

3-9-1946

Memoranda Book 177: Carey Hand Funeral Home records, March 9, 1946 to April 28, 1946

Carey Hand Funeral Home

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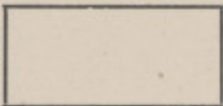
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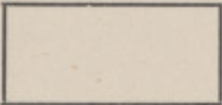
Carey Hand Funeral Home

Name of Deceased Ira Jackson Budley
Date of Death March 9, 1946 12:45 P. M.
Cause of Death Heart Attack
Place of Death Residence - Orlando, Fla.
Residence 219 No. Tampa Ave.
Age 49 Y's _____ Mo's _____ Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Swainsboro, Ga.
Date _____ 194 _____ M.
Account Charged Latus Irene Kemp
Address 219 No. Tampa Ave. Orlando,
Account Guaranteed Estate & Insurance
Address _____
Embalming _____ 35 00
Robe, Suit, Dress Shirt & 5 25
Underwear and Hose _____
Casket _____
Casket with Copper Lin. _____
Style of Casket State H. Cap
No. of Casket Swanson 975 00
Outside Box _____
Shipping Case or Vault _____
Handles _____
Pillow Set _____
Name Plate _____
Cemetery Swainsboro, Ga.
Section _____ Lot _____
E
I Other Graves 
X Grave on This Date _____ W
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave by auto
Body Shipped to Swainsboro, Ga.
R. R. Ticket Expense at 125 00
Cash Advanced Swainsboro 150 00
Autos Cadillac Hearse
Telegram _____
Minister _____
Music _____
Casket Wagon (1) 5 00
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train No. _____

1295.00

Pd

Carey Hand Funeral Home

Name of Deceased Mrs. Emma Estella Sample
 Date of Death March 8, 1946 6:30 A.M.
 Cause of Death Senility
 Place of Death Residence - Orlando, Fla.
 Residence 424 Ruth Street
 Age 81 Y's 11 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 10 1946 4 P.M.
 Account Charged Martin L. Sample
 Address 424 Ruth St., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming ☒ 35.00
 Robe, Suit, Dress 17.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 200.00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos P.B. (2) 10.00
 Telegram _____
 Minister 5.00
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. _____

297.50
Pd.

Carey Hand Funeral Home

Name of Deceased Miss Janis Belle Redditt
 Date of Death March 9, 1946 - 1 A. M.
 Cause of Death Bitten by Snake
 Place of Death Orange General Hospital
 Residence Christmas, Florida
 Age 1 Y'rs 2 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside - Christmas, Fla.
 Date March 10, 1946 4 P. M.
 Account Charged John Redditt
 Address Christmas, Florida
 Account Guaranteed _____
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Bassinet - white 40 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Steel 125 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Christmas, Florida
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

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

230 00

Carey Hand Funeral Home

Name of Deceased Agnew J. Field
 Date of Death March 9, 1946 7:30 A.M.
 Cause of Death Suicide with pistol
 Place of Death Orlando, Fla. in amt.
 Residence 1325 N. Ferncreek, Orlando, Fla.
 Age 51 Yrs 2 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Marietta, Georgia
 Date 3-11-46 1946 M.
 Account Charged Mrs. Martha S. Field
 Address 1325 N. Ferncreek, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 135 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery National
 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 Marietta, Ga.
 R. R. Ticket 3-11-46
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 34 36
 214.36

Carey Hand Funeral Home

Name of Deceased Infant Gaston
 Date of Death March 9, 1946 - 12:30 A.M.
 Cause of Death Still Born
 Place of Death Orlando, Florida
 Residence 2000 Chamberlin St., Orlando, Fla.
 Age — Y's — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graceland - Greenwood
 Date March 11 1946 11 A.M.
 Account Charged George Gaston
 Address —
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket White Bassinette 25 00
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section Buried on Earl Lot
Warn Lot next to their other baby
 I Other Graves —
 X Grave on This Date —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave etc. 4 50
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos ✓ 5 00
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

34.50

Carey Hand Funeral Home

Name of Deceased Edward Louis Winnow
 Date of Death March 9, 1946 - 8:30 A.M.
 Cause of Death Diabetic Coma
 Place of Death Orange General Hospital
 Residence Rt. 4, Box 689 - Orlando, Fla.
 Age 58 Y'rs 5 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside - Drowdy Cem.
 Date March 14 1946 10 A.M.
 Account Charged Mrs. Miriam Winnow
 Address Rt. 4, Box 689 - Orlando, Fla.
 Account Guaranteed Estate

Address _____
 Embalming _____ 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 280.00
 No. of Casket 732
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Drowdy
 Section _____ Lot 4-Bk-55

I Other Graves

N

S

X Grave on This Date

W

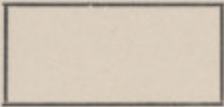
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) 5.00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. _____

355.00

pd.

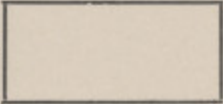
180.00

Carey Hand Funeral Home

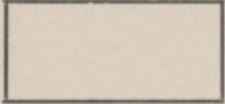
Name of Deceased Mrs. Kurjia Momany
 Date of Death March 11, 1946 11:45 A. M.
 Cause of Death apparently Coronary Occlusion
 Place of Death Residence - Orlando, Fla.
 Residence 836 Palm Drive - Orlando.
 Age 73 Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Episcopal Church - Orlando
 Date March 14 1946 2 P. M.
 Account Charged Thomas Hager
 Address 500 West Gore St. Orlando, Fla.
 Account Guaranteed Estate
 Address —
 Embalming 35.00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket State 1/2 Couch 375.00
 No. of Casket —
 Outside Box —
 Shipping Case or Vault Cement 60.00
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —
 E
 I Other Graves 
 X Grave on This Date —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave etc 15.00
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced Certified Copy - D.O. 50
 Autos —
 Telegram —
 Minister (1) 5.00
 Music —
 Casket Wagon (1) 5.00
 Physician —
 County or City Burial —
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. —

510.50
Pd.

Carey Hand Funeral Home

Name of Deceased William Jessie Sanford
 Date of Death March 11, 1946 - 12:20 A.M.
 Cause of Death Struck by auto on Public Hwy
 Place of Death 2 miles N. of Plymouth, Fla.
 Residence Leesburg, Florida
 Age 4 Y'rs 8 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grasside
 Date March 14, 1946 - 194 2 P. M.
 Account Charged D. J. Sanford
 Address _____
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 135 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Grand Island near
 Section Leesburg, Fla.
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 25 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles Hearse to cemetery 25 00
 Baggage or Express Train No. _____
 285.00
 P.

Carey Hand Funeral Home

Name of Deceased James L. Carmichael
 Date of Death March 11, 1946 - 7:30 P.M.
 Cause of Death Bronchial Pneumonia
 Place of Death Residence, Orlando, Fla.
 Residence 2007 E. Central Avenue
 Age 20 Y'rs 2 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date March 11 1946. M.
 Account Charged M. L. Carmichael
 Address 2007 E. Central - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap.
 No. of Casket 1972 135 00
 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 _____ 5 00
 Telegram _____
 Minister (1) 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles STJ 15 00
 Baggage or Express Train No. _____

275.00
Pd.

Carey Hand Funeral Home

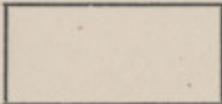
Name of Deceased Leon J. Fritsch
 Date of Death March 10, 1946 7:45AM.
 Cause of Death Broncho Pneumonia
 Place of Death Sunnyside Nursing Home
 Residence Rockledge, Florida
 Age 54 Y'rs 5 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Birmamwood, Wisconsin
 Date _____ 194 _____ M.
 Account Charged Vernon J. Fritsch
 Address Birmamwood, Wisconsin
 Account Guaranteed Check, Western Union
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress }
 Underwear and Hose } 5 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap 250 00
 No. of Casket 1500
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Birmamwood, Wisconsin
 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 Mar. 11, 1946 -
 R. R. Ticket Birmamwood, Wis. 120 00
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76

420.00

Pd.

Name of Deceased Tracy Jay Mason
 Date of Death March 12, 1946 2 A. M.
 Cause of Death Bronchogenic Carcinoma
 Place of Death Tourist Camp No. of Midland
 Residence 2007 E. Central Ave., Orlando, Fla.
 Age 62 Y'rs 10 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rochester, N. Y.
 Date _____ 194 _____ M.
 Account Charged Judson E. Mason
 Address 56 W. Main St., Ontario, N. Y.
 Account Guaranteed Cash
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 350 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Ontario, N. Y.
 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 Hawk + Mephan
 R. R. Ticket _____ 89 86
 Cash Advanced _____
 Autos Ontario, N. Y.
 Telegram by Express
 Minister 3-14-46 - 1:25 AM
 Music _____
 Casket Wagon (1) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

484.86
 pd

Name of Deceased Mrs. Maude Brown Covert
 Date of Death March 10, 1946 - 3:45 P. M.
 Cause of Death Permeious Anemia + Pneumonia
 Place of Death Orange General Hospital
 Residence Carolina Trailer Camp - Orlando, Fla.
 Age 73 Y'rs 3 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 13, 1946 11 A. M.
 Account Charged D. C. Covert
 Address _____
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. Agr. + Flare 100 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to In Vault
 R. R. Ticket To Constatland, N. Y. 98 55
 Cash Advanced _____
 Autos _____ 1 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

244.55
Pd.

Name of Deceased Albert P. Wright
 Date of Death March 12, 1946 P. M.
 Cause of Death Shot with 12 gauge shot gun
 Place of Death Residence - Orlando, Fla.
 Residence 2009 W. Jackson St.
 Age 62 Y's 11 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Hodges, Alabama
 Date _____ 194 _____ M.
 Account Charged Mrs. Clyde Fleming
 Address 2009 W. Jackson St.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Shirt 3.50 } 6 25
 Underwear and Hose 2.75 }
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 25 00
 No. of Casket 710
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Hodges, Alabama
 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 (Baggage)
 R. R. Ticket To Hodges, Alabama 58 80
 Cash Advanced Mar. 14, 1946
 Autos 2:25 P.M.
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

360.05
Pd.

Name of Deceased Mrs. Lillian Belle Sackett
 Date of Death March 13, 1946 M.
 Cause of Death Acute Dilation of heart.
 Place of Death De Land, Florida
 Residence Rt. 1, Box 100A - Sanford, Fla.
 Age 78 Y'rs 11 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sanford, Florida
 Date _____ 194 _____ M.
 Account Charged Erickson Funeral Home
 Address Sanford, Florida
 Account Guaranteed Check
 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 March 15, 1946 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 Pd.

Ashes expressed to
Erickson Funeral Home
Sanford, Florida.

Name of Deceased Grace Eddy Ward
 Date of Death March 12, 1946 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death De Land, Florida
 Residence 330 E. Rich. Deland, Fla.
 Age 38 Y'rs 7 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land, Florida
 Date _____ 194 _____ M.
 Account Charged Allen-Summerhill F. H.
 Address De Land, Florida
 Account Guaranteed Check
 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 March 15, 1946 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister Will Call
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50
Pd.

Carey Hand Funeral Home

17

Name of Deceased	<u>Severin Carlson</u>		
Date of Death	<u>March 14, 1946 - 1:45 A. M.</u>		
Cause of Death	<u>Carcinoma of liver</u>		
Place of Death	<u>Adkins Nursing Home</u>		
Residence	<u>Riverside - 20 Harris St. Providence</u>		
Age	<u>70</u>	Y'rs	<u>9</u>
		Mo's	<u>4</u>
		Days	<u>R.I.</u>
Weight		Height	
		ft.	
		in.	
Eyes			
Funeral at	<u>Providence, Rhode Island.</u>		
Date	<u>194</u>		<u>M.</u>
Account Charged	<u>Mrs. Severin Carlson</u>		
Address	<u>Riverside, I. - 20 Harris St. Providence</u>		
Account Guaranteed	<u>Check</u>		<u>R.I.</u>
Address			
Embalming			<u>35 00</u>
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket	<u>Oct. H. Cap. Pl. & Ap</u>		<u>100 00</u>
No. of Casket	<u>71</u>		
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	<u>Providence, R.I.</u>		
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	<u>Providence R.I.</u>		
R. R. Ticket	<u>Express - Mar. 29 -</u>		
Cash Advanced	<u>1946 -</u>		<u>91 55</u>
Autos			
Telegram			
Minister			
Music			
Casket Wagon	<u>(2)</u>		<u>10 00</u>
Physician			
County or City Burial			
Automobiles			
Baggage or Express Train No.			
			<u>236.55</u>
			<u>Rd.</u>

Name of Deceased Walter George Stephens
 Date of Death March 14, 1946 - 11:55 P. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Doyle Nursing Home
 Residence 149 E. Jackson St., Orlando, Fla.
 Age 80 Y'rs 8 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 16 1946 4 P. M.
 Account Charged Mrs. Beatrice Stephens
 Address 149 E. Jackson St. Orlando
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Oct. H. Cap. Fl. + Apr. 110 00

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Cremation

Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation March 18, 1946 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. _____

Will call for ashes 200.00
Pd.

Name of Deceased Mrs. Sadie Irwin
 Date of Death March 12, 1946 M.
 Cause of Death Found dead in bed
 Place of Death Shelly Hotel
 Residence W. Church St. Shelly Hotel, Orlando, Fla.
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 20, 1946 194 3 P. M.

Account Charged _____
 Address _____
 Account Guaranteed Estate
 Address _____

Embalming _____ 35.00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Oct. H. Cap. H. & Apr. 125.00

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

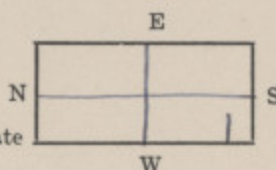
Pillow Set _____

Name Plate _____

Cemetery Greenwood

Section J - S.W. 1/2 Lot 148

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) 10.00

Telegram _____ 5.00

Minister _____

Music _____

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles 5 + 5 15.00

Baggage or Express Train No. _____

210.00

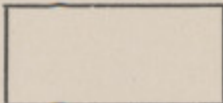
Carey Hand Funeral Home

20

Name of Deceased Infant Carter
 Date of Death March 15, 1946 - 6:20 P.M.
 Cause of Death Premature Birth
 Place of Death Orange General Hospital
 Residence 1814 Woodward Ave. Orlando, Fla.
 Age — Y'rs — Mo's 2 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date March 17 1946 4 P. M.
 Account Charged John E. Carter, Jr.
 Address 1814 Woodward Ave. Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming Care of Body 10 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Oct. White Bassinette 35 00
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave etc 7 50
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos Family 5 00
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

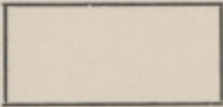
57.50

Carey Hand Funeral Home

Name of Deceased George Siehoff
 Date of Death March 16, 1946 - 7:15 A.M.
 Cause of Death Chrom. Nephritis
 Place of Death Residence - Orlando, Fla.
 Residence 813 E. Livingston Ave.
 Age 75 Y'rs 2 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Burlington, Wisconsin
 Date About April 10 1946 M.
 Account Charged Mrs. Josephine Siehoff
 Address 813 E. Livingston, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap 360 00
 No. of Casket 6508
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Burlington, Wis.
 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 To Burlington, Wis. 170 36
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

575.36

Pd.

Name of Deceased Mrs. Carolyn Adela Paterson
 Date of Death March 16, 1946. 3:15 P.M.
 Cause of Death Heart Disease & Diabetes
 Place of Death Nursing Home - 15 So. Lake St. Orlando Fla.
 Residence Cocoa, Fla.
 Age 85 Y'rs 2 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 21, 1946 4 P. M.
 Account Charged J. L. Paterson
 Address Cocoa, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 100 00
 No. of Casket 245
 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 March 22, 1946 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced Express ashes
 Autos _____
 Telegram to Room Funeral Home
 Minister Cocoa, Fla.
 Music (1) 5 00
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

 190.00
 Pd.

Carey Hand Funeral Home

Name of Deceased Charles H. Knepkas
 Date of Death Mar. 14, 1946 - 7:45 P.M.
 Cause of Death Coronary Heart Disease
 Place of Death Bay Pines, Veterans Hosp.
 Residence Lockhart, Florida
 Age 73 Y'rs 2 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 18 1946 2 P. M.
 Account Charged Mrs. Lula K. Knepkas
 Address Lockhart, Florida
 Account Guaranteed Estate 8 P.M.
 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 March 19, 1946

50 00

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

*Will call for
ashes.*

50 00
Pd.

Carey Hand Funeral Home

24

Name of Deceased Lewis Winnie Baldwin
 Date of Death March 18, 1946 - 10:30 A.M.
 Cause of Death Cancer of Bladder
 Place of Death Residence - Orlando, Fla.
 Residence 865 Nottingham
 Age 51 Y'rs 3 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Summit, New Jersey
 Date _____ 1946 M.
 Account Charged Mrs. Christine R. Baldwin
 Address 865 Nottingham Rd. - Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. Mfg. 875 00
 No. of Casket 500
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Summit, New Jersey
 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 Newark, New Jersey 149 17
 R. R. Ticket 244
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician Certified copies of D.C. 2 50
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

shipped by Baggage 1071.67
March 19, 1946 - 2:25 P.M. pd.

Name of Deceased Edison Cornelia Gohar
 Date of Death March 18, 1946 - 5:40 P. M.
 Cause of Death Suicide with shot gun.
 Place of Death Residence, Orlando, Fla.
 Residence 1027 Nottingham Rd, Orlando, Fla.
 Age 39 Y'rs 8 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 21 1946 11 A. M.
 Account Charged Mrs. Retha Gohar
 Address 1027 Nottingham Rd. Orlando, Fla.
 Account Guaranteed Estate

Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 725 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

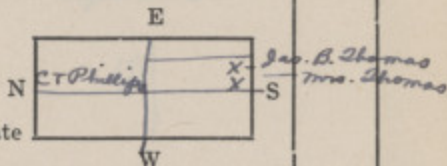
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (2) Family cars 10 00
 Telegram (1) car 5 00
 Minister (1) car 10 00
 Music (2) P.B. car 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial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

880.00

Carey Hand Funeral Home

Name of Deceased Rev. James Bishop Thomas
 Date of Death March 18, 1946 2 P. M.
 Cause of Death Congestive Heart Failure
 Place of Death Residence - Winter Park, Fla.
 Residence 2162 Via Tuscan - W. P.
 Age 74 Y'rs 11 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date March 1946 4 P. M.
 Account Charged Mrs. Jessie Thomas
 Address 2163 Via Tuscan - Winter Park, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket + Service Chg
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Palm - W. P. Fla.
 Section No. A-B + W 1/2 D. Lot

I Other Graves



X Grave on This Date

Cremation March 20, 1946

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (1)

Physician Rmk

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

Ashes buried in
Palm Cemetery, Winter
Garden, Fla.

35 00

40 00

50 00

5 00

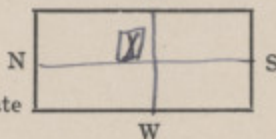
5 00.

135 00

Name of Deceased Clarence Lester Brundage
 Date of Death March 19, 1946 - 9:20 a.m.
 Cause of Death Coronary Thrombosis
 Place of Death Residence - Orlando, Fla.
 Residence 122 Hillcrest Ave. Orlando, Fla.
 Age 81 Y'rs 9 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 22 1946 11 a.m.
 Account Charged Mrs. Mary H. Brundage
 Address 122 Hillcrest Ave., Orlando Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 25 00
 No. of Casket 2638
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section B Lot 46
space 6 -
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 (2) 10 00
 Telegram P.B. Car 5 00
 Minister (1) car 5 00
 Music Singer (Walter) 5 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

405 00
pd.

Name of Deceased Clarence L. Marrell
 Date of Death Arrived - March 19, 1946 M.
 Cause of Death Broncho Pneumonia
 Place of Death Bay Pines Veteran Hosp.
 Residence 714 Maxwell Ave., Orlando, Fla.
 Age 58 Y'rs 10 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 22 1946 3 P. M.
 Account Charged Mrs. Ruth Marrell
 Address 714 Maxwell Ave., Orlando, Fla.
 Account Guaranteed Estate

Address _____
 Embalming _____
 Robe, Suit, Dress Shirt & tie 4 50
 Underwear and Hose 3 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

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

Cremation March 23, 1946 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music Walter & Stuart 10 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

will call for ashes

72 50

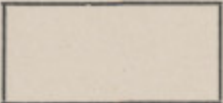
Name of Deceased Mrs. Mary Edith Van Jassel
 Date of Death March 20, 1946 6 A. M.
 Cause of Death Colic Abscess - Chron. Nephritis
 Place of Death Florida Sanitarium
 Residence 507 West Amelia, Orlando, Fla.
 Age 62 Y's — Mo's 11 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date March 21 1946 8 P. M.
 Account Charged E. R. Van Jassel -
 Address 507 W. Amelia Ave., Orlando, Fla.
 Account Guaranteed Payments
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —
E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation March 22, 1946 50 00
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

will call for ashes.

85 00
Pd.

Name of Deceased Mrs. Mary E. Pyne
 Date of Death March 5, 1946 M.
 Cause of Death Chronic Endocarditis
 Place of Death Kissimmee, Florida
 Residence Kissimmee, Florida
 Age 75 Y'rs - Mo's - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Kissimmee, Fla.
 Date - 194 - M.
 Account Charged Grissom Funeral Home
 Address Kissimmee, Florida
 Account Guaranteed Check
 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 March 21, 1946 3750
 Urn -
 Single Grave -
 Opening and Closing Grave -
 Body Shipped to -
 R. R. Ticket -
 Cash Advanced -
 Autos -
 Telegram -
 Minister -
 Music -
 Casket Wagon -
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

Ashes expressed to 3750 Pd.
Grissom Funeral Home
Kissimmee, Florida

Name of Deceased Frank Harrison
 Date of Death March 19, 1946 6 P.M.
 Cause of Death Arterio Sclerotic Heart Disease
 Place of Death Orange General Hospital
 Residence 2920 Kuhl Ave., Orlando, Fla.
 Age 83 Y'rs 3 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 29 1946 4 P.M.
 Account Charged Mrs. Mary Harrison
 Address 2920 Kuhl Ave., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Shirt + Tie 4 50
 Underwear and Hose _____ 50
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct H. Cap. 285 00
 No. of Casket 1818
 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 March 25, 1946 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. _____

will call for ashes. 390.⁰⁰
pl.

Name of Deceased Mrs. Henrietta Masely Loomis
 Date of Death March 12, 1946 M.
 Cause of Death Coronary Thrombosis
 Place of Death St. Petersburg, Fla.
 Residence St. Petersburg, Fla.
 Age 77 Y'rs 3 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg, Fla.
 Date _____ 194 _____ M.
 Account Charged Cooksey Funeral Home
 Address St. Petersburg, Fla.
 Account Guaranteed Check
 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 March 25, 1946 3750

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon _____

Physician _____

County or City Burial _____

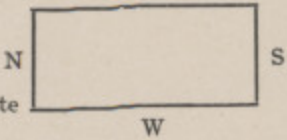
Automobiles _____

Baggage or Express Train No. _____

3750 Pd.

Ashes expressed to
Cooksey Funeral Home
St. Petersburg, Florida.

33

Name of Deceased Jess B. Hawley
Date of Death March 20, 1946 8:40 P.M.
Cause of Death Congestive heart failure
Place of Death Orange Memorial Hospital
Residence Babson Park, Florida
Age 58 Y'rs 11 Mo's _____ Days _____
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Chapel
Date March 22, 1946 194 12 noon
Account Charged Mrs. Louise Hawley
Address Babson Park, Fla. - Send Statement
Account Guaranteed to Mr. Emmett Donnelly
Address Lake Wales, Florida
Embalm _____ 35 00
Robe, Suit, Dress _____
Underwear and Hose _____
Casket _____
Casket with Copper Lin. _____
Style of Casket Oct. H. Cap. 285 00
No. of Casket 1818
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 _____ 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 2 copies Death Cert. 1 00
County or City Burial
Automobiles _____
Baggage or Express Train No. _____

376 00

Carey Hand Funeral Home

34

Name of Deceased Mrs. Louise C. Gasse
 Date of Death March 21, 1946-3:30 A.M.
 Cause of Death Cerebral Apoplexy
 Place of Death 1234 Palmer Ave. Winter Park
 Residence 503 Longwood Ave. Glenview, Ill. Fla.
 Age 80 Y'rs 2 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Glenview, Illinois
 Date _____ 194 _____ M.

Account Charged Harold H. Elliott
 Address Glenview, Illinois
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>State 1/2 Couch Solid Walnut</u>	900 00
No. of Casket <u>500</u>	
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Evanston, Illinois</u>	
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	
R. R. Ticket <u>+ 2x</u>	101 17
Cash Advanced	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>(2)</u>	10 00
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No.	

1046.17

Carey Hand Funeral Home

Name of Deceased David Silver
 Date of Death March 22, 1946 - 10:45 P.M.
 Cause of Death Cerebral Thrombosis
 Place of Death Orange General Hospital
 Residence 3955 Bigelow Blvd. Pittsburgh, Pa.
 Age 73 Y'rs — Mo's 6 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date March 25 1946 5 P. M.
 Account Charged Elizabeth P. Silver
 Address 3955 Bigelow Blvd. Pittsburgh, Pa.
 Account Guaranteed Estate
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Oct. H. Cap. 135 00
 No. of Casket 1972
 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 March 27, 1946 50 00
 Urn - Bronze 35 00
 Single Grave Engraving 5 00
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon (1) 5 00
 Physician Ambulance 5 00
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

will call for ashes.

270.00

Carey Hand Funeral Home

Name of Deceased Oliver Weaver Brown
 Date of Death March 22, 1946 M.
 Cause of Death no cause on Removal Permit
 Place of Death Lake Hamilton, Fla.
 Residence Lake Hamilton, Florida
 Age 71 Y'rs 2 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lake Hamilton, Fla.
 Date _____ 194 _____ M.
 Account Charged Lane Funeral Home
 Address Haines City, Florida
 Account Guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation March 25, 1946

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. _____

Ashes expressed to
Lane Funeral Home,
Haines City, Florida.

37 50
Pd.

Name of Deceased Ruby Alma Story
 Date of Death March 24, 1946 - 10:30 A.M.
 Cause of Death Brain Tumor with Convulsions
 Place of Death Residence - Orlando, Florida
 Residence Ohio Street, Orlando, Florida

Age 12 Y'rs Mo's Days

Weight Height ft. in. Eyes

Funeral at Colquitt, Georgia

Date 194 M.

Account Charged B. Story

Address

Account Guaranteed

Address

Embalming 35 00

Robe, Suit, Dress White lace 22 50

Underwear and Hose

Casket

Casket with Copper Lin.

Style of Casket Oct. 1/2 Couch 275 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

R. R. Ticket + Tax to Colquitt, Ga. 38 10

Cash Advanced

Autos

Telegram

Minister

Music

Casket Wagon (2) 10 00

Physician

County or City Burial

Automobiles

Baggage or Express Train No.

380. 60
Pd.

Shipped by baggage
 to Colquitt, Ga.
 Mar. 25, 1946 - 2:25 P.M.
 Train 92.

Name of Deceased Patricia Ann Gleason
 Date of Death March 24, 1946-10:30 A.M.
 Cause of Death Prematurity
 Place of Death Orange General Hospital
 Residence 1569 Clady St., Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 24 1946 9 P. M.
 Account Charged Capt. Paul L. Gleason Jr.
 Address 1569 Clady St., Orlando, Fla.
 Account Guaranteed Cash

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

I Other Graves

N

E

S

X Grave on This Date

W

Cremation March 26, 1946 10 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for ashes

10 00
 Pd-

Name of Deceased Leo Edgerton Fagade
 Date of Death March 25, 1946 8:40 A.M.
 Cause of Death Bronchial Pneumonia
 Place of Death Sunnyvale Nursing Home
 Residence 718 Howard Ave., Orlando, Fla.
 Age 85 Y'rs 5 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside in Greenwood
 Date March 26, 1946 4 P. M.
 Account Charged Chester C. Fagade
 Address 147 Virginia Dr. Winter Park, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35⁰⁰
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 285⁰⁰
 No. of Casket 1818
 Outside Box _____
 Shipping Case or Vault Cement 60⁰⁰
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood.
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15⁰⁰
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5⁰⁰
 Physician _____
 County or City Burial _____
 Automobiles S & S 15⁰⁰
 Baggage or Express Train No. _____

415.00

Ad.

Carey Hand Funeral Home

Name of Deceased Lauretta Danger
 Date of Death March 22, 1946 M.
 Cause of Death Encephalitis - Myocarditis
 Place of Death Jacksonville, Florida
 Residence Weirsdale, Florida
 Age 45 Y'rs 10 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Weirsdale, Florida
 Date _____ 194 _____ M.
 Account Charged Page - Thoms Funeral Home
 Address Leesburg, Florida
 Account Guaranteed Check
 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 March 26, 1946 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. _____

Ashes Expressed to 37 50
 Page - Thoms Funeral Home - Leesburg, Fla.

Name of Deceased Mrs. Mary Catherine Smith
 Date of Death March 23, 1946 M.
 Cause of Death Uremia
 Place of Death Eustis, Florida
 Residence Eustis, Florida
 Age 82 Y'rs 6 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Eustis, Florida
 Date _____ 194 _____ M.
 Account Charged Wm Zeller Funeral Home
 Address Eustis, Florida
 Account Guaranteed Check
 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 March 26, 1946 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. _____

Ashes Expressed to
Wm Zeller Funeral Home
Eustis, Florida

37 50 Pd.

Name of Deceased Mrs. Adeline Britton
 Date of Death March 23, 1946 M.
 Cause of Death Diabetes Mellitus
 Place of Death Lake Helen, Florida
 Residence Lake Helen, Florida
 Age 59 Y'rs — Mo's 4 Days
 Weight — Height — ft. — in. Eyes —
 Funeral at Lake Helen, Florida
 Date — 194 — M.
 Account Charged Allen's Summerhill F.H.
 Address De Land, Florida
 Account Guaranteed Check
 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 March 26, 1946 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. —

Ashes expressed to Mrs. William Olsen
4300 No. 100th St.
Milwaukee, Wisconsin

37 50
Pd.

Name of Deceased Alois Behr
 Date of Death March 25, 1946 - 3:30 P.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Residence - Beulah, Fla.
 Residence Beulah, Florida
 Age 80 Y'rs 1 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside - Winter Garden Fla.
 Date March 28 1946 2 P.M.
 Account Charged Mrs. R. V. Melton
 Address Rt. 1, Winter Garden, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue 25 00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch 285 00
 No. of Casket 1732
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Garden
 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 5 & 5 15 00
 Baggage or Express Train No. _____

440.00

Carey Hand Funeral Home

44

Name of Deceased Mrs. Olive Whitmore White
 Date of Death March 25, 1946 - 8 P. M.
 Cause of Death Auto Accident
 Place of Death Orange General Hospital -
 Residence 5008 Goodyear Homes, Brunswick, Me.
 Age 60 Y'rs 1 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Buckport, Maine
 Date _____ 194 _____ M.
 Account Charged B. B. White
 Address 5008 Goodyear Home - Brunswick, Me.
 Account Guaranteed _____
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. 1/2 Couch</u>	285 00
No. of Casket <u>1828</u>	
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery	
Section	
Lot	

I Other Graves

N		S

X Grave on This Date

W

Cremation	
Urn	
Single Grave	
Opening and Closing Grave	
Body Shipped to	
R. R. Ticket <u>Bought Direct</u>	168 89
Cash Advanced	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>(2)</u>	10 00
Physician	
County or City <u>Burial</u>	
Automobiles	
Baggage or Express Train No.	

498.89

Body shipped by
baggage to Buckport, Maine.

Name of Deceased Mrs Emily Tabitha Yarborough
Date of Death March 25, 1946 - 7:55 A.M.
Cause of Death Cancer - left Lung
Place of Death Orange General Hospital
Residence Rt 2, Box 44, Winter Garden, Fla.
Age 60 Y'rs — Mo's 7 Days —
Weight — Height — ft. — in. Eyes —
Funeral at Gravside - Woodlawn
Date March 28 1946 2 P. M.
Account Charged Oliver E. Yarborough
Address Rt 2, Box 44, Winter Garden, Fla.
Account Guaranteed Estate
Address —
Embalming — 35 00
Robe, Suit, Dress —
Underwear and Hose —
Casket —
Casket with Copper Lin. —
Style of Casket Oak H Cap 250 00
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 —
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 5 + 5 15 00
Baggage or Express Train No. —

380.00
Pd

Carey Hand Funeral Home

Name of Deceased Walter Frank Malcolm
 Date of Death March 26, 1946 - 2:30 P.M.
 Cause of Death Congestive Heart Failure
 Place of Death Residence - Orlando, Fla.
 Residence Bldg. 13, Apt. 3, Reeves Terrace
 Age 73 Yrs 11 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. James Catholic Church
 Date Mar 29, (Res.) 8 P.M. 1946 9 A. M.
 Account Charged Mrs. Wm. J. Malcolm
 Address Bldg. 13, Apt. 3, Reeves Terrace, Orlando, Fla.
 Account Guaranteed Estate

Address _____
 Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket State H. Cap 225 00

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Greenwood

Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc. 15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos 2 Family 10 00

Telegram _____

Minister (1) car 5 00

Music (1) P.B. Car 5 00

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles 5-5 15 00

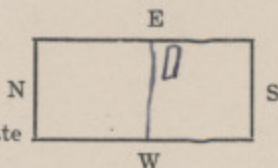
Baggage or Express Train No. _____

315 00

Name of Deceased Mrs. Minerva L. Hines
 Date of Death March 28, 1946 9:15 A.M.
 Cause of Death Apoplexy Arterio Sclerosis
 Place of Death Clay General Hospital
 Residence Apopka, Florida
 Age 62 Y'rs 2 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date March 31 1946 11 A.M.
 Account Charged Clarence D. Hines
 Address Apopka, Florida
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>State 1/2 Couch</u>	275 00
No. of Casket <u>1432</u>	
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Apopka - New Cem.</u>	
Section _____ Lot <u>18-a</u>	

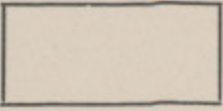
I Other Graves



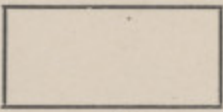
X Grave on This Date

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

415.00

Name of Deceased Harry Lewis Markham
 Date of Death March 29, 1946 3:55 A. M.
 Cause of Death Arterio Sclerosis
 Place of Death Orange General Hospital
 Residence 36 Bristol St. Wallingford, Conn.
 Age 55 Y'rs 6 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Wallingford, Conn.
 Date _____ 194 _____ M.
 Account Charged Mrs. Elsie C. Markham
 Address 36 Bristol St. Wallingford, Conn.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Birch Mahogany H. Cap 500 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Wallingford, Conn.
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket To Wallingford, Conn. 106 89
 Cash Advanced _____
 Autos _____
 Telegram + telephone (2) 5 00
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Shipped via Baggage 656.89
Mar. 30, 1946 - Pd.
2:25 P. M.

Name of Deceased Walter A. Mc Cann
 Date of Death March 23, 1946 P. M.
 Cause of Death Heart Attack
 Place of Death Taft, Florida
 Residence 144 74th Ave., Syracuse, N.Y.
 Age 69 Y'rs 1 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Syracuse, New York
 Date _____ 194 _____ M.
 Account Charged Greenleaf Funeral Home
 Address Syracuse, New York
 Account Guaranteed Estate - Western Union
 Address Draft
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 160 00
 No. of Casket 1972 Metal Lining 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 _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Syracuse, N.Y.
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegrams & Telephone _____ 5 00
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 100 61

410.61

Body shipped via
 Express to Syracuse, N.Y.
 March 24, 1946 - 1:25 a.m. - #76

Name of Deceased William Francis Bennett
 Date of Death March 30, 1946 - 8 A. M.
 Cause of Death Carcinoma of the Rectum
 Place of Death Orlando, Fla. Residence
 Residence 838 Alameda St., Orlando, Fla.
 Age 82 Y'rs 1 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 1, 1946 4 P. M.
 Account Charged Mrs. Amelie M. Bennett
 Address 838 Alameda St., Orlando, Fla.
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. H. Cap</u>	285 00
No. of Casket <u>1818</u>	
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section <u>S. N.W. 1/4</u> Lot <u>75</u>	

I Other Graves _____

N		S
	E	
	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	
Autos <u>(1)</u>	5 00
Telegram	
Minister <u>+ P. B. Car</u>	5 00
Music <u>Walter</u>	5 00
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles <u>S & S</u>	15 00
Baggage or Express Train No.	

430.00

Carey Hand Funeral Home

Name of Deceased Baby Prather
 Date of Death March 30, 1946 - 5:30 a. M.
 Cause of Death Premature Birth
 Place of Death Osteopathic Hosp. Orlando, Fla.
 Residence St. Cloud, Florida
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at no service
 Date — 194— M. —
 Account Charged Prather - St. Cloud, Fla.
 Address —
 Account Guaranteed Cash
 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 April 2, 1946
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

10 00

10 00
Pd.

Will call for ashes.

Name of Deceased Mrs. Mabel M. Hagelton
 Date of Death March 27, 1946 M.
 Cause of Death Drowning
 Place of Death Clermont, Florida
 Residence Clermont, Florida
 Age 70 Y'rs 8 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Clermont, Florida
 Date _____ 194 _____ M.
 Account Charged Edge Funeral Home
 Address Orlando, Florida
 Account Guaranteed check
 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 Clermont, Fla.
 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 _____
 Automobiles _____
 Baggage or Express Train No. _____

37 50

Ashes shipped to Louie Partridge Funeral Home
Jamestown, New York.

37 50
Dd.

Carey Hand Funeral Home

Name of Deceased Josephus Anderson
 Date of Death March 31, 1946 - 5:35 A. M.
 Cause of Death Coronary Heart Disease - Nephritis
 Place of Death Residence - Orlando, Fla.
 Residence 623 N. Thornton St., Orlando, Fla.
 Age 60 Y's — Mo's 20 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date April 2 1946 3 P. M.
 Account Charged Mrs. Josephus Anderson
 Address 623 N. Thornton St., Orlando, Fla.
 Account Guaranteed Estate
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket State H. Cap. 350 00
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave etc 15 00
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos (1) 5 00
 Telegram —
 Minister car 5 00
 Music P.B. Car (2) 10 00
 Casket Wagon (1) 5 00
 Physician —
 County or City Burial —
 Automobiles 355 15 00
 Baggage or Express Train No. —

440 00

Carey Hand Funeral Home

Name of Deceased Dr. Norman Vincent Hayes
 Date of Death March 31, 1946 - 8:30 A.M.
 Cause of Death Electrocuted Accidentally
 Place of Death Plymouth, Florida
 Residence 36 Stelbucster St., Boston, Mass.
 Age 27 Y'rs 5 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel - Rosary 8 P.M. - Apr. 1 - 1946
 Date _____ 194 _____ M.
 Account Charged Vacuum Foods Inc.
 Address Plymouth, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State Mahogany H. Cap 950 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery San Francisco, Calif.
 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 San Francisco, Calif.
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 190 28

Body Expressack to San Francisco, Calif. 11 85.28
April 2, 1946 - 2:25 P.M.

Carey Hand Funeral Home

Name of Deceased Ernest John Hoffman
 Date of Death March 28, 1946 M.
 Cause of Death not given on removal Permit
 Place of Death Cocoa Beach, Florida
 Residence Cocoa Beach, Florida
 Age 68 Y'rs 6 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Cocoa, Florida
 Date _____ 194 _____ M.
 Account Charged Koon-Wylie Funeral Home
 Address Cocoa, Florida
 Account Guaranteed Check
 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 April 2, 1946

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
Pd.

Ashes expressed to
Koon-Wylie Funeral Home
Cocoa, Florida

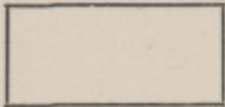
Carey Hand Funeral Home

Name of Deceased Mrs. Susie Della Nutt
 Date of Death April 2, 1946 - 9:30 P.M.
 Cause of Death Coronary Heart Disease
 Place of Death Fla. H.S. Orlando, Fla.
 Residence Ocoee, Florida
 Age 76 Y'rs 4 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Vienna, Georgia
 Date _____ 1946 M.
 Account Charged Clyde W. Nutt
 Address Winter Garden, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue silk 25 00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State Grey Plastic 625 00
 No. of Casket 7 H.Cap.
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Vienna, Ga.
 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 Black Cadillac to
 Telegram Vienna, Ga. 125 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

815.00

Shipped via auto
to Vienna, Ga.

Carey Hand Funeral Home

Name of Deceased Raleigh Duncan Baker, Jr.
 Date of Death April 3, 1946 - 12 noon M.
 Cause of Death not given
 Place of Death Residence -
 Residence Lake Mary, Florida
 Age 69 Yrs 10 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 4 1946 1 P. M.
 Account Charged Mrs. Nettie Moore Baker
 Address Lake Mary, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. Flat Top 100 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____ 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

190 00
Pd.

Carey Hand Funeral Home

Name of Deceased Mrs. Violet C. Mears
 Date of Death March 28, 1946 M.
 Cause of Death Congestive Heart Failure
 Place of Death Stuart, Florida
 Residence Stuart, Florida
 Age 73 Y's 2 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Stuart, Florida
 Date _____ 194 _____ M.
 Account Charged John's Funeral Home
 Address Stuart, Florida
 Account Guaranteed Check
 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 April 4, 1946 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. _____

Ashes Expressed to John's Funeral Home
Stuart, Florida 37 50 Pd.

Carey Hand Funeral Home

59

Name of Deceased Mrs. Violet M. Chiburne Matthews
 Date of Death April 3, 1946 - 5:15 P.M.
 Cause of Death Tuberculosis
 Place of Death J. B. Hospital
 Residence Box 604, Apopka, Florida
 Age 39 Y'rs - Mo's 8 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Graceland, Apopka, Fla.
 Date April 5, 1946 194 4 P. M.
 Account Charged R. L. Matthews
 Address Apopka, Florida
 Account Guaranteed -
 Address -
 Embalming - 35.00
 Robe, Suit, Dress White 15.00
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket Octagon & Flare H. Cap 100.00
 No. of Casket 71
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Apopka, Fla.
 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) 10.00
 Telegram -
 Minister -
 Music -
 Casket Wagon (1) 5.00
 Physician -
 County or City Burial -
 Automobiles 5 & 5 15.00
 Baggage or Express Train No. -

195.00
Pd.

Carey Hand Funeral Home

60

Name of Deceased Fredoff Oscar A. Ekstrom
 Date of Death April 3, 1946 6 P. M.
 Cause of Death Heart Attack
 Place of Death Orea Vista, Florida
 Residence 22 1/2 Buffalo St. Jamestown,
 Age 63 Y'rs 1 Mo's 23 Days N.Y.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Jamestown, New York
 Date _____ 194 _____ M.
 Account Charged Mrs. Ingelborg F. Ekstrom
 Address Jamestown, New York
 Account Guaranteed Check & Cash
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State Mahogany H. Cap. 625 00
 No. of Casket 424
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Jamestown, N.Y.
 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 Jamestown, N.Y. 169 43
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles ✓
 Baggage or Express Train No. 92

Body shipped by baggage to Jamestown, 844.43
N.Y. April 4, 1946 - Pd.
2:25 P.M.

Carey Hand Funeral Home

Name of Deceased	<i>William A. O'Neal</i>		
Date of Death	<i>April 4, 1946</i>	<i>7 A. M.</i>	
Cause of Death	<i>Coronary Heart Disease</i>		
Place of Death	<i>Residence - Orlando</i>		
Residence	<i>327 E. Jackson St., Orlando, Fla.</i>		
Age	<i>69</i>	Y'rs	<i>5</i>
		Mo's	<i>7</i>
		Days	
Weight		Height	ft. in. Eyes
Funeral at	<i>Chapel</i>		
Date	<i>April 8,</i>	1946	<i>4 P. M.</i>
Account Charged	<i>Estate</i>		
Address			
Account Guaranteed	<i>Estate</i>		
Address			
Embalming			<i>35 00</i>
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket	<i>Bronze Finish State</i>		<i>585 00</i>
No. of Casket	<i>State</i>	<i>H. Cap</i>	
Outside Box			
Shipping Case or Vault	<i>Cement</i>		<i>60 00</i>
Handles			
Pillow Set			
Name Plate			
Cemetery	<i>Greenwood</i>		
Section		Lot	
		E	
I Other Graves			
	N		S
X Grave on This Date		W	
Cremation			
Urn			
Single Grave			
Opening and Closing Grave etc			<i>15 00</i>
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos	<i>(1)</i>		<i>5 00</i>
Telegram	<i>L. D. Tel.</i>		<i>4 55</i>
Minister	<i>+ P. B. Car</i>		<i>5 00</i>
Music			
Casket Wagon	<i>(1)</i>		<i>5 00</i>
Physician	<i>3 Tanks Oxygen</i>		<i>10 50</i>
County or City Burial			
Automobiles	<i>S + S</i>		<i>15 00</i>
Baggage or Express Train No.			
			<i>740.05</i>

Carey Hand Funeral Home

62

Name of Deceased Mrs. Rena Strickland Hennis
 Date of Death April 5, 1946 9 P. M.
 Cause of Death Uremic Poisoning
 Place of Death Osteopathic Hospital of Orlando
 Residence 81 No. Main St. Winter Garden, Fla.
 Age 49 Y'rs 7 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside - Winter Garden Cem.
 Date April 9 1946 4 P. M.
 Account Charged John W. Hennis
 Address 81 No. Main St. Winter Garden, Fla.
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress <u>White</u>	17 50
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. 1/2 Couch</u>	275 00
No. of Casket <u>1437</u>	
Outside Box	
Shipping Case or Vault <u>Cement</u>	60 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Winter Garden</u>	
Section _____	Lot <u>16-Blk-A.</u>

I Other Graves _____

N		S
E		
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	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles <u>S + S</u>	15 00
Baggage or Express Train No.	

422.50
00.

Carey Hand Funeral Home

Name of Deceased Miss Daisy Marie Moore
 Date of Death April 5, 1946 - 10 P. M.
 Cause of Death not given
 Place of Death Residence - Orlando, Fla.
 Residence 429 Hunby Ave., Orlando, Fla.
 Age 66 Y'rs 8 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Ludlow, Vermont
 Date _____ 194 _____ M.

Account Charged _____

Address _____

Account Guaranteed Estate

Address _____

Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket State H. Cap 250 00

No. of Casket 432

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Ludlow, Vermont

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 (2) 10 00

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. ✓ & 404 95 43

390.43
Pd.

Body Expressed to
Ludlow, Vermont

Carey Hand Funeral Home

Name of Deceased Charles (Colfax) E. Mueller
 Date of Death April 5, 1946 - 10:30 P.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Anderson Nursing Home
 Residence 645 W. Amelia Ave., Orlando, Fla.
 Age 84 Y'rs 10 Mo's 16 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 7 1946, 4 P. M.
 Account Charged County
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Flat Top Apr. 15 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 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. _____

15 00

Carey Hand Funeral Home

65

Name of Deceased Mrs. Annie M. Murry
 Date of Death April 7, 1946 - 4 A. M.
 Cause of Death Cholerae
 Place of Death Longwood, Florida
 Residence Longwood, Florida
 Age 73 Y'rs - Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 8 1946 2:30 P. M.
 Account Charged M. B. Myers
 Address Longwood, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 135 00
 No. of Casket 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Longwood, Florida
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation April 10, 1946 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. _____

225.00 Pd.

Carey Hand Funeral Home

Name of Deceased George Dewey Clanton
 Date of Death April 7, 1946 A. M.
 Cause of Death Cerebral Embolism
 Place of Death Orange General Hospital
 Residence Fort Christmas, Florida
 Age 48 Y'rs 2 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lanier, Georgia
 Date _____ 1946 M.
 Account Charged Mrs. Geo. D. Clanton
 Address St. Christmas, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress shirt 3 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Walnut State H. Cap. 825 00
 No. of Casket 300
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lanier, Ga.
 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 _____ 44 31
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Shipped by Baggage 917 81
April 9, 1946 02
2:25 P.M.

Carey Hand Funeral Home

Name of Deceased Thomas Towson Brown
 Date of Death April 8, 1946 - 12:30 P.M.
 Cause of Death Infiltrating - Carcinoma
 Place of Death Florida Sanatorium, Orl.
 Residence 47 Main St., Northfield, Mass.
 Age 77 Y'rs 1 Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Greenmount, Conn.
 Date 194 M.
 Account Charged Mrs. Ruby K. Brown
 Address 1520 Delaney St., Orlando, Fla.
 Account Guaranteed Estate
 Address
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket State H. Cap.
 No. of Casket 722
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Greenmount, Conn.
 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 Wm. Cook Fun. Home

R. R. Ticket To Baltimore, Md.

Cash Advanced

Autos

Telegram

Minister

Music

Casket Wagon (2)

Physician

County or City Burial

Automobiles

Baggage or Express Train No. 92

35 00

450 00

83 74

1 10

10 00

10 00

589.84 Pd.

Shipped by baggage Apr. 15, 1946 - 2:25 P.M.

Baltimore, Md.

Carey Hand Funeral Home

Name of Deceased Paul O'Brien
 Date of Death April 8, 1946 - 6:30 P. M.
 Cause of Death Apoplexy
 Place of Death So. Kentucky Ave.
 Residence Indianapolis, Indiana
 Age 55 Y'rs 5 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Indianapolis, Indiana
 Date _____ 194 _____ M.
 Account Charged Flannin + Buchanan F. H.
 Address Indianapolis, Indiana
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose + shirt _____ 5 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 135 00
 No. of Casket 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Indianapolis, Indiana
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Indianapolis, Ind.
 R. R. Ticket _____
 Cash Advanced L.D. Call 4.55
 Autos _____
 Telegram Cash to Dr. Andrews 5 00
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 76 70 60

260-60 Pd.

Body shipped to
Flannin + Buchanan
Funeral Home -
Indianapolis, Indiana
April 9, 1946 -

Carey Hand Funeral Home

Name of Deceased Mrs. Helen Agnes Henderson
 Date of Death April 7, 1946 - M.
 Cause of Death not given
 Place of Death Lamar Hotel - Orlando, Fla.
 Residence Winter Garden, Florida
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 14, # 1946 - 3 P. M.
 Account Charged Estate
 Address _____
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____ 2 50
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch 275 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister & P. B. Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

352.50

Carey Hand Funeral Home

70.

Name of Deceased Mrs. Mary L. Weaver
 Date of Death April 9, 1946 - 12:05 P.M.
 Cause of Death Cardiac Failure - Pneumonia
 Place of Death Orange General Hosp. Orlando.
 Residence Ellijay, Georgia
 Age 73 Yrs 17 Mo's 211 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Ellijay, Georgia
 Date _____ 194 _____ M.
 Account Charged James L. Weaver Jr.
 Address Box 3743 - Orlando, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress Blue Chiffon
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket H. Cap - Silver Metal
 No. of Casket Burnville
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Ellijay, Georgia
 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 Ph. 4-11-46
 Cash Advanced _____
 Autos ambulance
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00
26.85

685.00

3.00

10.00

759.85

Carey Hand Funeral Home

71

Name of Deceased Mrs. Nancy C. Rider
 Date of Death April 10, 1946 - 4:45 a.m.
 Cause of Death Carcinoma Rt. Breast
 Place of Death Florida Sanitarium
 Residence 124 N. James St., Orlando, Fla.
 Age 75 Y'rs 05 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Bemidji, Minn.
 Date _____ 194 _____ M.
 Account Charged J. E. Rider
 Address 124 N. James St., Orlando, Fla.
 Account Guaranteed Check
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch 275 00
 No. of Casket 1427
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Bemidji, Minn.
 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 To Bemidji, Minn. 125 27
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by express. 435.27
 to Bemidji Minnesota Od.
 April 13, 1946. 2125.

Carey Hand Funeral Home

72

Name of Deceased John Revelation Lewis
 Date of Death April 10, 1946 - 10:25 P.M.
 Cause of Death Pulmonary Tuberculosis
 Place of Death State J.B. Hospital - Orlando.
 Residence Bonifay, Florida
 Age 25 Y's 7 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Bonifay, Florida
 Date _____ 194 _____ M.
 Account Charged Ida Shipholster,
 Address Trenton, Florida
 Account Guaranteed Western Union Draft.
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____ 15 00
 Underwear and Hose _____ 5 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 110 00
 No. of Casket 71
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Bonifay, Fla.
 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 Bonifay, Fla.
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles ☒
 Baggage or Express Train No. _____ 26 51

201.51 Pld.

Body expressed to
Bonifay, Florida
April 11, 1946

Carey Hand Funeral Home

73

Name of Deceased Mrs. Lena Shulman Roberts
 Date of Death April 11, 1946 8:30 A.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Orange General Hospital
 Residence 1406 So. Westmoreland Dr.
 Age 52 Y's 6 Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Brooklyn, New York
 Date — 194 — M.
 Account Charged John Choldank
 Address 717 E. Parkway 3, Brooklyn, N.Y.
 Account Guaranteed Cash
 Address —

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	5 00
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. H. Cap.</u>	135 00
No. of Casket <u>1972</u>	
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Brooklyn, N.Y.</u>	
Section <u>—</u> Lot <u>—</u>	

I Other Graves

N

S

X Grave on This Date

W

Cremation	
Urn	
Single Grave	
Opening and Closing Grave	
Body Shipped to <u>New York</u>	
R. R. Ticket	
Cash Advanced	
Autos	
Telegram	
Minister	
Music	
Casket Wagon <u>(2)</u>	10 00
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No. <u>✓</u>	90 67

275.67

Body shipped by express to Brooklyn, New York
April 12, 1946

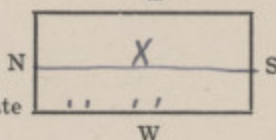
pd

Carey Hand Funeral Home

Name of Deceased Mrs. Lillian Minta Bedworth
 Date of Death April 11, 1946 3:50 P.M.
 Cause of Death Carcinoma
 Place of Death Orange General Hospital
 Residence Rt. 1, Box 100 - Orlando, Florida
 Age 55 Y'rs 9 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 14 1946 4 P. M.
 Account Charged Ernest Bedworth
 Address Rt. 1, Box 100 - Orlando, Fla.
 Account Guaranteed Estate
 Address _____

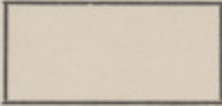
Embalming _____ 35 00
 Robe, Suit, Dress Blue Suit 26 85
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H Cap. Sil. 350 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves



Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 35 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Family 5 00
 Telegram _____ 10 00
 Minister + P.B. Cox
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

481.85

Name of Deceased Robert Elwood Franklin
 Date of Death April 11, 1946 - 4:45 P.M.
 Cause of Death Accidentally Drowned
 Place of Death In Lake Mann
 Residence Lake Mann, R. 7 B. - Orlando, Fla.
 Age 11 Y'rs 7 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 14 1946 11 A.M.
 Account Charged Leroy E. Franklin
 Address Lake Mann - R. 7 B. - Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak. H. Cap. 75 00
 No. of Casket 103
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister P.B. Car 5 00
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____
 145 00

Carey Hand Funeral Home

Name of Deceased	Mrs. Irene May Myers		
Date of Death	April 11, 1946 -	9 P. M.	
Cause of Death	not given		
Place of Death	Wilkes Nursing Home		
Residence	1045 Kentucky Ave. Winter Park, Fla.		
Age	54	Y's	7 Mo's - Days
Weight		Height	ft. in. Eyes
Funeral at	Chapel		
Date	April 14	1946	5:30 A.M.
Account Charged	William H. Myers		
Address	1045 Kentucky Ave., Winter Park, Fla.		
Account Guaranteed			
Address			
Embalming			35 00
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket	Oct. 1/2 Couch		200 00
No. of Casket	7-1850		
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	Palm - Winter Park		
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	Family (1)		5 00
Telegram			5 00
Minister	P.B. Car		
Music			
Casket Wagon	(1)		5 00
Physician			
County or City Burial			
Automobiles	S + S		15 00
Baggage or Express Train No.			
			280 00

Cary Hand Funeral Home

Name of Deceased John S. Fitchett
 Date of Death April 11, 1946 A. M.
 Cause of Death Coronary Thrombosis
 Place of Death Easton, Georgia
 Residence Orlando, Florida
 Age 88 Y'rs 11 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 14 1946 2 P. M.
 Account Charged Mrs. W. J. Goodhead
 Address E. Washington St., Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming Pd. to Pennington - Home F. H. 40 00
 Robe, Suit, Dress _____ 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Birch Mahogany 600 00
 No. of Casket 300
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____ 50 00
 Cash Advanced _____
 Autos (2) 10 00
 Telegram P.B. Car 5 00
 Minister car 5 00
 Music _____ 7 50
 Casket Wagon Trip to Georgia 50 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

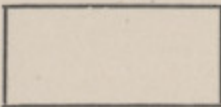
845.00
Pd.

Carey Hand Funeral Home

Name of Deceased Infant Mc Lawin
 Date of Death April 12th, 1946 M.
 Cause of Death Still born
 Place of Death Orla Vista, Florida
 Residence Box 163, Orla Vista, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date April 12, 1946 3 P. M.
 Account Charged John Quincy Mc Lawin
 Address Orla Vista, Florida
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Oct. H. J. 1950
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave ad. direct.
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos — 1000
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. — 2950
 P. L.

Carey Hand Funeral Home

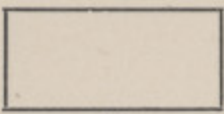
79

Name of Deceased Mrs. Jewel Myrtle Young
 Date of Death April 13, 1948 - 8:56 A.M.
 Cause of Death Pulmonary Tuberculosis
 Place of Death State I. B. Hospital
 Residence 140 So. Main St. Pensacola, Fla.
 Age 26 Y'rs 11 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Pensacola, Florida
 Date _____ 194 _____ M.
 Account Charged Johnnie Young
 Address Pensacola, Florida
 Account Guaranteed Fisher Funeral Home
 Address Pensacola, Florida
 Embalming _____ 35 00
 Robe, Suit, Dress _____ 22 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 120 00
 No. of Casket 178
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Pensacola, Fla.
 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 & L.D. Telephone 2 35
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. ✓ 35 13

224.98
Pd.

Carey Hand Funeral Home

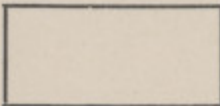
91

Name of Deceased Rockwell C. Osbourne
 Date of Death April 15, 1946-2:30AM.
 Cause of Death Pulmonary Tuberculosis
 Place of Death Winter Park Florida
 Residence 826 Georgia Ave., Winter Park, Fla.
 Age 72 Y'rs 20 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Residence
 Date April 17 1946 2 P. M.
 Account Charged Mrs. Ethel C. Osbourne
 Address 852 Georgia Ave., Winter Park, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State N. Cap. Mahogany 950 00
 No. of Casket 500
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Palm in Winter Park, Fla.
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Family 5 00
 Telegram _____ 10 00
 Minister + P.B. Cars (2)
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____ 15 00
 Automobiles 3 + 5
 Baggage or Express Train No. _____

1095.00

Carey Hand Funeral Home

82

Name of Deceased Charles Scott
 Date of Death April 13, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Haines City, Florida
 Residence Haines City, Fla.
 Age 80 Y'rs 9 Mo's 30 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Haines City, Florida
 Date _____ 194 _____ M.
 Account Charged Lane Funeral Home
 Address Haines City, Florida
 Account Guaranteed Check
 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 April 16, 1946 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. _____

Ashes expressed to
Lane Funeral Home,
Haines City, Fla.

37 50

Carey Hand Funeral Home

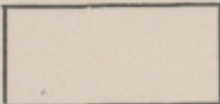
Name of Deceased Charles A. Warner
 Date of Death April 15, 1946 - 12 midnight
 Cause of Death Carcinoma of Prostate
 Place of Death Florida Sanitarium - Orlando
 Residence Lindale Blvd., Maitland, Fla.
 Age 79 Y'rs - Mo's 3 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Albany, New York
 Date - 194- M.
 Account Charged Mrs. Georgianna Warner
 Address Lindale Blvd., Maitland, Fla.
 Account Guaranteed -
 Address -
 Embalming - 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket State H. Cap. 200 00
 No. of Casket 31
 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 Pullman 76 50
 Cash Advanced -
 Autos - 3 90
 Telegram (2)
 Minister -
 Music -
 Casket Wagon (2) 10 00
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. 92

330.55

Body shipped by Baggage
 April 17, 1946 - 2:25 P.M.
 To Albany, New York

Carey Hand Funeral Home

84

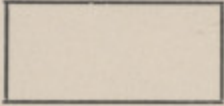
Name of Deceased Ashley B. Green
 Date of Death April 15, 1946 M.
 Cause of Death Stroke
 Place of Death Eustis, Florida
 Residence _____
 Age 73 Y'rs - Mo's 26 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Eustis, Florida
 Date _____ 194 _____ M.
 Account Charged Zeller Funeral Home
 Address Eustis, Florida
 Account Guaranteed Check
 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 April 18, 1946
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3750

3750 Pd.

Ashes expressed to
Wm. Zeller Funeral Home
Eustis, Florida

Carey Hand Funeral Home

Name of Deceased *Mrs. Louise Laird Currie*
 Date of Death *April 18, 1946* *1:15 A.M.*
 Cause of Death *not given*
 Place of Death *Wentworth Park, Florida*
 Residence *68 No. Main St., Geneva, N.Y.*
 Age *84* Y'rs *4* Mo's *14* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Meridian, New York*
 Date _____ 194 _____ M.
 Account Charged *Dr. Thomas J. Currie*
 Address *68 No. Main St., Geneva, New York*
 Account Guaranteed *Check*
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket *State 1/2 Couch-Walnut*
 No. of Casket *300* 550 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Meridian, New York*
 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 _____
By R. R. Ticket - *Pullman* 25 42
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon *(2)* 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. *92*

Body shipped by baggage 620.42
to Meridian, New York Pd.
April 21, 1946 - 2:25 P.M.

Carey Hand Funeral Home

Name of Deceased Edward Archie Massey
 Date of Death April 18, 1946 - 11 P. M.
 Cause of Death Acute Dilation of Heart
 Place of Death Rock Lake, Florida
 Residence 623 W. Winter Park Ave., Orlando, Fla.
 Age 31 Y'rs 9 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 20, 1946 2 P. M.
 Account Charged Mrs. Grace B. J. Massey
 Address 623 W. Winter Park Ave., Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming	35 00
Robe, Suit, Dress	42 50
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>State H. Cap. Walnut</u>	595 00
No. of Casket <u>120</u>	
Outside Box	
Shipping Case or Vault <u>Cement</u>	65 00
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Frostproof, Fla.</u>	
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 Frostproof by auto

R. R. Ticket

Cash Advanced

Autos to Frostproof

Telegram

Minister

Music Van Delivery of EquipmentCasket Wagon (1)

Physician

County or City Burial

Automobiles (1) to Frostproof

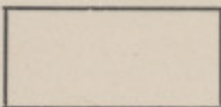
Baggage or Express Train No.

Shipped by auto to
 Frostproof, Florida
 Sat. April 20, 1946
 2:30 P.M.

807.50

Carey Hand Funeral Home

87

Name of Deceased Mrs. Hattie G. Bouton
 Date of Death April 18, 1946 11:30 P. M.
 Cause of Death Broncho-Pneumonia
 Place of Death Residence - Winter Park, Fla.
 Residence 1153 Orange Ave., Winter Park, Fla.
 Age 76 Y'rs 2 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 27 1946 4 P. M.
 Account Charged Mrs. Eva Spencer
 Address 1153 Orange Ave., Winter Park, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch - Walnut
 No. of Casket 7-300 55.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Westport, Conn.
 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 _____ 5.00
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Shipped by Baggage 600.00
To Westport, Conn.
April 27, 1946 - 4 P. M.

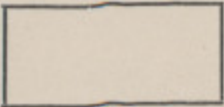
Carey Hand Funeral Home

Name of Deceased Henry Wight
 Date of Death April 18, 1946 M.
 Cause of Death not given on removal permit.
 Place of Death Sanford, Florida
 Residence Sanford, Florida
 Age 83 Y'rs 3 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sanford, Florida
 Date _____ 194 _____ M.
 Account Charged Erickson Funeral Home
 Address Sanford, Florida
 Account Guaranteed Check
 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 April 22, 1946 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

50 00
ashes expressed to
Erickson Funeral Home
Sanford, Florida.

Carey Hand Funeral Home

Name of Deceased Odoff, Gottfried Russell
 Date of Death April 15, 1946 M.
 Cause of Death Angina Pectoris
 Place of Death Residence
 Residence Lake Hamilton, Fla.
 Age 65 Y'rs 11 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lake Hamilton, Fla.
 Date _____ 194 _____ M.
 Account Charged Lane Funeral Home
 Address Gaines City, Florida
 Account Guaranteed Check
 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 April 23, 1946 3750
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Ashes expressed to 3750
Lane Funeral Home
Gaines City, Florida.

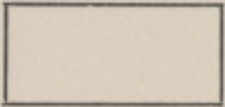
Carey Hand Funeral Home

Name of Deceased Mrs. Nellie R. Alderman Lybrand
 Date of Death April 22, 1946 - 2:25 P. M.
 Cause of Death Typhoid Fever
 Place of Death W. H. H. Orlando
 Residence 1211 W. Church St, Orlando, Fla.
 Age 31 Y's 2 Mo's 3 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date April 24, 1946 3 P. M.
 Account Charged James O. Lybrand
 Address 1211 W. Church St Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H.C. 300 00
 No. of Casket 1437
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (2) 10 00
 Telegram _____ 5 00
 Minister + P.B. car
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

445.00

Carey Hand Funeral Home

Name of Deceased William Henry Davis
 Date of Death April 23, 1946 A.M.
 Cause of Death _____
 Place of Death O. K. H. Orlando, Fla.
 Residence Oakland, Florida
 Age 80 Y'rs 11 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Maneside - Oakland
 Date April 25 1946 2:30 P. M.
 Account Charged Emery J. Davis
 Address 1200 W. 5th Ave., Pine Bluff, Ark.
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress <u>Blue</u>	20 00
Underwear and Hose	1 50
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. 1/2 Couch</u>	250 00
No. of Casket	
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Oakland</u>	
Section _____ Lot _____	
	E
I Other Graves	
	N  S
X Grave on This Date	W
Cremation	
Urn	
Single Grave	
Opening and Closing Grave <u>etc</u>	15 00
Body Shipped to	
R. R. Ticket	
Cash Advanced	
Autos <u>Amb</u>	5 00
Telegram	
Minister	
Music	
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles <u>3 + 5</u>	15 00
Baggage or Express Train No.	
	346.50

Carey Hand Funeral Home

92

Name of Deceased Richard Daniel Kirkley
 Date of Death April 24, 1946 3:15 P.M.
 Cause of Death Carcinoma of Eye + Brain
 Place of Death County Home Hospital
 Residence Rt. 5, Box 50, Orlando, Fla.
 Age 69 Y'rs 6 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs April 25 1946 2:30 P.M.
 Account Charged Estate

Address _____
 Account Guaranteed Cash
 Address _____

Embalming	25 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <u>Oct. 7. 2ap</u>	40 00
No. of Casket	
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Woodlawn</u>	
Section _____ Lot _____	

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

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

105 00 Pd.

Carey Hand Funeral Home

Name of Deceased Grace Earl Powell
 Date of Death April 25, 1946 8:40 A.M.
 Cause of Death not given on removal permit
 Place of Death Fla Farm Colony - Gainesville,
 Residence 911 - 22nd Ave., Tampa, Fla. Fla.
 Age 18 Y'rs — Mo's 18 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside - Shingle Creek Cem.
 Date Sun. April 28, 1946 4 P. M.
 Account Charged Martha Campisi
 Address 911 - 22nd Ave., Tampa, Fla.
 Account Guaranteed Western Union
 Address —

Embalming Services 5 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Shingle Creek Cem.
 Section Kissimmee, Lot Fla.

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 555 15 00
 Baggage or Express Train No. —

Body shipped from
 Gainesville, Florida
 to Orlando, Fla.

40 00

Carey Hand Funeral Home

94

Name of Deceased Mrs. Enid Rebecca Moore
 Date of Death April 26, 1946 2 A. M.
 Cause of Death Pulmonary Embolism - Pulvic Ulcer
 Place of Death Air Base Hospital - Orlando
 Residence 2914 Downer Ave., Richmond, Calif.
 Age 20 Y'rs 11 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Richmond, California
 Date _____ 194 _____ M.
 Account Charged Rebecca J. Pollakowsky
 Address 2914 Downer Ave., Richmond, Calif.
 Account Guaranteed Red Cross

Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch 300 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Richmond, Calif.
 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 (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

345 00

Carey Hand Funeral Home

95

Name of Deceased Carolyn Wilbur Sandell
 Date of Death April 26, 1946 11 P.M.
 Cause of Death _____
 Place of Death O. H. H., Orlando, Fla.
 Residence Winter Garden Rd., Orla Vista, Fla.
 Age 72 Y'rs 4 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon. April 29 1946 2 P. M.
 Account Charged Oscar E. Sandell
 Address Winter Garden Rd. Orla Vista, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress white silk 42 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State, 1/2 Couch 435 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 60 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 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 Family 5 00
 Telegram _____
 Minister + P.B. Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

617.50

Carey Hand Funeral Home

96

Name of Deceased Fred W. Hollenbeck
 Date of Death April 27, 1946 10 P. M.
 Cause of Death _____
 Place of Death O. G. H. Orlando, Fla.
 Residence 63 E Livingston Ave., Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside - Greenwood
 Date Mon. April 29 1946 10 A. M.
 Account Charged Fred W. Hollenbeck
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket 2/o white 17 50
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 4 50
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (Baby Grave) 12 50
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

39.50

Carey Hand Funeral Home

Campbell

Name of Deceased Dr. Duncan Alexander
 Date of Death April 28, 1946 M.
 Cause of Death Cirrhosis of Liver
 Place of Death O. S. H. Orlando, Fla.
 Residence Mt. Dora, Florida
 Age 59 Y'rs 4 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at North Bay, Ontario, Canada
 Date _____ 194 _____ M.
 Account Charged Dorothy Campbell
 Address Mt. Dora, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State Full View
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery North Bay, Ontario
 Section _____ Lot Canada

35 00

1550 00

I Other Graves

N

E

S

X Grave on This Date

W

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

10 00

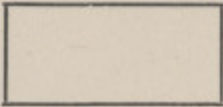
Carey Hand Funeral Home

Name of Deceased Clarence L. Bell
 Date of Death April 28, 1946 4:30 P.M.
 Cause of Death Fatal Cirrhosis
 Place of Death Residence - Orlando, Fla.
 Residence 1815 Marvin Ave., Orlando, Fla.
 Age 75 Y'rs 12 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Susie Bell (wife)
 Address 1815 Marvin Ave., Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 75 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Denver, Colorado.
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____
 W
 Cremation May 1, 1946 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. _____

165 00

Send ashes to Supt.
The Crown Hill Cemetery Ass'n.
324 Denham Bldg.
Denver, Colorado.

Carey Hand Funeral Home

Name of Deceased Mrs. Elizabeth B. Reed
 Date of Death April 29, 1946 6 A. M.
 Cause of Death Cirrhosis of Liver
 Place of Death Florida Sanitarium
 Residence 806 E. Concord Ave., Orlando, Fla.
 Age 71 Y'rs 3 Mo's 13 Days 7
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Cross Creek, Pa.
 Date _____ 194 _____ M.
 Account Charged Mr. Thomas C. Reed
 Address 806 E. Concord Ave., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming ☒ 35 00
 Robe, Suit, Dress Flask silk 23 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch 630 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cross Creek, Pa.
 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 McKeesport, Pa. 156 85
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

855.35

Carey Hand Funeral Home

100

Name of Deceased Mrs. Gertrude M. McGuire
 Date of Death April 30, 1946 - 6:45 A.M.
 Cause of Death Concussion, dislodging of tooth
 Place of Death P. H. Orlando, Fla.
 Residence 509 Harwood - Orlando, Fla.
 Age 51 Yrs 9 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at New Haven, Conn.
 Date _____ 194 _____ M.
 Account Charged Robert M. McGuire
 Address 509 Harwood, Orlando, Fla.
 Account Guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. Half-Couch
 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 New Haven, Conn.
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

285.00

14.30

394.30
Pd.

Shipped by Baggage
to New Haven, Conn.