. Ophelia Bernice Goolsby
 Date of Death November 7-1945 12:30 P. M.
 Cause of Death Gunshot wound - self inflicted
 Place of Death Residence
 Residence Zellwood, Florida
 Age 35 Y'rs 10 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Tranescide
 Date November 11 1945 3 P. M.
 Account Charged Mrs. John C. Goolsby
 Address Zellwood, Florida
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress White 12 50
 Underwear and Hose _____
 Casket 6/3 St. Gr. Plush
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket Walker 1-1437 275 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery McDonald Cemetery
 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. 15 00
 Baggage or Express Train No. _____

357.50

Carey Hand Funeral Home

Name of Deceased Bayard Franklin Floyd
 Date of Death November 8-1945 7:53 P. M.
 Cause of Death Heart Attack
 Place of Death Winter Haven, Florida
 Residence Davenport, Florida
 Age 63 Y'rs 7 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 10 1945 3 P. M.
 Account Charged Mrs. Dicie W. Floyd
 Address Davenport, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 613
 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 Blk. 14-#17-5 1/2 Lot 9

I Other Graves



X Grave on This Date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc. 15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (2) Pullman Cars 10 00

Telegram (1) Minister Car 5 00

Minister (1) Family Car no Chg

Music _____

Casket Wagon to Winter Haven (1) no Chg.

Physician _____

County or City Burial _____

Automobiles S. & S. 15 00

Baggage or Express Train No. _____

865 00

Carey Hand Funeral Home

Name of Deceased Infant of Mr. & Mrs. Harry Bassios
 Date of Death November 14-1945 5:30 P.M.
 Cause of Death Prematurity - 5 months
 Place of Death Orange General Hospital
 Residence Cairo, Pa.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at none
 Date _____ 194 _____ M.
 Account Charged Mrs. R. S. Sponer
 Address Cairo, 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 _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation Cremated 11/14/45 10 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram Ashes to Be Interred
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

10 20

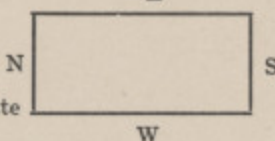
Carey Hand Funeral Home

Name of Deceased Mrs. Clather
 Date of Death November 10-1945 noon M.
 Cause of Death Broncho Pneumonia - arterio sclerosis
 Place of Death C. H. H.
 Residence North Branch, Michigan
 Age 83 Y'rs 1 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.

Account Charged Mrs. Fred Bouwman
 Address Marlette, Michigan
 Account Guaranteed _____
 Address _____

Embalming + dressing	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Grey</u>	
Casket with Copper Lin.	
Style of Casket <u>Ext. H.C.</u>	
No. of Casket <u>Walker</u>	135 00
Outside Box <u>Reg.</u>	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery	
Section	Lot

I Other Graves



X Grave on This Date

Cremation	
Urn	
Single Grave	
Opening and Closing Grave	
Body Shipped to <u>Detroit, Mich.</u>	98 15
R. R. Ticket <u>yes</u>	
Cash Advanced	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>(2)</u>	10 00
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No.	

278.15

Carey Hand Funeral Home

Name of Deceased Mr. Hubert A. Gatewood
 Date of Death November 12-1945 9 A. M.
 Cause of Death Cerebral Hemorrhage - D.O.A.
 Place of Death 803 W. State - Orlando, Fla.
 Residence Pinegrove, Kentucky
 Age 48 Y'rs 7 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Bethie Ann Gatewood
 Address Pinegrove, Kentucky
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose Tie + Hankie 1.25
 Casket 6/3 Steel Gray
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Orleans 1818 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 _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Louisville, Ky. 62.52
 R. R. Ticket Express
 Cash Advanced Cleaning suit .60
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

384.37

Carey Hand Funeral Home

Name of Deceased Mr. George Andy Smith
 Date of Death Nov. 23-1945 3:20 P.M.
 Cause of Death Not Given On Permit
 Place of Death Orlando, Florida
 Residence Maitland, Florida
 Age 81 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Eiselstein-Wigginton
 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 11/14/45 37.50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Return ashes to:
 Telegram _____
 Minister Eiselstein-Wigginton
 Music Orlando, Fla.
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of Deceased Robert Ulla Hardeman
 Date of Death November 13-1945 11:55 P. M.
 Cause of Death Carcinoma of Nates + Liver
 Place of Death O. L. H.
 Residence 3206 Main St. - Orlando, Fla.
 Age 63 Y'rs 9 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destin
 Date shipped Nov. 14 1945 2:18 P. M.
 Account Charged Mrs. Louise Denn Hardeman
 Address 3206 Main St. - Dubuque - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 St. Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket State N.C.
 No. of Casket Sample 31 300 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 Macon, Georgia 25.83
 R. R. Ticket Express 25.08
 Cash Advanced .75-Ref
 Autos 25.83
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

370 83

Carey Hand Funeral Home

Name of Deceased James Andrew Burns
 Date of Death November 14 - 1945 2:45 PM.
 Cause of Death meningococci Hydrocephalus
 Place of Death Few Minutes
 Residence 220 N. Brown St. - Orlando, Fla.
 Age 2 Y'rs 3 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 14 1945 10 A.M.
 Account Charged Mrs. Harry L. Burns Jr.
 Address 220 N. Brown St. Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming etc.
 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 Kissimmee
 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 Care of Body - Call Care
 Telegram _____
 Minister Work at grave, etc.
 Music included in \$45.00
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

45.00

37.50

82.50

Carey Hand Funeral Home

Name of Deceased Charles Wilmon Roe
 Date of Death Arrived - Nov. 14-1945 P. M.
 Cause of Death Not Given on Permit
 Place of Death Residence
 Residence Groveland, Florida
 Age 79 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Edge Funeral Home
 Address Groveland, 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 11/15/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Return to:-
 Telegram Edge Funeral Home
 Minister Groveland, Florida
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased Mr. Wm Thomas Wallace
 Date of Death November 15-1945 P. M.
 Cause of Death Unnatural Anasarsa
 Place of Death Bradence
 Residence 541 Indiana Ave. - Orlando, Fla.
 Age 77 Y'rs 1 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 17 1945 3 P. M.
 Account Charged Mrs. Jennie Wallace
 Address 541 Indiana Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/13 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket Get. H.C.
 No. of Casket Lampa 1972 135 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 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. _____

290.00

Discount 10.00

280.00

Carey Hand Funeral Home

Name of Deceased Mrs. Emma Prosser
 Date of Death November 12-1945 9:30 P.M.
 Cause of Death Coronary Thrombosis
 Place of Death Fla. 22
 Residence Longwood, Florida
 Age 65 Y's 5 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Shoreside
 Date November 18 1945 3 P. M.
 Account Charged Mrs. Esther Lee
 Address 1201 W. New Hampshire Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Archid Plush
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch
 No. of Casket Lampas 7-1575 225.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Longwood
 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. 20.00
 Baggage or Express Train No. _____
 300.00

Carey Hand Funeral Home

Name of Deceased Mrs. Grace Howell Snyder
 Date of Death November 16-1945 11:30 P.M.
 Cause of Death Acute Cardiac Dilation
 Place of Death Wilson Nursing Home
 Residence 153 Welbourne Ave. - Winter Park
 Age 71 Y'rs 1 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 20 1945 4 P. M.
 Account Charged Mrs. Lucille E. Thompson
 Address 303 Beech St. - Oakmont, Pa.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket Flat Top
 No. of Casket Tampa 77 100 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 11/21/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Will Call for ashes
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

190 00

Carey Hand Funeral Home

Name of Deceased Wm. Jewell Weldon Mc Cain
 Date of Death November 17-1945 2:00 P.M.
 Cause of Death Heart Attack
 Place of Death Solarium - Orlando, Fla.
 Residence Residence
 Age 45 Y'rs 1 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 18 1945 4 P.M.
 Account Charged George F. Mc Cain
 Address Lake Estelle (Solarium) Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket Ext. H. C.
 No. of Casket Tampa 1972 135.00
 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 11/19/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Will Call for Casket
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

225.00

Carey Hand Funeral Home

Name of Deceased Mr. John W. Mc Intyre
 Date of Death December 17-1945 5 A. M.
 Cause of Death Suppurative pneumonia
 Place of Death Residence
 Residence Albee, Florida
 Age 74 Y'rs 1 Mo's 18 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 19 1945 4 P. M.
 Account Charged Mrs. Annie Mc Intyre
 Address Albee, Florida
 Account Guaranteed _____
 Address _____
 Embalming & Dressing 35 00
 Robe, Suit, Dress yes 32 50
 Underwear and Hose _____
 Casket 6/3 Emb. Plush
 Casket with Copper Lin. _____
 Style of Casket Ext. H. C.
 No. of Casket Tampa 1575 175 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

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

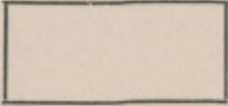
362 50

Carey Hand Funeral Home

Name of Deceased Mrs. Nancy J. Asher
Date of Death Monday 12-19-45 7:15 A. M.
Cause of Death Cerebral Hemorrhage - Hypertension
Place of Death C. H. H.
Residence 746 N. Westmoreland - Orlando, Fla.
Age 80 Y'rs 5 Mo's 1 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date Monday Nov. 19 1945 2 P. M.
Account Charged Mrs. Stewart Asher
Address 746 N. Westmoreland - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming + dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 4/3 Archid _____
Casket with Copper Lin. _____
Style of Casket 1/2 Couch _____
No. of Casket Tampa 7-1525 225 00
Outside Box _____
Shipping Case or Vault Cement 60 00
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 (2) Family Cars 10 00
Telegram _____
Minister (1) Pallbearers - Friends 5 00
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

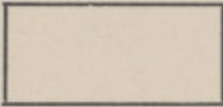
370 00

Carey Hand Funeral Home

Name of Deceased Curtis W. Maples
 Date of Death November 17-1945 P.M.
 Cause of Death Struck in Heart
 Place of Death Apopka
 Residence Middlesboro, Kentucky
 Age 29 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Destination
 Date Shipped Nov. 20 1945 1:15 A.M.
 Account Charged Mrs. Delsie Maples
 Address Apopka, Florida
 Account Guaranteed
 Address
 Embalming & dressing 35 00
 Robe, Suit, Dress Blue Suit 25 00
 Underwear and Hose
 Casket 6/3 Grey Cloth
 Casket with Copper Lin.
 Style of Casket Oct. H.C.
 No. of Casket Tampa 1950
 Outside Box Reg. 165 00
 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 Middlesboro, Ky. 55 44
 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.

290 44

Carey Hand Funeral Home

Name of Deceased Elijah Gay
 Date of Death November 18-1945 2 P.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death County Home
 Residence Maitland, Florida
 Age 70 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graceland
 Date November 20 1945 10 A.M.
 Account Charged Mrs. W. J. Chase
 Address Maitland, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress yes 10.00
 Underwear and Hose _____
 Casket 6/3 Guy Cloth
 Casket with Copper Lin. _____
 Style of Casket Flat Top
 No. of Casket Yampa 77 90.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Maitland Center
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes 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. _____

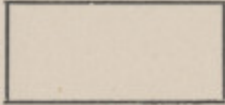
170.00
Discount 20.00
150.00

Carey Hand Funeral Home

Name of Deceased Fred C. Meyer
 Date of Death November 18-1945 10 A.M.
 Cause of Death Longest heart failure
 Place of Death D.H.A.
 Residence 200 Highpoint Ave. - Weehawken, N.J.
 Age 71 Y'rs 6 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged C. Kim Meyer
 Address Weehawken, New Jersey
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Oak
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Walker 200 435 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 Brooklyn, N.Y. 68 02
 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. _____

548 02

Carey Hand Funeral Home

Name of Deceased Ludwick W. Walkick
 Date of Death November 18-1945 noon M.
 Cause of Death Acute Coronary thrombosis
 Place of Death Res.
 Residence Winter Park.
 Age 65 Y'rs 2 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 20 1945 3 P. M.
 Account Charged Mrs. Eleanor J. Walkick
 Address 2171 Glencoa Rd. - Winter Park, Pa.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Grey
 Casket with Copper Lin. _____
 Style of Casket H. C.
 No. of Casket Orleans 1818 285 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation Cremated 11/20/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram Family Car no Chg.
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

375 00

Carey Hand Funeral Home

Name of Deceased Infant Killean
 Date of Death November 18-1945 8 P. M.
 Cause of Death Stillborn - Prematurity
 Place of Death O. L. H.
 Residence Rt. 1 - Box 612 - Orlando, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at No Services
 Date Buried Nov 20 1945 11 P. M.
 Account Charged Anthony Kiel
 Address Rt. 1 - Box 612 - Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming + Base of Body 5 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket 19 white
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket Tampa 77 15 00
 Outside Box Reg.
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section Baby Row Lot —
 E —
 I Other Graves —
 N — S —
 W —
 X Grave on This Date —
 Cremation —
 Urn —
 Single Grave yes 12 50
 Opening and Closing Grave etc. 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. —

42 00

Carey Hand Funeral Home

Name of Deceased Mrs. Marie R. Schopke
 Date of Death November 19, 1945 10 P.M.
 Cause of Death _____
 Place of Death O. I. H.
 Residence Plymouth, Florida
 Age 52 Yrs 2 Mo's 10 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Granside
 Date November 23, 1945 3 P.M.
 Account Charged R. E. Schopke
 Address Box 135 Plymouth, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hosiery _____
 Casket 6/6 Sil Finish
 Casket with Copper Lin. _____
 Style of Casket State-Leaf
 No. of Casket Yampa 2239 635.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Bay Bridge Cemetery
 Section _____ Lot _____

I Other Graves _____

N

E

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. _____

705.00

Carey Hand Funeral Home

Name of Deceased Mr. Thaddeus Eunice
 Date of Death November 19-1945 6:30 P. M.
 Cause of Death Broncho pneumonia
 Place of Death Fla. San
 Residence Rt. #1 Orlando, Florida
 Age 66 Y'rs 9 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 21 1945 11 A. M.
 Account Charged Mr. E. H. Eunice
 Address Rt. 2 - Box 223 - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Sil. Grey _____
 Casket with Copper Lin. _____
 Style of Casket H. C. _____
 No. of Casket Orleans 1818 285 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____

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

425 00

Carey Hand Funeral Home

Name of Deceased Mrs. Lena B. Dunn
 Date of Death Nov. 19-1945 M.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence Lakeland, Florida
 Age 35 Y'rs - Mo's 4 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at -

Date - 194 - M.

Account Charged Ware-Smith

Address Winter Haven, 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 11/20/45 3750

Urn -

Single Grave -

Opening and Closing Grave -

Body Shipped to -

R. R. Ticket -

Cash Advanced -

Autos Return to:

Telegram Ware-Smith

Minister Winter Haven, Fla.

Music -

Casket Wagon -

Physician -

County or City Burial -

Automobiles -

Baggage or Express Train No. -

3750

Carey Hand Funeral Home

Name of Deceased Laurie Cleveland Porter
 Date of Death Arrived Nov. 19-1945 M.
 Cause of Death Not Given On Permit
 Place of Death Tampa
 Residence Tampa
 Age 71 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Maneside
 Date November 19 1945 2 P. M.
 Account Charged F. J. Blount Funeral Home
 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 yes 60 00
 Handles
 Pillow Set
 Name Plate
 Cemetery Asopka
 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
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Body was brought up by
 Hearse from Tampa by
 Henry Hale of the Blount
 Funeral Home.

75 00

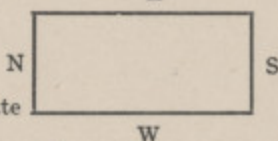
24 Carey Hand Funeral Home

Name of Deceased George B. Wood
 Date of Death Arrived Nov. 21-1945 10 A.M.
 Cause of Death Not Given On Permit
 Place of Death Lakeeland, Fla.
 Residence Lake Hamilton, Fla.
 Age 76 Y'rs 3 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____

Date _____ 194 _____ M.
 Account Charged Carey Funeral Home
 Address Gaines City, Florida
 Account Guaranteed _____
 Address _____

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

I Other Graves

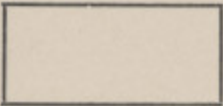


X Grave on This Date

Cremation Cremated 11/23/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Express ashes to:
 Telegram _____
 Minister Arthur Day Funeral Home
 Music Bloomington, Illinois
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased Mrs. Elizabeth C. Farwell
 Date of Death November 22-1945 5 P. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Florida Sanitarium
 Residence Winter Park, Florida
 Age 79 Y'rs 2 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Knowles Memorial Chapel
 Date November 24 1945 3 P. M.
 Account Charged Madam Louise Farmer
 Address 188 New England Ave. - Winter Park, 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 Flat Top - H.C. Sgr.
 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 
 X Grave on This Date _____
 Cremation Cremated 11/25/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Express takes to
 Telegram Mrs. S. LeRoy Barber
 Minister 107 S. Church St.
 Music West Chester, Pa.
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

190 00

Carey Hand Funeral Home

Name of Deceased John Jacob Meyer
 Date of Death Wed Nov. 23 1945 2 P.M.
 Cause of Death 2nd. Given On Permit
 Place of Death Residence
 Residence Groesbeek, Florida
 Age 84 Y'rs 8 Mo's 0 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____

Date _____ 194 _____ M.

Account Charged Stephenson Funeral Home

Address Sebring, 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 11/24/45 37.50

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos Will Call for

Telegram Ashes

Minister _____

Music _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

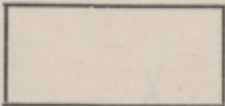
Baggage or Express Train No. _____

37.50

Name of Deceased Augustin Frank Hillert
 Date of Death Nov. 23-1945 P. M.
 Cause of Death Uremia
 Place of Death Fla. San.
 Residence Cliff Court - Highland Park, N. J.
 Age 74 Yrs 5 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Nov. 24 1945 2:18 P. M.
 Account Charged W. H. Guackenbass & Son
 Address New Brunswick, N. J.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Doe
 Casket with Copper Lin. _____
 Style of Casket Det. H. C. 135 00
 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 New Brunswick, N. J. 92 62
 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. _____

272 62

Escort: Mr. Dean Porter
Plymouth, Fla.

Name of Deceased Mr. Harry H. Fuller
 Date of Death November 24-1945 P.M.
 Cause of Death _____
 Place of Death D. L. H.
 Residence 1427 Bumby Ave. - Orlando, Fla.
 Age 89 Y'rs 8 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Pearle Barnfield
 Address 1427 Bumby Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & dressing 95 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Steel Gr. Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Orleans 2098 325 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 Charleston, Illinois 89 16
 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. _____

459 16

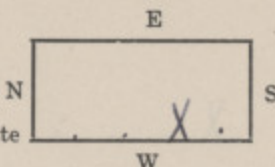
Escort: - Mrs. Pearle Barnfield

Carey Hand Funeral Home

Name of Deceased Mr. Dillard O. M. Miller
 Date of Death December 24-1945 7 P. M.
 Cause of Death Auto accident
 Place of Death Winland Road
 Residence 1302 E. Marks - Orlando, Fla.
 Age 48 Y'rs 8 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 2 1945 3 P. M.
 Account Charged Mr. Emma M. Miller
 Address 1302 E. Marks St. - Orlando, Fla.
 Account Guaranteed _____

Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Br. C.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Yampa 56 28 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 21 - Blk. 14 Lot 10

I Other Graves _____



X Grave on This Date _____

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

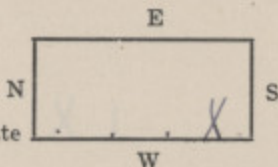
420 00

Carey Hand Funeral Home

Name of Deceased Mrs. Sarah A. Martindale
 Date of Death Nov. 25-1945 2:15 A.M.
 Cause of Death Cardiac Degeneration
 Place of Death Residence
 Residence 1920 Rio Grande Ave. - Orlando
 Age 67 Y'rs 8 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church of God
 Date November 27 1945 2:30 P.M.
 Account Charged Charles H. Martindale
 Address 1920 Rio Grande - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Doe
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch Oct. H.C. 135 00
 No. of Caskets Tampa 7-1972
 Outside Box _____ 60 00
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 16 - Blk. 14 Lot 9-52

I Other Graves



X Grave on This Date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (2) Family Cars 10 00
 Telegram _____
 Minister (1) Pallbear - Minister 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

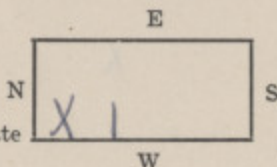
280 00

Carey Hand Funeral Home

Name of Deceased Mrs. Mary Curcio
 Date of Death September 25, 1945 3:20 P.M.
 Cause of Death Chronic endocarditis
 Place of Death Sutton Nursing Home
 Residence 1918 - 32nd St. Orlando, Fla.
 Age 65 Y'rs 7 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date September 28, 1945 9 A.M.
 Account Charged Leo Curcio
 Address 2715 Nashville - Orlando, Fla.
 Account Guaranteed _____

Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Revere
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket Walker 1427 260 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section NW 1/4 I Lot 25

I Other Graves



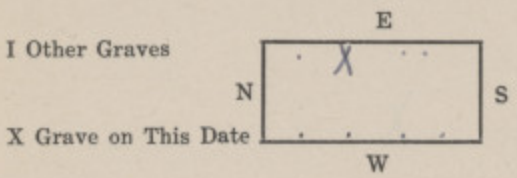
X Grave on This Date

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

405 00

Carey Hand Funeral Home

Name of Deceased Andrew Jacob Hostetter
Date of Death Nov. 25-1945 11:15 P. M.
Cause of Death Innocentia - Cerebral Hemorrhage
Place of Death Residence
Residence 538 Broadway - Orlando, Fla.
Age 86 Y'rs 2 Mo's 14 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 28 1945 2:30 P. M.
Account Charged Mrs. Della A. Winfrey
Address 538 Broadway - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming + Dressing 35 00
Robe, Suit, Dress Grey Suit 26 85
Underwear and Hose _____
Casket 6/3 Ev. Br. Cl. Emberton
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket Walker 722 400 00
Outside Box _____
Shipping Case or Vault Cement 60 00
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section A Lot 122



Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave etc. 15 00
Body Shipped to _____
R. R. Ticket _____
Cash Advanced (1) Family Car 5 00
Autos (1) Ministerial Car 5 00
Telegram (2) Pallbearers Cars 10 00
Minister _____
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

576 85

Carey Hand Funeral Home

Name of Deceased John Newton Jeffers
 Date of Death Nov. 26-1945 9:00 A. M.
 Cause of Death Carcinoma of prostate
 Place of Death Residence
 Residence 1125 W. Stetson - Orlando, Fla.
 Age 70 Y'rs - Mo's 5 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date November 28 1945 4 P. M.
 Account Charged Mrs. L. Lounce J. Jeffers
 Address 1125 W. Stetson - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Tray Emb. Cl.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Walker 722 445 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 16 Blk. 14 Lot 8

E

I Other Graves

N

S
W
X

S

X Grave on This Date

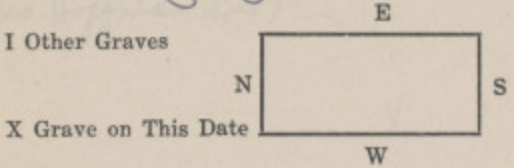
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced (1) Family Car 5 00
 Autos (1) Ballou - Minister Car 5 00
 Telegram _____
 Minister Cash to Mrs. Rendell 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____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

590 00

Carey Hand Funeral Home

Name of Deceased Clarence Joseph Cron
Date of Death Nov. 26 1945 10 A.M.
Cause of Death Heart Attack
Place of Death Residence
Residence 436 Sunset Dr. - Orlando, Fla.
Age 52 Y'rs 1 Mo's 19 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 29 1945 10:30 A.M.
Account Charged Mrs. Anne V. Cron
Address 436 Sunset Drive - Orlando, Fla.
Account Guaranteed _____
Address _____

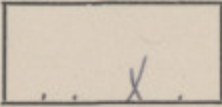
Embalming <u>+ dressing</u>	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 oak</u>	
Casket with Copper Lin.	
Style of Casket <u>St. C.</u>	
No. of Casket <u>Walker 415</u>	150 00
Outside Box <u>Reg.</u>	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section <u>Single Space</u> Lot	



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

255 00

Carey Hand Funeral Home

Name of Deceased Mrs. Mollie Denkins
 Date of Death Nov. 26, 1945 P. M.
 Cause of Death Senility
 Place of Death Residence
 Residence 712 Atlanta Ave. - Orlando, Fla.
 Age 83 Y'rs 1 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 29 1945 1 P. M.
 Account Charged Harry Denkins
 Address 712 Atlanta Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Emb. Mahogany
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Orange State #5 132 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section (Geo. Hoffman Lot) Lot 170
 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 _____
 Minister (1) Ballhean - Minister Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles Set S. 15 00
 Baggage or Express Train No. _____

210 00

Carey Hand Funeral Home

Name of Deceased Mrs. Poppy W. Greeley
Date of Death November 28-1945 6 P.M.
Cause of Death Coronary embolism
Place of Death Rest. Hpt.
Residence Riley Park - Mount Dora, Fla.
Age 61 Y'rs 7 Mo's 26 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 29 1945 1 P. M.
Account Charged Veda G. Capon
Address Riley Park - Mount Dora, Fla.
Account Guaranteed _____
Address _____
Embalming + dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket + service 10 00
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket _____
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
E
I Other Graves _____
N S
X Grave on This Date _____ W
Cremation Cremated 12/1/45 50 00
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram Will Call for Ashes
Minister _____
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

100 00

Carey Hand Funeral Home

37

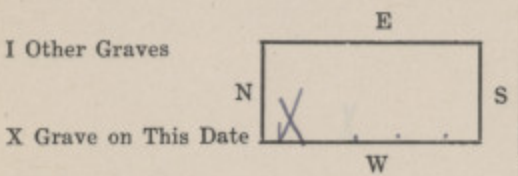
Name of Deceased Mr. Alfred M. Leland
 Date of Death November 27-1945 AM.
 Cause of Death Hypertension
 Place of Death Residence
 Residence Ohio St. Orlando, Fla.
 Age 80 Y'rs 1 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Nov. 28 1945 2:18 P.M.
 Account Charged A. C. M. Leland
 Address Ohio St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Gr. Dae
 Casket with Copper Lin. _____
 Style of Casket Ext. H-C
 No. of Casket Tampa 1972 135 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 Andalusia, Ala.
 R. R. Ticket yes 31 42
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

211 42

Carey Hand Funeral Home

Name of Deceased Jack Leon Donaldson
Date of Death November 27-1945 A.M.
Cause of Death Acute Lymphatic Leukemia
Place of Death N.A.H.
Residence 1603 Kuhl - Orlando, Fla.
Age 14 Y'rs 4 Mo's 29 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 30 1945 4 P.M.
Account Charged Mr. James C. Donaldson
Address 1603 Kuhl Ave. - Orlando, Fla.
Account Guaranteed _____
Address _____

Embalming + Dressing	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/2 Oak - 1/2 C. Steel Emb. Fl.</u>	
Casket with Copper Lin.	
Style of Casket	
No. of Casket <u>Emps 7-1575</u>	225 00
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section <u>15 - Blk. 14</u> Lot <u>283</u>	

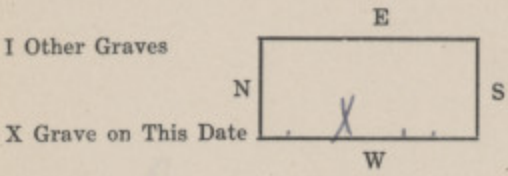


Cremation	
Urn	
Single Grave	
Opening and Closing Grave <u>etc.</u>	15 00
Body Shipped to	
R. R. Ticket	
Cash Advanced	
Autos <u>(2) Family Car</u>	10 00
Telegram	
Minister <u>(1) Pallbear - Minister</u>	5 00
Music	
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles <u>S. & S.</u>	15 00
Baggage or Express Train No.	

370 00

Carey Hand Funeral Home

Name of Deceased James Bush Palmer
Date of Death November 26-1945 M.
Cause of Death Pneumonia - Asthma - Dropsy
Place of Death Jacksonville, Florida
Residence Jacksonville, Florida
Age 71 Y'rs 3 Mo's 21 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date November 29 1945 2:30 P.M.
Account Charged Mrs. Nellie H. Carver
Address 115 E. Marks St. - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming Lo. Estes - Press
Robe, Suit, Dress Shirt
Underwear and Hose _____
Casket 6/3 Gr. El.
Casket with Copper Lin. _____
Style of Casket Sgt. + Plain
No. of Casket Tampa 21
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section M Lot 22



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

55 00
3 00

95 00

15 00

5 00

40 00

15 00

228 00

Carey Hand Funeral Home

Name of Deceased Cora Edwards Radcliffe
Date of Death Arrived Nov. 27-1945 6 P.M.
Cause of Death Cerebral apoplexy
Place of Death Sanford
Residence Sanford, Florida
Age 63 Y'rs 11 Mo's 23 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at _____
Date _____ 194 _____ M.
Account Charged Erickson Funeral Home
Address Sanford, Florida
Account Guaranteed _____
Address _____
Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket _____
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket _____
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
E
I Other Graves _____
N S
X Grave on This Date _____ W
Cremation Cremated 11/29/45 37 50
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos Return to:-
Telegram _____
Minister Erickson Funeral Home
Music Sanford, Fla.
Casket Wagon _____
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

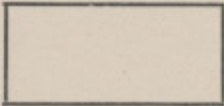
37 50

Carey Hand Funeral Home

Name of Deceased Mrs. Susan A. King
 Date of Death November 27-1945 9:45 P. M.
 Cause of Death Broncho pneumonia
 Place of Death Florida Sanitarium
 Residence 144 E. South Orlando, Fla.
 Age 79 Y'rs 9 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Nov. 30 1945 2:18 P. M.
 Account Charged M. W. Johnson
 Address Orlando, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Grey Cloth
 Casket with Copper Lin _____
 Style of Casket State 1/2 Couch
 No. of Casket Orleans 6398
 Outside Box _____ Reg. 375 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 _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Memphisville, Ky. 129 34
 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. _____

549 34

Carey Hand Funeral Home

Name of Deceased Mrs. Virginia H. Galloway
 Date of Death November 28-1945 A.M.
 Cause of Death Coronary thrombosis
 Place of Death Florida Sanitarium
 Residence Maitland, Florida
 Age 85 Y'rs 11 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 30 1945 2:30 P.M.
 Account Charged C. A. Galloway
 Address Telephone Co. - Winter Park, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Plain Mole Gr.
 Casket with Copper Lin. _____
 Style of Casket Art. H. C. 165 00
 No. of Casket Reg.
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Maitland
 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) Callahan & Minister 5 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

230 00

Carey Hand Funeral Home

Name of Deceased Mrs. Edith Spencer
 Date of Death November 28-1945 5:30 A.M.
 Cause of Death Hypertension-Cardiac Hypertrophy
 Place of Death Sutton Nursing Home
 Residence Orlando, Florida
 Age 76 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 4 1945 10:30 A.M.
 Account Charged _____
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa 71 90 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
Single Grave E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave Single Grave 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. 10 00
 Baggage or Express Train No. _____

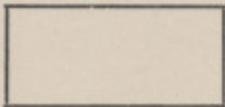
180.00

Carey Hand Funeral Home

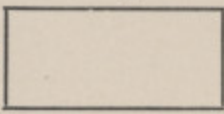
Name of Deceased Alfred Thomas Feabray
Date of Death Arrived Nov. 28-1945 2:30 P.M.
Cause of Death Not Given On Permit
Place of Death Sebring
Residence De Soto City, Florida
Age 73 Y'rs 9 Mo's 25 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at _____
Date _____ 194 _____ M.
Account Charged Stephenson Funeral Home
Address Sebring, 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 11/28/45 3750
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram Return ashes to:
Minister _____
Music Stephenson Funeral Home
Casket Wagon _____
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

3750

Carey Hand Funeral Home

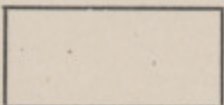
Name of Deceased Mr. Robert J. Dodd
Date of Death November 28, 1945 P.M.
Cause of Death Heart Attack
Place of Death Lake on Analon Grove
Residence 254 Plant St. - Winter Garden
Age 82 Y'rs 9 Mo's 1 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Granside
Date November 30 1945 4 P. M.
Account Charged M. E. Dodd
Address 168 S. Laberiew - Winter Garden
Account Guaranteed _____
Address _____
Embalming + Dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Grey Maple
Casket with Copper Lin. _____
Style of Casket Ext. H.C. 135 00
No. of Casket Walker 415
Outside Box _____ 60 00
Shipping Case or Vault Cement
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Myrtle
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 (1) 5 00
Physician _____
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

265 00

Name of Deceased William H. Nichols
 Date of Death November 30 - 1945 3:10 P.M.
 Cause of Death Rheumatic Heart Disease
 Place of Death C.H.H.
 Residence 54 Illiana Ave. - Orlando, Fla.
 Age 36 Y'rs 1 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Nov 30 1945 2:18 P.M.
 Account Charged Walter B. Broton
 Address 54 Illiana St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Gray
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket 1818 Orleans 285.00
 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 Cynthbert, Ga. 22.24
 R. R. Ticket yes
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

352.24

Carey Hand Funeral Home

Name of Deceased Mrs. Julia Mayel Cox
 Date of Death December 30 - 1945 A.M.
 Cause of Death Hypostatic Congestion - Hypertension
 Place of Death Residence
 Residence St. Christmas, Florida
 Age 84 Y'rs 6 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date December 2 1945 1 P. M.
 Account Charged Sadie Hatch
 Address Christmas, Florida
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Sil. Emb. Plush
 Casket with Copper Lin. _____
 Style of Casket Det. 1/2 c.
 No. of Casket Tampa 7-1850 175.00
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Christmas
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 12.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 10.00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

310.00

Discount

10.00

300.00

Carey Hand Funeral Home

Name of Deceased Mr. Arthur W. Spencer
 Date of Death Arrived Nov. 29-1945 A.M.
 Cause of Death Not Given on Permit
 Place of Death Marion, Virginia
 Residence Rt. 2 - Orlando, Florida
 Age 54 Y'rs - Mo's 12 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date December 2 1945 3 P. M.
 Account Charged Mrs. Mary Spencer
 Address Rt. 2 - Orlando, Fla.
 Account Guaranteed -
 Address -

Embalming -
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket -
 No. of Casket -
 Outside Box -
 Shipping Case or Vault Cement 60 00
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Greenwood
 Section R. - Tier V Lot 5

American Legion

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) Ballman - Minister 5 00
 Music yes (1) 5 00
 Casket Wagon -
 Physician -
 County or City Burial -
 Automobiles S + S 15 00
 Baggage or Express Train No. -

110 00

Name of Deceased Mr. S. E. Durraner
 Date of Death December 30-1945 7 P. M.
 Cause of Death Kidney operation
 Place of Death Jacksonville Hospital
 Residence 724 Putman - Orlando, Fla.
 Age 61 Y'rs 4 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 3 1945 11 A. M.
 Account Charged Mrs. Mattie L. Durraner
 Address 724 Putman St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming & Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gv. Cloth mole.
 Casket with Copper Lin. _____
 Style of Casket N. C.
 No. of Casket Walker 415 150 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 16 - Blk. 14 Lot 7

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 Car 5 00
 Telegram (1) Minister Car 5 00
 Minister (2) Pullman cars 10 00
 Music _____
 Casket Wagon To Jacksonville 35 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

330 00

Name of Deceased Mrs. Mary Elizabeth Bailey
 Date of Death Nov. 29-1945 M.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence Rockledge, Florida
 Age 58 Y's 6 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Koon-Wylie Funeral Home
 Address Cocoa, 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 - 12/3/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram Return ashes to
 Minister _____
 Music Koon-Wylie Funeral Home
 Casket Wagon Cocoa, Florida
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Name of Deceased Edward Coleman Keeling
 Date of Death Dec. 2-1945 3:45 P. M.
 Cause of Death _____
 Place of Death County Home
 Residence Rt. 2 - Box 321 - Orlando, Fla.
 Age 77 Y'rs 3 Mo's 10 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Dec - 4 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 County Home Cemetery
 Section _____ Lot _____

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 County

Automobiles _____

Baggage or Express Train No. _____

14 50

14 50

Bro. - J. W. Keeling
 Rt. 2 - Box 321
 Orlando, Fla.

52

Carey Hand Funeral Home

Name of Deceased	Archie Prentiss Chienes		
Date of Death	Dec. 2 - 1945	7:30 P. M.	
Cause of Death	Coronary occlusion		
Place of Death	Residence		
Residence	712 Delaney Park Dr. - Orlando, Fla.		
Age	59	Y'rs	1 Mo's 19 Days
Weight		Height	ft. in. Eyes
Funeral at	Destination		
Date	Dec. 4	1945 2:18 P. M.	
Account Charged	Mrs. Martha B. Chienes		
Address	712 Delaney Park Dr. - Orlando, Fla.		
Account Guaranteed			
Address			
Embalming	+ Dressing	35	00
Robe, Suit, Dress			
Underwear and Hose			
Casket	6/3 Sh. Cl.		
Casket with Copper Lin.			
Style of Casket			
No. of Casket	Oleans 6918	350	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	Petersburg, Va.	110	34
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.			

505 34

Carey Hand Funeral Home

Name of Deceased Mr. Walter Raleigh Dr. Lead
 Date of Death December 3-1945 10:00 AM.
 Cause of Death Coronary thrombosis
 Place of Death Palmd Hotel - Apopka
 Residence 1110 N. Bess St. - Pensacola, Fla.
 Age 88 Y'rs 10 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Granside
 Date December 4 1945 4:30 P. M.
 Account Charged Dr. W. A. Dr. Lead
 Address Pensacola, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Bu. Maple
 Casket with Copper Lin. _____
 Style of Casket Ext. H.C.
 No. of Casket Orange State 1200 165 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Apopka
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave yes. 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. _____

292 00

Carey Hand Funeral Home

Name of Deceased Katrina C. Best
 Date of Death Arrived Dec. 3-1945 3:30 P. M.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence De Leon, Springs, Fla.
 Age 77 Y's Mo's Days
 Weight Height ft. in. Eyes
 Funeral at
 Date 194 M.
 Account Charged Allen - Summerhill
 Address De Leon, 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 12/4/45 37 50
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash Advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

37 50

Name of Deceased Mrs. Arthur E. Duffey
 Date of Death Dec. 3, 1945 7:00 P.M.
 Cause of Death Coronary Thrombosis + Coronary Sclerosis
 Place of Death C. H. H.
 Residence Highland Park, Mich.
 Age 60 Yrs 2 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Dec. 4 1945 2:18 P.M.
 Account Charged Mrs. A. E. Duffey
 Address 126 Beresford Ave. - Highland Park, Mich.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 St. Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket St. C.
 No. of Casket 39 255.00
 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 Engel Oak, Mich. 98.14
 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. _____

398.14

Name of Deceased Mrs. Mary E. C. Emmett
 Date of Death December 4, 1945 P. M.
 Cause of Death Cerebral Hemorrhage - (Hypertension)
 Place of Death D. H.
 Residence 639 Lexington - Orlando, Fla.
 Age 82 Y'rs 8 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date November 7 1945 2:30 P. M.
 Account Charged Mrs. Mary E. Emmett
 Address West Englewood, N. J.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6/2 Emb. G. P. L.

Casket with Copper Lin. _____

Style of Casket Ext. 1/2 C.

No. of Casket Tampa - 7-1575 250 00

Outside Box _____

Shipping Case or Vault Cement 60 00

Handles _____

Pillow Set _____

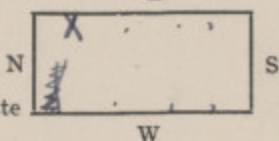
Name Plate _____

Cemetery Greenwood

Section N 1/2 H Lot 210

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) Family Car 5 00

Telegram _____

Minister (1) Pallbear - Minister 5 00

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S. + S 15 00

Baggage or Express Train No. _____

390 00

Carey Hand Funeral Home

Name of Deceased Clarence E. Knight, Jr.
Date of Death December 3-1945 9 P. M.
Cause of Death Cerebral Hemorrhage
Place of Death La Beland, Florida
Residence St. Gatlin Hotel - Orlando, Fla.
Age 42 Y'rs 2 Mo's 16 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date December 5 1945 4 P. M.
Account Charged Clarence E. Knight Jr.
Address Tallahassee, Florida
Account Guaranteed _____
Address _____

Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/6 Steel Gr. Br. Cl.
Casket with Copper Lin. _____
Style of Casket A.C.
No. of Casket Oleane 2098 325 00
Outside Box _____
Shipping Case or Vault Cement 60 00
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section 26 - Blk. 14 Lot 4

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 pd to Gentry-Harrison 50 00
Cash Advanced _____
Autos (1) Family 5 00
Telegram _____
Minister (1) Pallbearer - Minister 5 00
Music _____
Casket Wagon To La Beland
Physician _____
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

475 00

Carey Hand Funeral Home

Name of Deceased Mr. Israel Moskowitz
 Date of Death Dec. 5 - 1945 10 P. M.
 Cause of Death Uremia - cardiac failure
 Place of Death C. H. H. 315
 Residence _____

Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.

Account Charged _____

Address _____

Account Guaranteed _____

Address _____

Embalming + Dressing 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket 6/3 Grey

Casket with Copper Lin. _____

Style of Casket Flare + Sgr.

No. of Casket Simple 21 100 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 Chicago

R. R. Ticket Express 82 48

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2) 10 00

Physician _____

County or City Burial _____

Automobiles _____

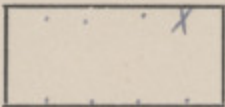
Baggage or Express Train No. _____

Expressed to: -

227 48

Palmer - Lower Funeral Home
4225 W. Roosevelt
Chicago, Ill.

Carey Hand Funeral Home

Name of Deceased Mrs. Abby Gray Nicholson
Date of Death Dec. 6 - 1945 6:30 A. M.
Cause of Death Coronary occlusion
Place of Death Quentin Nursing Home
Residence 239 E. Copeland Dr. - Orlando, Fla.
Age 84 Y'rs 1 Mo's 18 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date Dec. 7 1945 11:00 A.M.
Account Charged Mrs. S. J. Shish
Address 239 E. Copeland Dr. - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming + dressing 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 6/3 Sr. Pl.
Casket with Copper Lin. _____
Style of Casket Flare + Square
No. of Casket _____
Outside Box Reg. 100 00
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Greenwood
Section Center Circle Lot 15
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) Minister - Ballheavon Co 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. _____

175 00

Carey Hand Funeral Home

Name of Deceased Infant Anderson
Date of Death Dec 6-1945 P. M.
Cause of Death Still Born
Place of Death O. H. H.
Residence 329 Piedmont - Orlando, Fla.
Age ✓ Y'rs ✓ Mo's ✓ Days ✓
Weight ✓ Height ✓ ft. ✓ in. Eyes ✓
Funeral at Destination
Date Shipped Dec. 7 1945 1:15 A.M.
Account Charged Robert H. Anderson
Address 329 Piedmont - Orlando, Fla.
Account Guaranteed _____
Address _____
Embalming Care of Body
Robe, Suit, Dress _____
Underwear and Hose _____
Casket 2/c White Lambskin
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket Yampa 27
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 Shiloh, Ga.
R. R. Ticket Express
Cash Advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon (1)
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

10 00

50 00

~~13 50~~

31 17

5 00

59 67

96.17

Carey Hand Funeral Home

Name of Deceased Infant Janarik
 Date of Death December 6-1945-8:05 P. M.
 Cause of Death Premature Infant - 5 mo. + 3 weeks
 Place of Death Hosp. St.
 Residence 3008 Dade St. - Orlando, Fla.
 Age — Y'rs — Mo's — Days 12 hrs. 35 mi.
 Weight — Height — ft. — in. Eyes —
 Funeral at None
 Date — 194 — M.
 Account Charged Alice Janarik
 Address 3008 Dade St. - 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 12/8/45 10 00
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram Will Call
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

10 00

Name of Deceased Mrs. Elizabeth E. Rose
 Date of Death Dec. 6-1945 P. M.
 Cause of Death Pneumonia - Senility
 Place of Death Residence
 Residence 1025 DeWitt Dr. - Orlando, Fla.
 Age 87 Y's 1 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Dec. 9 1945 3:30 P. M.
 Account Charged Miss. Rose
 Address 1025 DeWitt Dr. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 4/3 Maple
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Walker 1415 165 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section A Lot 185

I Other Graves

N

E

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) Bellman - Minister
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S. + S. 15 00
 Baggage or Express Train No. _____

245 00

Carey Hand Funeral Home

Name of Deceased William H. Clark
 Date of Death December 10 - 1935 M.
 Cause of Death _____
 Place of Death _____
 Residence _____
 Age 54 Y'rs 10 Mo's 19 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ 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 _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 W
 X Grave on This Date _____
 Cremation Cremated 12/9/45 50.00
 Urn Plastic 35.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram Services 25.00
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body disinterred Dec. 8-1945
 and cremated

110.00

Carey Hand Funeral Home

Name of Deceased Mr. John Wright
 Date of Death December 8-1945 P. M.
 Cause of Death Cardio-Vascular and Disease
 Place of Death Residence
 Residence Bay Ridge
 Age 82 Y'rs 11 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Methodist Church - Yellwood
 Date Dec. 10 1945 3:30 P.M.
 Account Charged Mr. Emma Wright
 Address Box - 108 - Yellwood
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Jr. Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket h. c.
 No. of Casket Yampa 7-31
 Outside Box exg. 235 00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Yellwood - Yangerine
 Section _____ Lot _____

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. _____

305 00

Carey Hand Funeral Home

Name of Deceased Mr. John L. Paulk
 Date of Death Dec. 8-1945 A.M.
 Cause of Death Congestive Heart failure
 Place of Death Residence
 Residence (Flamingo Heights)
 Age 75 Y'rs 4 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graceland
 Date Dec. 11 1945 10 A.M.
 Account Charged Leo Parnell
 Address Rt. 1 - Winter Garden, Fla.
 Account Guaranteed _____
 Address _____

Embalming + Dressing 95 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Steel Gray Br. Cl.
 Casket with Copper Lin. _____
 Style of Casket 1/2 C. Couch
 No. of Casket Tampa - 7-1850 200 00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Garden
 Section _____ Lot _____

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 Wreath 25 00

Minister _____

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S. & S. 15 00

Baggage or Express Train No. _____

295 00

Carey Hand Funeral Home

Name of Deceased Sgt. Edmund J. Mazur
 Date of Death Arrived Dec. 8-1945 1:20 P.M.
 Cause of Death Myocardial-Infarction
 Place of Death Fort Mc. Pherson, Georgia
 Residence Orlando, Fla.
 Age 42 Y'rs 2 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Brown - Mon. - 8:00 P.M.
 Date St. James - Dec. 11 1945 10 P. M.
 Account Charged Mr. John Mazur
 Address Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
American Legion E

I Other Graves

Grav 4

N

Grav 4

S

X Grave on This Date

X

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram 15 Pallbear - Minister 5.00
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S. + S. 15.00
 Baggage or Express Train No. _____

100.00

67

Carey Hand Funeral Home

Name of Deceased Mr. Charles Spasano
 Date of Death Dec. 8-1945 M.
 Cause of Death Pneumonia - Coronary heart disease
 Place of Death Florida Sanitarium
 Residence 117 E. Winter Park Ave. - Orlando, Fla.
 Age 68 Y'rs 7 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church - Winter Park
 Date Dec. 10 1945 10 A. M.
 Account Charged Mrs. Frieda Spasano
 Address 117 E. Winter Park Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming <u>+ dressing</u>	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Grey Doe</u>	
Casket with Copper Lin.	
Style of Casket <u>Oct. # C.</u>	
No. of Casket <u>Tampa 1972</u>	135 00
Outside Box <u>Reg.</u>	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Woodlawn</u>	
Section _____ Lot _____	

I Other Graves

N		S
	W	

X Grave on This Date

Cremation	
Urn	
Single Grave	
Opening and Closing Grave <u>etc.</u>	15 00
Body Shipped to	
R. R. Ticket	
Cash Advanced	5 00
Autos <u>(1) Minister Car</u>	5 00
Telegram	5 00
Minister <u>(1) Pallbearer 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.	

215 00

68

Carey Hand Funeral Home

Name of Deceased Baby Shirley Castell
 Date of Death Dec. 19 - 1945 M.
 Cause of Death _____
 Place of Death Apopka
 Residence Apopka, Florida
 Age _____ Y'rs 9 Mo's 21 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Greenside
 Date Dec. 11 1945 1 P. M.
 Account Charged Mrs. Vivian Castell
 Address Apopka, Florida - Box 155
 Account Guaranteed _____
 Address _____
 Embalming yes
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 - 0 White Larchskin
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Lampa 27
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Apopka
 Section _____ Lot _____

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 _____

Minister _____

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

5.00

13.50

15.00

5.00

38.50

Carey Hand Funeral Home

Name of Deceased Randolph Knox
 Date of Death Dec. 10-1945 P.M.
 Cause of Death Pneumonia of left lung
 Place of Death Res. - Winderline
 Residence West Townsend, Mass.
 Age 65 Y'rs 6 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped - Dec. 10 1945 2:18 P.M.
 Account Charged Mrs. Blossom M. Knox
 Address West Townsend, Mass.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Summital Pl.
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Yampa 56 290 00
 Outside Box Req.
 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 Worcester, Mass. 107 76
 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. _____

442 76

Carey Hand Funeral Home

Name of Deceased Mr. Jacob B. Mayer
 Date of Death Dec. 9, 1945 6:40 P.M.
 Cause of Death Coronary occlusion - arterio sclerosis
 Place of Death Bonita
 Residence 619 Broadway - Orlando, Fla.
 Age 51 Y'rs - Mo's 25 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Bonita - Tues. 8 P.M. - Chapel
 Date St. James Dec. 12, 1945 10 A.M.
 Account Charged Sylvester Mayer
 Address Orlando, Florida
 Account Guaranteed -
 Address -

Embalming + <u>dressing</u>	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket <u>6/3 Grey</u>	
Casket with Copper Lin.	
Style of Casket <u>Flare + Square</u>	
No. of Casket <u>Walker 1732</u>	325 00
Outside Box <u>Reg.</u>	60 00
Shipping Case or Vault <u>Cement</u>	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Woodlawn</u>	
Section <u>C</u>	Lot <u>302</u>

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 Car

Telegram

Minister (1) Minister Car

Music (1) Ballroom Car

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

470 00

Carey Hand Funeral Home

Name of Deceased Mr. L. W. Gilliam
 Date of Death Dec. 10-1945 M.
 Cause of Death Pneumonia - nephritis Senility
 Place of Death Andrews D. H.
 Residence Apopka
 Age 89 Yrs 3 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Shoreside
 Date _____ 194 _____ M.
 Account Charged A. F. Gilliam
 Address Orconia, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3
 Casket with Copper Lin. _____
 Style of Casket _____ 135 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Apopka Cemetery
 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. 15 00
 Baggage or Express Train No. _____

205.00

Carey Hand Funeral Home

Name of Deceased Charles D. Kirk
 Date of Death December 11-1945 5:10 A.M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence 423 E. Church St. - Orlando, Fla.
 Age 57 Y'rs 9 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel (Private)
 Date December 13 1945 11 A. M.
 Account Charged Mrs. Connetta Kirk
 Address 423 E. Church St. - Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming + dressing 35 00

Robe, Suit, Dress

Underwear and Hose

Casket 4/3 Gr. cloth

Casket with Copper Lin.

Style of Casket Sgt. + Flare 90 00

No. of Casket Tampa 21

Outside Box

Shipping Case or Vault

Handles

Pillow Set

Name Plate

Cemetery Greenwood

Section I E 1/2 Lot 5

Center of the NE 20 feet

I Other Graves

N

S

X Grave on This Date

W

Cremation Cremated 12/14/45 50 00

Urn

Single Grave

Opening and Closing Grave for urn 2 50

Body Shipped to

R. R. Ticket

Cash Advanced

Autos

Telegram

Minister

Music

Casket Wagon (1) 5 00

Physician

County or City Burial

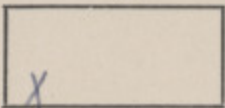
Automobiles

Baggage or Express Train No.

182 50

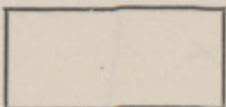
Carey Hand Funeral Home

73

Name of Deceased Mrs. Minnie Mae Bertram
 Date of Death December 13-1945 7:55 A.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Residence
 Residence 2000 Nashville - Orlando, Fla.
 Age 49 Y'rs - Mo's 12 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date December 18 1945 3 P. M.
 Account Charged Wm R. Bertram
 Address 2000 Nashville St. - Orlando, Fla.
 Account Guaranteed -
 Address -
 Embalming etc. 35 00
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket 6/3 Grey Doe
 Casket with Copper Lin.
 Style of Casket H.C.
 No. of Casket Orange State 195 00
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenwood
 Section 0 Lot 16
 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) Family Car 5 00
 Minister (1) Ballhead - Minister 5 00
 Music
 Casket Wagon (1) 5 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 Mrs. Katie Jones
Date of Death Monday - Dec. 13 - 1945 12:30 P.M.
Cause of Death Hodgkin's Disease
Place of Death Asheville, N.C.
Residence Winter Garden, Florida
Age 65 Y'rs _____ Mo's _____ Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date December 16 1945 4 P.M.
Account Charged Thelma Jones
Address Winter Garden, 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 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 _____
Telegram (1) Sullivan-Minister 5 00
Minister _____ 5 00
Music (1) Family 5 00
Casket Wagon (1) 5 00
Physician Music 5 00
County or City Burial _____
Automobiles S. & S. 15 00
Baggage or Express Train No. _____

71 8 00

Carey Hand Funeral Home

Name of Deceased Mrs. Eugenia Bogner
 Date of Death December 13, 1945 9:43 P.M.
 Cause of Death myocarditis with decompensation
 Place of Death P.H.H.
 Residence 1601 E. Jefferson St.
 Age 64 Y'rs 11 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Greenside
 Date December 17, 1945 2 P.M.
 Account Charged John L. Bogner
 Address 1601 E. Jefferson - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey
 Casket with Copper Lin. _____
 Style of Casket 1 1/2 C. Oct.
 No. of Casket Orleans 1390
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 16 - Blk. 14 Lot 3

35 00

175 00

60 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 (1) Family Car

Telegram _____

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

305 00

Carey Hand Funeral Home

Name of Deceased Clyde Brady
 Date of Death December 14 - 1945 7:30 A.M.
 Cause of Death _____
 Place of Death Sunnyside Nursing Home
 Residence 1028 N. Hampton Ave. - Orlando, Fla.
 Age 69 Y'rs 10 Mo's 26 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 15 1945 2 P. M.
 Account Charged Mrs. Berta Mae Brady
 Address 1028 N. Hampton - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 X Gv. Pl.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Tampa 1922 225 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 5 22-Block 4 Lot 8

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 (2) Family Cars 10 00

Telegram _____

Minister (1) Pallbearer - Min. 5 00

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S. & S. 15 00

Baggage or Express Train No. _____

37 00

Carey Hand Funeral Home

Name of Deceased Mr. Austin Shaw
 Date of Death December 14, 1945 9:15 P.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death O. A. H.
 Residence 36 Pershing Place
 Age 45 Y'rs 5 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 20, 1945 3 P. M.
 Account Charged A. M. Shaw, Jr.
 Address Orlando, Florida
 Account Guaranteed _____
 Address _____

Embalming & Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/6 Steel Grey
 Casket with Copper Lin. _____
 Style of Casket H. C. S.
 No. of Casket Orleans 6508 375.00
 Outside Box _____
 Shipping Case or Vault Cement 6.00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section G Lot 13

I Other Graves

N

E

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) Ballbeam-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. _____

510.00

Carey Hand Funeral Home

Name of Deceased Mrs. Mary E. Pickson
 Date of Death Arrived Dec. 15-1945 12:58 A.M.
 Cause of Death _____
 Place of Death Tampa, Florida.
 Residence _____
 Age 78 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graceland
 Date December 15 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 Peace Cemetery
 Section _____ Lot _____
 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 _____

Telegram _____

Minister _____

Music _____

Casket Wagon _____

(1)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

15 00

5 00

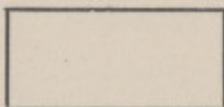
Arrived by baggage
12:55 A.M. - December 15-1945

Carey Hand Funeral Home

Name of Deceased Mrs. Mary Frances Harper
Date of Death Arrived - Dec. 14-1945 P. M.
Cause of Death Not Given On Permit
Place of Death Residence
Residence St. Petersburg, Florida
Age 77 Y'rs 3 Mo's 17 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at _____
Date _____ 194 _____ M.
Account Charged Cooksey, Inc.
Address St. Petersburg, Florida
Account Guaranteed _____
Address _____
Embalming _____
Robe, Suit, Dress _____
Underwear and Hose _____
Casket _____
Casket with Copper Lin. _____
Style of Casket _____
No. of Casket _____
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery _____
Section _____ Lot _____
E
I Other Graves _____
N S
X Grave on This Date _____ W
Cremation Cremated 12/15/45 37 50
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram Return Ashes to:
Minister Cooksey, Inc.
Music _____
Casket Wagon St. Petersburg, Fla.
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased Mrs. Caddo M. Bruce
 Date of Death December 15-1945 2 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence 1421 Woodward - Orlando, Fla.
 Age 82 Y'rs 1 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Private - 290 h. Orange
 Date December 18 1945 4 P.M.
 Account Charged Mrs. Eva May Bruce
 Address 1421 Woodward Ave. Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey 65 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 12/18/45 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon 11 25 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

150 00

Carey Hand Funeral Home

Name of Deceased Mr. John C. Young
 Date of Death December 15-1945 P. M.
 Cause of Death Subdiaphragmatic abscess
 Place of Death Orlando
 Residence 26 S. Bryant - Orlando
 Age 60 Y'rs 3 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 16 1945 3 P. M.
 Account Charged Grover Young (Son)
 Address 26 S. Bryant St - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/2 Steel Grey
 Casket with Copper Lin. _____
 Style of Casket Ext. # - C.
 No. of Casket Tampa 1972 135.00
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section Single Lot _____
 I Other Graves _____
 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) Min - Ballheaver 5.00
 Music _____
 Casket Wagon _____
 Physician (1) 5.00
 County or City Burial _____
 Automobiles S. & S. 15.00
 Baggage or Express Train No. _____

235.00

Discount

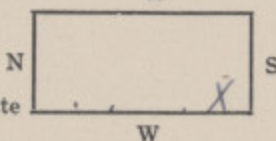
25.00

210.00

Carey Hand Funeral Home

Name of Deceased Mr. Peter Johnson
 Date of Death December 15-1945 4 P. M.
 Cause of Death Heart attack
 Place of Death Residence
 Residence 125 N. Eola Dr. Orlando, Fla.
 Age 63 Y'rs 5 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 21 1945 4 P. M.
 Account Charged Mrs. Beulah Johnson
 Address 125 N. Eola Dr. - 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 State H.C. 285 00
 No. of Casket Orlando 1818
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N 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) Ballbeam - Minister 5 00

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S. & S. 15 00

Baggage or Express Train No. _____

425 00

Carey Hand Funeral Home

Name of Deceased George W. Beardsley
 Date of Death December 15-1945 M
 Cause of Death _____
 Place of Death O. H. H.
 Residence Rt. 1-Box 633 - Orlando, Fla.
 Age 76 Y'rs 7 Mo's 6 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 17 1945 4 P. M.
 Account Charged Mrs. Maude Beardsley
 Address Rt. 1-Box 633 - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Emb. Blush
 Casket with Copper Lin. _____
 Style of Casket H. C.
 No. of Casket Tampa 1972 150 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 12/18/45 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. _____

240 00

Carey Hand Funeral Home

Name of Deceased	Mrs. Grace Sanford
Date of Death	December 16, 1945 4:10 P.M.
Cause of Death	Pneumonia
Place of Death	Wilsey Nursing Home
Residence	Wilsey Nursing Home
Age	55 Yrs 5 Mo's 1 Days
Weight	Height ft. in. Eyes
Funeral at	Chapel
Date	December 18, 1945 4 P.M.
Account Charged	Mrs. Albert W. Pateet
Address	Tampa, Fla.
Account Guaranteed	Mrs. Albert W. Pateet
Address	Tampa, Florida
Embalming	+ Dressing 35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	6/3 Sil Berea
Casket with Copper Lin.	
Style of Casket	
No. of Casket	Orleans 2120 235 00
Outside Box	Reg.
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery	Greenwood
Section	T Lot 29
Yugate 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	Music (Walter) 5 00
Cash Advanced	
Autos (1) Family Car	5 00
Telegram	
Minister (1) Ballhean - Minister	5 00
Music	
Casket Wagon (1)	5 00
Physician	
County or City Burial	
Automobiles S + S	15 00
Baggage or Express Train No.	

320 00

Carey Hand Funeral Home

Name of Deceased George Merriam Sherman
 Date of Death Arrived Dec. 17-1945 5:30 P.M.
 Cause of Death Not Given On Permit
 Place of Death Residence
 Residence Kissimmee, Florida
 Age 76 Y'rs 7 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Eiselen-Wigginton
 Address Orlando, Fla
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation Cremated 12/18/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Deliver to
 Telegram Eiselen-Wigginton
 Minister Orlando, Fla.
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Carey Hand Funeral Home

Name of Deceased Miss Doris Bingham
 Date of Death December 18-1945 9 A. M.
 Cause of Death _____
 Place of Death Residence
 Residence 160 W. 4th St. Park
 Age 58 Y'rs 9 Mo's 24 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Private - Family Room
 Date December 21 1945 11 A. M.
 Account Charged Mrs. Margaret B. Morris
 Address 5217 Blackstone Ave. - Chicago, Ill.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/2 Steel Grey Doe
 Casket with Copper Lin. _____
 Style of Casket H.C.
 No. of Casket Tampa 1972 135.00
 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 12/21/45 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Express order to:
 Telegram Huebach Funeral Home
 Minister 1049 Julian Ave.
 Music Dubuque, Iowa 5.00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

225.00

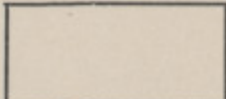
Carey Hand Funeral Home

Name of Deceased Larada H. MacDougal
 Date of Death December 18-1945 noon M.
 Cause of Death Carcinoma of Cervix
 Place of Death Orange General Hospital
 Residence 31 N. Glenwood - Orlando, Fla.
 Age 48 Y'rs 4 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 20 1945 11 A.M.
 Account Charged Jay W. MacDougal
 Address 31 N. Glenwood - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Emb.
 Casket with Copper Lin. _____
 Style of Casket Oct. H. C.
 No. of Casket Tampa 1972 125.00
 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 12/21/45 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. _____

215.00

88

Carey Hand Funeral Home

Name of Deceased Sam Travis (Colored)
 Date of Death December 16-1945 M.
 Cause of Death _____
 Place of Death Apopka
 Residence Apopka
 Age 85 Yrs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ 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 _____
 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 _____
 Physician _____
 County or City Burial yes 14 50
 Automobiles _____
 Baggage or Express Train No. _____

14 50

Name of Deceased Miss Willard Bishop
 Date of Death December 19-1945 11 P.M.
 Cause of Death Cerebral Hemorrhage - Hypertension
 Place of Death Fla. San.
 Residence 242 Chase Ave. - Winter Park, Fla.
 Age 39 Y'rs 2 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at 1st Meth Church - Winter Park
 Date December 21 1945 5:30 P.M.
 Account Charged Mrs. Edward R. Huff, Jr.
 Address 1011 Harwood Ave. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming & Dressing _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 - Glass Pink
 Casket with Copper Lin. _____
 Style of Casket 1/2 Couch
 No. of Casket Tampa - 2-1525 250 00
 Outside Box _____ Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Anthony Cemetery
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to JacksonvilleR. R. Ticket Express 9 97

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2) 10 00

Physician _____

County or City Burial _____ 15 00

Automobiles S. & S.

Baggage or Express Train No. _____

319 97

Kyle Funeral Home

Jacksonville, Florida

Carey Hand Funeral Home

Name of Deceased Mrs. Susan Bellon
 Date of Death December 20-1945 A.M.
 Cause of Death _____
 Place of Death County Home Hospital
 Residence 611 E. Amelia - Orlando, Fla.
 Age 91 Yrs 3 Mo's 27 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 22 1945 10:20 A.M.
 Account Charged Estate
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming Pressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Day Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket State H.C. 195 00
 No. of Casket _____
 Outside Box _____ Reg.
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section J Lot 117

I Other Graves

N

E

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 - Minister 5 00

Music _____

Casket Wagon (1) 5 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 Mr. Robert Randolph Smith, Jr.
 Date of Death December 20 - 1945 7:30 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence 1523 Newport - Orlando, Fla.
 Age 88 Y'rs 7 Mo's 6 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 22 1945 11:30 A.M.
 Account Charged Robert R. Smith, Jr.
 Address 1521 Newport - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress yes (Bis. Stuffs) 37 50
 Underwear and Hose _____
 Casket 6/3 Gr. Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Walker 732 275 00
 Outside Box Req.
 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 Murfreesboro, Tenn.
 R. R. Ticket yes 93 71
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

450.21

Carey Hand Funeral Home

Name of Deceased	Wm W. Henderson, Jr.		
Date of Death	December 20, 1945	M.	
Cause of Death	Auto Accident		
Place of Death	Sanford, Fla.		
Residence	Lakeland, Fla.		
Age	16	Yrs	8
		Mo's	6
		Days	
Weight		Height	ft. in.
Eyes			
Funeral at	Chapel		
Date	December 24	1945	2 P. M.
Account Charged	Wm W. Henderson, Jr.		
Address	114 1/2 W. Lemon - Lakeland, Fla.		
Account Guaranteed			
Address			
Embalming	+ dressing		
Robe, Suit, Dress			
Underwear and Hose			
Casket	6/3 Grey Br. Cl.		
Casket with Copper Lin.			
Style of Casket	State H.C.		
No. of Casket	Lampa 250		
Outside Box			
Shipping Case or Vault	Cement		
Handles			
Pillow Set			
Name Plate			
Cemetery	Greenwood		
Section	N	Lot	60
		E	
I Other Graves			
	N	S	
X Grave on This Date	X		
		W	
Cremation			
Urn			
Single Grave			
Opening and Closing Grave etc.	25 00		
Body Shipped to	(10.00 extra for Holiday)		
R. R. Ticket			
Cash Advanced			
Autos	(1) Family Car 5 00		
Telegram			
Minister	(1) Ballheiser - Minister 5 00		
Music			
Casket Wagon	Go Sanford 10 00		
Physician			
County or City Burial			
Automobiles	S. & S. 15 00		
Baggage or Express Train No.			

470 00

Carey Hand Funeral Home

Name of Deceased Mrs. Jennetta M. Knight
 Date of Death December 20, 1945 P.M.
 Cause of Death _____
 Place of Death Res. 1319 Harmon Ave.
 Residence 1319 Harmon Ave. - Winter Park
 Age 90 Y'rs - Mo's 22 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 23, 1945 2 P.M.
 Account Charged Mrs. E. C. Austin
 Address 1319 Harmon Ave. - Winter Park, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Gray Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket State
 No. of Casket Oleander 2120 250 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Palm Cemetery
 Section _____ Lot _____
Monument already erected 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) Ballman - Minister 5 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

225 00

Carey Hand Funeral Home

Name of Deceased Mr. Oran David West
 Date of Death December 20, 1945 P. M.
 Cause of Death Broncho pneumonia
 Place of Death Residence
 Residence 1213 Columbia - Orlando, Fla.
 Age 65 Y'rs 9 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date December 23, 1945 4 P. M.
 Account Charged Mr. Oran D. West
 Address 1213 Columbia - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + Dressing 35 00
 Robe, Suit, Dress Blue 30 00
 Underwear and Hose _____
 Casket 6/3 Grey Br. Pl.
 Casket with Copper Lin. _____
 Style of Casket State H.C.
 No. of Casket Tampa 31 200 00
 Outside Box _____ 60 00
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 22 - Blk. 14 Lot 6

I Other Graves

N

E

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) Ballhean - Minister 5 00

Minister _____

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles S & S. 15 00

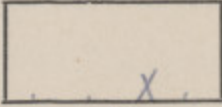
Baggage or Express Train No. _____

355 00

Carey Hand Funeral Home

Name of Deceased Mrs. Hannah Bartlett Thompson
 Date of Death Dec. 21-1945 5:20 P. M.
 Cause of Death Not Given On Permit
 Place of Death New York City, N. Y.
 Residence Lake Alfred, Florida
 Age 44 Y'rs 5 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Ott - Laughlin
 Address Winter Haven, 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
 W
 X Grave on This Date _____
 Cremation Cremated 12/22/45 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram Return to:-
 Minister Ott - Laughlin
 Music _____
 Casket Wagon Winter Haven, Fla.
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of Deceased Mrs. Frank Joseph Hogan
 Date of Death December 22-1945 - 9 A.M.
 Cause of Death Coronary occlusion
 Place of Death Residence
 Residence 2215 Amburst St. - Orlando
 Age 60 Y'rs 1 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date December 1945 9 A. M.
 Account Charged Mrs. Esther B. Hogan
 Address 2215 Amburst - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6/3 Grey Emb.
 Casket with Copper Lin. _____
 Style of Casket State 1/2 C.
 No. of Casket Lamp 2-31 235 00
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 9 - Blk. 14 Lot 9
 E
 I Other Graves
 N  S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 25 00
 Body Shipped to (Extra for Holiday)
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family Car 5 00
 Telegram _____
 Minister (1) Minister Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S. & S. 15 00
 Baggage or Express Train No. _____

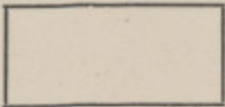
385 00

Carey Hand Funeral Home

Name of Deceased Mrs. Virginia A. Phares
 Date of Death December 22 1945 4:45 P. M.
 Cause of Death _____
 Place of Death O. G. H.
 Residence Bithlo, Florida
 Age 83 Y'rs 9 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Shoreside
 Date December 23 1945 4 P. M.
 Account Charged J. C. Dodson
 Address Bithlo, Florida
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35.00
 Robe, Suit, Dress White Dress 17.50
 Underwear and Hose _____
 Casket 6/3 Grey Cloth
 Casket with Copper Lin. _____
 Style of Casket T. Top
 No. of Casket Tampa 71 100.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Christmas
 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. 15.00
 Baggage or Express Train No. _____

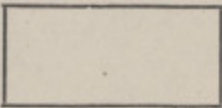
187.50

Carey Hand Funeral Home

Name of Deceased Clarence W. Hoblit
 Date of Death Dec. 22 - 1945 7:10 P. M.
 Cause of Death _____
 Place of Death O. I. H.
 Residence 426 Hazel Court - Orlando, Fla.
 Age 32 Y'rs 10 Mo's 12 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Shipped Dec. 24 1945 1:15 A. M.
 Account Charged Roy D. Hoblit
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming + dressing 35 00
 Robe, Suit, Dress Gray Suit 37 50
 Underwear and Hose _____
 Casket 6/6 Gray
 Casket with Copper Lin. _____
 Style of Casket State's C
 No. of Casket Orleans - 7098 350 00
 Outside Box Reg
 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 Danversville, Texas 79 70
 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. _____

512 ²⁰

Carey Hand Funeral Home

Name of Deceased Mrs. Annie Wright
 Date of Death Dec. 22-1945 9 P. M.
 Cause of Death Internal obstruction
 Place of Death Residence
 Residence 426 S. Rosalind - Orlando, Fla.
 Age 81 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Destination
 Date Shipped Dec. 24 1945 1:15 P. M.
 Account Charged P. W. Rider
 Address 1826 Harrison St. - Orlando, Fla.
 Account Guaranteed
 Address
 Embalming + Dressing 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6/3 Sil. Grey
 Casket with Copper Lin.
 Style of Casket 1/2 Couch
 No. of Casket Tampa - 21 235 00
 Outside Box Reg.
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Buchannon, W. Va.
 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 Clarkburg, W. Va. 81 73
 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.

361.73