

9-6-1946

Memoranda Book 180: Carey Hand Funeral Home records, September 6, 1946 to November 6, 1946

Carey Hand Funeral Home

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

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

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

Recommended Citation

Carey Hand Funeral Home, "Memoranda Book 180: Carey Hand Funeral Home records, September 6, 1946 to November 6, 1946" (1946). *Carey Hand Funeral Home Records*. 180.

<https://stars.library.ucf.edu/cfm-ch-records/180>

Carey Hand Funeral Home

Name of Deceased Mrs. Carlotta Baker
 Date of Death Sept. 3, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death State Hospital - Chattahoochee
 Residence De Land, Florida
 Age 84 Y'rs 10 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land, Florida
 Date _____ 194 _____ M.
 Account Charged Allen Summerhill
 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 Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Sept. 7, 1946
 Urn Copper
 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
 27 00

64.50

Ashes expressed to
 Allen Summerhill
 Funeral Home at
 De Land, Florida - 9-10-46 -
 22-282

Carey Hand Funeral Home

2.

Name of Deceased Albain Oscar Drechsel
 Date of Death Sept. 7, 1946 - Noon M.
 Cause of Death Heart Disease
 Place of Death Orange Memorial Hospital
 Residence 414 E. Esther St., Orlando, Fla.
 Age 59 Y'rs 7 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Sept. 11, 1946 4 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 265 00
 No. of Casket 2638
 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) Family 5 00
 Telegram To M. J. 90
 Minister & Pallbearers Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

345 90
Pd.

22 - 283

Carey Hand Funeral Home

Name of Deceased Charles Robert Greenless
 Date of Death Sept. 4, 1946 M.
 Cause of Death _____
 Place of Death Stuart, Florida
 Residence Stuart, Florida
 Age 54 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Johns Funeral Home
 Address Stuart, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Sept. 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

Carey Hand Funeral Home

Name of Deceased Edward Webb
 Date of Death Sept. 7, 1946 - 9:30 P. M.
 Cause of Death Hypertensive Heart Disease
 Place of Death Orange Memorial Hospital
 Residence 18 Grove Park Drive, Orlando, Fla.
 Age 63 Y'rs 11 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues. Sept. 10, 1946 4 P. M.
 Account Charged Margarita Webb
 Address 18 Grove Park Drive, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress Blue
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap
 No. of Casket 1972
 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
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister x P. B. Cox
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles STS
 Baggage or Express Train No. _____

35 00
 20 00
 2 50

135 00

15 00

5 00

5 00

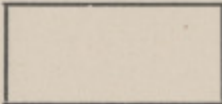
15 00

232 50

22-285

Carey Hand Funeral Home

5

Name of Deceased Reason Jacob Averas
 Date of Death Sept. 8, 1946 2 P. M.
 Cause of Death Arterio Sclerotic Heart Disease
 Place of Death Orange Memorial Hospital
 Residence 15 South Bumby, Orlando, Fla.
 Age 68 Y'rs 7 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Sept. 11, 1946 2:30 P. M.
 Account Charged Mrs. Queen W. Averas
 Address 15 South Bumby, Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H Cap. 450 00
 No. of Casket 722
 Outside Box _____
 Shipping Case or Vault Cement
 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 Car + P. B. Car. 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

540 00

22-286

Carey Hand Funeral Home

Name of Deceased Ardie B. Russell
 Date of Death Sept. 9, 1946 M.
 Cause of Death Suicide by Gas.
 Place of Death Residence
 Residence 415 Delaney St. Orlando, Fla.
 Age 67 Y'rs 9 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Sept. 15 1946 2 P. M.
 Account Charged Estate
 Address _____
 Account Guaranteed Insurance
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Metal State H. Cap. 500 00
 No. of Casket Leonard
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Mizell
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc 15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Family 5 00

Telegram P. B. Car 5 00

Minister Car 5 00

Music Walter 5 00

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles S + S 15 00

Baggage or Express Train No. _____

550 00

22-287

Carey Hand Funeral Home

Name of Deceased Dr. Louis Reed Weljmilller
 Date of Death Sept. 9, 1946 - 9 P. M.
 Cause of Death Congestive Heart Failure
 Place of Death Holiday House
 Residence 25 Ernestine St., Orlando, Fla.
 Age 76 Y'rs 1 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, Sept. 13 1946 2 P. M.
 Account Charged Mrs. Blanche W. Weljmilller
 Address 25 Ernestine St., Orlando, Fla.
 Account Guaranteed Cash
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	3 50
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>Cremation</u>	
Section _____ Lot _____	

I Other Graves

N

E

S

X Grave on This Date

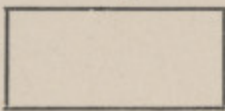
W

Cremation	50 00
Urn	
Single Grave	
Opening and Closing Grave	
Body Shipped to	
R. R. Ticket	
Cash Advanced	
Autos <u>(1) Family</u>	5 00
Telegram	
Minister	
Music	
Casket Wagon <u>(1)</u>	5 00
Physician	
County or City Burial	
Automobiles	
Baggage or Express Train No.	

233 50

22 - 288

Carey Hand Funeral Home

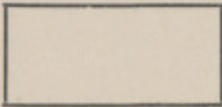
Name of Deceased James Francis Henry
 Date of Death Sept. 10, 1946 - 3 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence 413 Ruth St., Orlando, Fla.
 Age 59 Y'rs 1 Mo's 30 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thursday, Sept. 12, 1946, 10 A. M.
 Account Charged Mrs. James F. Henry
 Address 413 Ruth St., 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. 135 00
 No. of Casket 35
 Outside Box _____
 Shipping Case or Vault Cement
 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 (1) Family 5 00
 Telegram _____
 Minister Car + P. B. Car 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles ETS 15 00
 Baggage or Express Train No. _____

220 00
Pd.

22-289

Carey Hand Funeral Home

9

Name of Deceased Jim Nietsma
 Date of Death Sept. 10, 1946 4:30 A. M.
 Cause of Death Colloid Adeno Carcinoma
 Place of Death Florida Sanitarium
 Residence Oviedo, Florida
 Age 55 Y'rs 1 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 12 1946 2:30 P. M.
 Account Charged Mrs. Jim Nietsma
 Address Oviedo, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Emberton State 1/2 Couch
 No. of Casket 1722 425 00
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section H- Lot 31
 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 Car & P.B. Car 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

515 00
P4.

22-290

Name of Deceased Infant Benefield
 Date of Death Sept. 11, 1946 4:15 P. M.
 Cause of Death Hillbarn Anencephalic
 Place of Death Orange Memorial Hospital
 Residence Rt. 5, Box 284-a, Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graceland
 Date Thurs. Sept. 12 1946 10 A. M.
 Account Charged Clyde W. Benefield
 Address Rt. 5, Box 284-a, Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Lamb Skin 22 50
 No. of Casket 103
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lakeview Cemetery
 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 _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

32 00

22-291

Carey Hand Funeral Home

11

Name of Deceased James Edward Bricket
 Date of Death Sept. 4, 1946 M.
 Cause of Death Angina Pectoris
 Place of Death Gulfport, Florida
 Residence Gulfport, Florida
 Age 80 Y'rs 4 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Gulfport, Florida
 Date _____ 194 _____ M.
 Account Charged Cooper Funeral Home
 Address St. Petersburg, 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 Cremation
 Section _____ Lot _____
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation Sept. 13, 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 _____

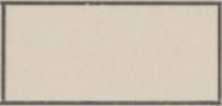
Baggage or Express Train No. _____

ashes expressed to
Cooper Funeral Home
St. Petersburg, Florida

22-292

Carey Hand Funeral Home

12

Name of Deceased Adolphus A. Sewell
 Date of Death Sept. 12, 1946 - 9:45 P. M.
 Cause of Death Coronary Occlusion - Arterio Sclerotic
 Place of Death Orange Memorial Hosp. Heart Disease
 Residence 115 E. Harvard, Orlando, Fla.
 Age 63 Y'rs 9 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Sept. 15, 1946 4 P. M.
 Account Charged Mrs. Josephine Sewell
 Address 115 E. Harvard, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Grey 37 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 275 00
 No. of Casket 1818
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 10 Lot 8 Blk 4
 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 (3) Family 15 00
 Telegram _____
 Minister + P.B. Cars (2) 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

407 50

12-293

Name of Deceased Omar S. Johnson
 Date of Death Sept. 13, 1946-9:45 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence Rose Farms, Fairville, Fla.
 Age 66 Y'rs 4 Mo's 14 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon. Sept. 16, 1946 4:30 P.M.
 Account Charged Mrs. Nettie Johnson
 Address Rt. 3, Box 525, Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue 42 50
 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 Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family 5 00
 Telegram _____
 Minister + P.B. Car 5 00
 Music Mr. Peoples 5 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

262 50

Carey Hand Funeral Home

14

Name of Deceased Archie Smith
 Date of Death Sept. 13, 1946 6:28 P. M.
 Cause of Death Acute Dilatation of heart.
 Place of Death Residence
 Residence 203 W. Lucerne Circle, Orlando, Fla.
 Age 55 Y'rs 11 Mo's 20 Days 7
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, Sept. 16, 1946 3 P. M.
 Account Charged Mrs. Lulu M. Weisler Smith
 Address 203 W. Lucerne Circle, 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 1972

Outside Box _____

Shipping Case or Vault Cement

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Greenwood

Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc 15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Family 5 00

Telegram P. B. Car 5 00

Minister Car 5 00

Music Joe Peoples 5 00

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles 5 + 5 15 00

Baggage or Express Train No. _____

225 00

22 - 295

Carey Hand Funeral Home

15

Name of Deceased Alex Patterson
 Date of Death Sept. 14, 1946-12:15 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence 1410 Woodward, Orlando, Fla.
 Age 57 Y'rs — Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church
 Date Mon. Sept. 16 1946 10 A.M.
 Account Charged Mrs. Mamie Patterson
 Address 1410 Woodward Ave., Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Bronze State H. Cap 995 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section D- Lot 293
Space 1-
E
 I Other Graves _____
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family 5 00
 Telegram P.B. Car 5 00
 Minister Car 5 00
 Music Walter 5 00
 Casket Wagon (1) 10 00
 Physician _____
 County or City Burial _____
 Automobiles S.T.S. 15 00
 Baggage or Express Train No. _____

1090 00

22-296

Carey Hand Funeral Home

Name of Deceased Mrs. Mary Edwards Benick
 Date of Death Sept. 15, 1946 - 4:50 A. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 210 Maple St., Sanford, Fla.
 Age 78 Y'rs 3 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, Sept. 17, 1946 11 A. M.
 Account Charged Robert H. Benick
 Address 210 Maple St., Sanford, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Ext. Spr. 7. Top 125 00
 No. of Casket 225
 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 Sept 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 111 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

215 00

Carey Hand Funeral Home

Name of Deceased	Virge L. Phillips
Date of Death	Sept. 15, 1946 - 6 P. M.
Cause of Death	
Place of Death	Florida Sanitarium
Residence	503 So. Main St. Winter Garden, Fla.
Age	75
Y'rs	11
Mo's	19
Days	
Weight	
Height	
ft.	
in.	
Eyes	
Funeral at	Methodist Church, Winter Garden
Date	Wednesday, Sept. 18, 1946 - 3 P. M.
Account Charged	Mrs. Virge L. Phillips
Address	503 So. Main, Winter Garden, 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. 295 00
No. of Casket	732
Outside Box	
Shipping Case or Vault	
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	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.	
	370 00

22-298

Name of Deceased Infant Overall
 Date of Death Sept 15, 1946 M.
 Cause of Death _____
 Place of Death _____
 Residence 941 Ruhl Ave., Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Eunice Overall
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 W
 X Grave on This Date _____
 Cremation Sept. 18, 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. _____

10.00

Will call for ashes

22-299

Carey Hand Funeral Home

19

Name of Deceased John Edward Davis

Date of Death Sept. 15, 1946 - 9:12 P.M.

Cause of Death _____

Place of Death _____

Residence Rt. 1, Box 158, Winter Garden, Fla.

Age 71 Y'rs _____ Mo's 2 Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Graveside

Date Wednesday, Sept. 18 1946 4 P. M.

Account Charged _____

Address _____

Account Guaranteed Family

Address _____

Embalming _____ 35.00

Robe, Suit, Dress _____

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 Ferndale, 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 taking body to Res. 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. _____

280.00

22-300

Carey Hand Funeral Home

20

Name of Deceased Mrs. Mildred L. Sannetbeck
 Date of Death Sept. 15, 1946 - 10:40 P. M.
 Cause of Death Pulmonary Tuberculosis
 Place of Death State I.B. Hospital
 Residence 222 So. Palmetto Ave. Daytona Beach, Fla.
 Age 36 Y'rs 2 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194____ M.
 Account Charged Frank A. Sannetbeck
 Address 222 So. Palmetto, Daytona Beach, Fla.
 Account Guaranteed Cash
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue Silk 35 00
 Underwear and Hose _____ 4 41
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch 300 00
 No. of Casket 1427
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Springfield, Mo.
 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 Springfield, Mo.
 R. R. Ticket " " 159 89
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 ✓ Baggage or Express Train No. _____

544 30
 PD

22-301

Carey Hand Funeral Home

21

Name of Deceased Homer Luther Baker
 Date of Death Sept. 16, 1946 10 A. M.
 Cause of Death _____
 Place of Death Residence
 Residence Rt. 1, Box 25, Oak Island, Fla.
 Age 85 Y'rs 8 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Sept. 18, 1946 2 P. M.
 Account Charged Mrs. Blanche M. Baker
 Address Rt. 1, Box 25, Oak Island, 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. 300 00
 No. of Casket 35
 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 Sept. 20, 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. _____

385 00

Will call for ashes.

22-302.

Carey Hand Funeral Home

22

Name of Deceased Arthur John Simon
 Date of Death June 16, 1946 P. M.
 Cause of Death Overcome by gas
 Place of Death 1300 Haley Ave. Orlando Fla.
 Residence 438 Rachel St. Orlando, Fla.
 Age 53 Y'rs 8 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Loretta Simon
 Address 438 Rachel St. Orlando, Fla.
 Account Guaranteed Cash
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Birch Walnut ^{State} Couch 500 00
 No. of Casket 7-300
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Englewood, N. J.
 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 Englewood, N. J.
 R. R. Ticket To Englewood, N. J. 198 02
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped to 743 02
Englewood, N. J. by Pd.
Baggage - 2:25 P.M. Sept. 17, 1946.
72-303

Carey Hand Funeral Home

23

Name of Deceased Mrs. Mary E. South
 Date of Death Sept. 16, 1946 8:40 M.
 Cause of Death _____
 Place of Death Residence
 Residence 1214 So. Westmoreland, Orlando, Fla.
 Age 66 Y'rs 3 Mo's 26 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 19 1946 4 P. M.
 Account Charged James P. South
 Address 1214 So. Westmoreland, Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress White 20 00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin _____
 Style of Casket State 1/2 Couch 235 00
 No. of Casket 7-31
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 12 - Blk. 14 Lot 12

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 & P.B. Car 5 00

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

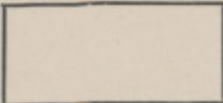
Automobiles 5 & 5 15 00

Baggage or Express Train No. _____

330 00

22-304

24

Name of Deceased	Mrs. Estela O. Cook		
Date of Death	Sept. 17, 1946 - 10:45 A. M.		
Cause of Death			
Place of Death	Residence		
Residence	2234 Fairbanks Ave., Winter Park, Fla.		
Age	64	Y ^r s	9
Weight		Mo's	9
Height		ft.	
Eyes		in.	
Funeral at	Chapel		
Date	Fri. Sept. 20		1946 3 P. M.
Account Charged	Benjamin C. Cook		
Address	2234 Fairbanks 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	Oct. 1/2 Couch		300 00
No. of Casket	1427 - Walker		
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	Palmer, Winter Park, Fla.		
Section	E. 1/2 Blk 92 Lot 8		
I Other Graves	<div style="text-align: center;">  </div>		
X Grave on This Date			
Cremation			
Urn			
Single Grave			
Opening and Closing Grave etc			15 00
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos	(2) Family		10 00
Telegram			
Minister	P. B. Cox		5 00
Music			
Casket Wagon	(1)		5 00
Physician			
County or City Burial			
Automobiles	S & S		15 00
Baggage or Express Train No.			
	385 00		

22-305

25
Name of Deceased Jose Genaro Branas
Date of Death Sept. 18, 1946 2 A. M.
Cause of Death Cancer of Lung
Place of Death Orange Memorial Hospital
Residence 1506 Columbus St., Tampa, Fla.
Age 54 Y'rs 9 Mo's 17 Days
Weight _____ Height _____ ft. _____ in. Eyes _____
Funeral at Tampa, Fla.
Date _____ 194 _____ M.
Account Charged Lord + Fernandez F.H.
Address Tampa, Florida
Account Guaranteed Cash
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 Tampa, Fla.
Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

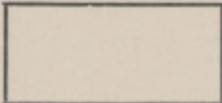
Cremation _____
Urn _____
Single Grave _____
Opening and Closing Grave _____
Body Shipped to _____
R. R. Ticket _____
Cash Advanced _____
Autos _____
Telegram _____
Minister _____
Music _____
Casket Wagon (1) 5.00
Physician _____
County or City Burial _____
Automobiles _____
Baggage or Express Train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

Lord + Fernandez picked
up body and took
to Tampa, Fla.

22-306-

Carey Hand Funeral Home

26

Name of Deceased Refuse H. Clark
 Date of Death Sept. 18, 1946 2:40 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence Rt. 19, Box 211-K-Orlando, Fla.
 Age 51 Y'rs 5 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 19 1946 5:30 P.M.
 Account Charged Lusie Clark - wife
 Address Rt. 19, Box 211-K-Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____ 37 50
 Underwear and Hose _____ 5 50
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak. H. Cap. 135 00
 No. of Casket 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section Amer. Legion Plot 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 _____
 Telegram _____
 Minister + P.B. Cox 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

253 00

22-307

Carey Hand Funeral Home

27

Name of Deceased Mrs. Florence B. Stowers
 Date of Death Sept. 18, 1946 - 3:45 A.M.
 Cause of Death _____
 Place of Death Residence
 Residence 1635 E. Concord Ave., Orlando, Fla.
 Age 69 Y'rs 3 Mo's 25 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.

Account Charged Carey Stowers
 Address 1635 E. Concord Ave., Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming ☒ 35.00
 Robe, Suit, Dress pick 22.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch 350.00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Tarentum, Pa.
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

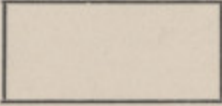
W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket To Tarentum, Pa. 85.90
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by express 498.40
on #76 - 1:15 A.M. Sat. Sept. 21,
1946 to Tarentum, Pa. Pa.

22-308

Carey Hand Funeral Home

Name of Deceased Arthur F. Blackman
 Date of Death Aug. 12, 1946 M.
 Cause of Death Accidental Gunshot Wound
 Place of Death Subic Bay, Manila, Phillipine Islands
 Residence Portland, Oregon
 Age 18 Y'rs 8 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 19, 1946 9 A. M.
 Account Charged Worthing Blackman
 Address Maitland, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement 75 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Maitland, Fla.
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 30 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister P. B. Carr 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

130 00 Pq.

Carey Hand Funeral Home

29

Name of Deceased Mrs. Idell Malloy
 Date of Death Sept. 18, 1946 10:30 A.M.
 Cause of Death Hypostatic Pneumonia
 Place of Death Orthopedic Hospital
 Residence Ocala, Florida
 Age 72 Y'rs 9 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Ocala, Florida
 Date _____ 194 _____ M.

Account Charged J. D. Malloy
 Address Ocala, Florida
 Account Guaranteed _____
 Address _____

Embalming ☒ 35.00
 Robe, Suit, Dress 16.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch 200.00
 No. of Casket 1390
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Beverly
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 5.5 15.00
 Baggage or Express Train No. _____

286.50

22-310

Carey Hand Funeral Home

Name of Deceased Don Edgar Drake
 Date of Death Sept. 18, 1946 - 2:30 P. M.
 Cause of Death Cancer of Lung
 Place of Death Orange Memorial Hosp.
 Residence 1615 E. Amelia, Orlando, Fla.
 Age 52 Y'rs 5 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 18, 1946 8 P. M.
 Account Charged Leota G. Drake
 Address 1615 E. Amelia Ave., 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 385 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Columbus, Ohio
 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 Columbus, Ohio
 R. R. Ticket To Columbus, Ohio 89 96
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

519 96

Body shipped by Baggage
to Columbus, Ohio
Train # 76, Friday 1:15 A. M.
Sept. 20, 1946
22-311

Carey Hand Funeral Home

Name of Deceased Infant De Loach
 Date of Death Sept. 19, 1946 1 P. M.
 Cause of Death Stillborn - immaturity
 Place of Death Florida Sanitarium
 Residence 2441 Temple, Winter Park, Fla.
 Age Yrs Mo's Days 10 hrs.
 Weight ft. in. Eyes
 Funeral at No Service

Date 194 M.
 Account Charged F. L. De Loach
 Address 2441 Temple, Winter Park, Fla.
 Account Guaranteed
 Address

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

I Other Graves

N

E

S

X Grave on This Date

W

Cremation Sept. 21, 1946
 Urn Bronze
 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
 30 00

40 00

Will call for Men.
Triplets - Cremated
put in one urn.

22-312

Carey Hand Funeral Home

Name of Deceased Infant De Loach
 Date of Death Sept. 19, 1946 3. 4. M.
 Cause of Death Stillborn's Immaturity
 Place of Death Florida Sanitarium
 Residence 2441 Temple, Winter Park, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at No Service
 Date — 194 — M.
 Account Charged F. L. De Loach
 Address 2441 Temple Dr., Winter Park, Fla.
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation Sept. 21, 1946

Urn Bronze

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 urns.

Triglets - Cremated - put in 1 urn.

Dec. 31

22-313

Name of Deceased Infant De Loach
 Date of Death Sept. 19, 1946 - 9:30 P. M.
 Cause of Death Stillborn - Immaturity
 Place of Death Florida Sanitarium
 Residence 2441 Temple Dr., Orlando, Fla.
 Age — Y'rs — Mo's — Days 18 hrs.
 Weight — Height — ft. — in. Eyes —
 Funeral at No service
 Date — 194 — M.
 Account Charged J. L. De Loach
 Address 2441 Temple Dr., Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery —
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation Sept. 21, 1946
 Urn Brass
 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 urn.

Triplets Cremated, put in 1 urn.

22-314

Carey Hand Funeral Home

34

Name of Deceased Infant Ellis
 Date of Death Sept. 19, 1946 - 6 P. M.
 Cause of Death Premature - 6 mos.
 Place of Death Orange Memorial Hospital
 Residence Rt. 19, Box 386-B - Orlando, Fla.
 Age — Y'rs — Mo's — Days 1
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date Sept. 19 1946 10 A. M.
 Account Charged James E. Ellis
 Address Rt. 19, Box 386-B - Orlando, Fla.
 Account Guaranteed Cash
 Address —

Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket White Lambskin 12 50
 No. of Casket 77
 Outside Box —
 Shipping Case or Vault —
 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 —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced Family bought
 Autos Casket and cove
 Telegram Their own work.
 Minister We have permit
 Music for same
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

12 50
Pd.

22-315

Carey Hand Funeral Home

Senator

Name of Deceased *Charles O. Andrews*
 Date of Death *Sept. 18, 1946* A. M.
 Cause of Death *Heart Attack*
 Place of Death *Washington, D.C.*
 Residence *Orcutt, Florida*
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *First Presbyterian Church, Orlando*
 Date *Sun. Sept. 22, 1946* 3 P. M. *Fla.*
 Account Charged *Wall Dwyer, Sgt. of Arms*
 Address *U.S. Senate, Washington, D.C.*
 Account Guaranteed *Government*
 Address *(wife Mrs. Daisy Andrews)*
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot *91*

E

I Other Graves

N

S

X Grave on This Date

W

150 00

Professional Services

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave *etc.*

25 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

180 00

Autos _____

Telegram _____

Minister *Can*

Music _____

Casket Wagon *Orl. R.R. Sta. to F.V.*

10 00

Physician _____

County or City Burial _____

Automobiles *5 + 5*

25 00

Baggage or Express Train No. _____

390 00

Body arrived from

Wash. D.C. Sept. 20, 1946

22-316

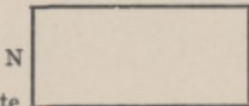
Carey Hand Funeral Home

Name of Deceased Mrs. Natalie V. Williams
 Date of Death Sept. 22, 1946 - 1:35 P. M.
 Cause of Death Cardio Renal - Vascular Disease
 Place of Death Orange Memorial Hospital
 Residence 337 1/2 W. Church St., Orlando, Fla.
 Age 43 Y'rs 10 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, Sept. 24, 1946 2 P. M.
 Account Charged Earl E. Williams
 Address Orlando, Florida
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35.00
 Robe, Suit, Dress White 16.50
 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
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section A spaces 3-4-6 Lot 115
 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 Ed. Minister 5.00
 Autos _____
 Telegram _____
 Minister W. B. Cox 5.00
 Music _____
 Casket Wagon (1) 5.00
 Physician Burial Lot (3) 112.50
 County or City Burial _____
 Automobiles 5x5 15.00
 Baggage or Express Train No. _____
344.00

22-317

Carey Hand Funeral Home

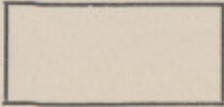
37

Name of Deceased Ernest F. Pechin
 Date of Death Sept. 23, 1946 - 10 A. M.
 Cause of Death Uremia (Cause Undetermined)
 Place of Death Orange Memorial Hospital
 Residence 623 Terrace Blvd.
 Age 54 Y'rs 10 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church - Rosary 8 PM
 Date Wednesday Sept. 25, 1946 9 A. M.
 Account Charged Mrs. Phil F. Pechin
 Address 623 Terrace Blvd.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 375 00
 No. of Casket 750
 Outside Box _____
 Shipping Case or Vault Cement
 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 etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos family (1) 5 00
 Telegram _____
 Minister & P.B. Cars (2) 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

460 00

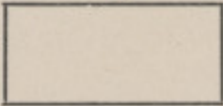
22-318

Carey Hand Funeral Home

Name of Deceased Mrs. Scarlett F. Akers
 Date of Death Sept. 23, 1946 - 1:45 A. M.
 Cause of Death Cachexia due to sarcoma of
 Place of Death Holiday House Medecationum
 Residence P.O. Box 222, Apopka, Fla.
 Age 61 Y'rs 9 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Methodist Church - Apopka
 Date Wednesday, Sept. 25, 1946 3 P. M.
 Account Charged Ernest F. Akers, Jr.
 Address Box 222, Apopka, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 950 00
 No. of Casket Swanson
 Outside Box _____
 Shipping Case or Vault Cement
 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 (1) Family Car 5 00
 Telegram _____
 Minister & P.B. Cars (2) 10 00
 Music By Church
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5x5 15 00
 Baggage or Express Train No. _____
 1035 00

Carey Hand Funeral Home

39

Name of Deceased Samuel Franklin O'Brien
 Date of Death Sept. 21, 1946 - 10:35 A.M.
 Cause of Death Hypertensive Cardio Vascular Dis.
 Place of Death Orange County Hospital
 Residence Conway Road, Orlando, Fla.
 Age 65 Y'rs - Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday Sept 25 1946 10 A.M.
 Account Charged Bro. E. O'Brien
 Address Conway Road, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Grey Cloth Appl. Flr 75 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____ W
 Cremation Sept. 26, 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. _____

Ashes Scattered in
Greenwood Cemetery.

22-320

Carey Hand Funeral Home

40

Name of Deceased Mrs. Martha Hartley
 Date of Death Sept. 18, 1946 M.
 Cause of Death Heart Condition
 Place of Death St. Petersburg, Fla.
 Residence 1408 1/2 - 7th Ave. No. St. Petersburg
 Age 66 Y'rs - Mo's 3 Days Fla.
 Weight - Height - ft. - in. Eyes -
 Funeral at St. Petersburg, Florida
 Date 194 M.
 Account Charged Ralph G. Cooksey - F. H.
 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 Cremation
 Section - Lot -

I Other Graves

N

S

X Grave on This Date

W

Cremation Sept. 25, 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. -

37 50

Body arrived 9-24-46

37 50
Pd.

11:30 a.m.

ashes expressed to R. G. Cooksey
 Funeral Home - St. Petersburg
 22-321

Carey Hand Funeral Home

41

Name of Deceased Mrs. Clara Mercer Lane
 Date of Death Sept. 24, 1946 9 P. M.
 Cause of Death _____
 Place of Death Florida Sanitarium
 Residence Box 224, Pinecastle, Fla.
 Age 63 Y'rs 9 Mo's 8 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Sept. 26 1946 2 P. M.
 Account Charged Mr. James G. Lane
 Address Box 224, Pinecastle, Fla.
 Account Guaranteed Payments
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Gray Box Sp. + Fl. 100 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 Sept. 28, 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 notify what to do
with ashes.

190 00
 Pd.

22-322

Carey Hand Funeral Home

42

Name of Deceased Infant Harris
 Date of Death Sept. 24, 1946 11:30 P.M.
 Cause of Death Unborn - Fall downstairs by mother
 Place of Death Florida Sanitarium
 Residence 2306 So. Delaney, Orlando, Fla.
 Age Yrs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at No service
 Date 194 M.
 Account Charged Mr. Raymond Harris
 Address 2306 So. Delaney, Orlando, Fla.
 Account Guaranteed
 Address

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

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

Cremation Sept. 28, 1946
 Urn
 Single Grave
 Opening and Closing Grave
 Body Shipped to
 R. R. Ticket
 Cash Advanced
 Autos
 Telegram
 Minister
 Music
 Casket Wagon (1)
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

10 00

5 00

15 00 Pd.

Will call for ashes.

22-323

Carey Hand Funeral Home

Name of Deceased Ernest Hubert Rister
 Date of Death Sept. 25, 1946 - 7 A. M.
 Cause of Death Suicide, by 12 Gauge Gun
 Place of Death Residence
 Residence Rt. 5, Conway Section, Orlando, Fla.
 Age 34 Y'rs 1 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Sept. 29, 1946 - 4 P. M.
 Account Charged Mrs. Gladys R. Rister
 Address Rt. 5, Conway Section, Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H-cap. 45 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section A Lot 46
3E 1/4 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 Family (1) 5 00
 Telegram _____
 Minister + P. B. Carr (1) 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 2 15 00
 Baggage or Express Train No. _____

530 00

22-324

Carey Hand Funeral Home

Name of Deceased Mrs. Edith Bennett
 Date of Death Sept. 26, 1946 - A. M.
 Cause of Death Heart Attack
 Place of Death Residence
 Residence 524 Lexington, Orlando, Fla.
 Age 63 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Destination
 Date 194 M.
 Account Charged Carl Bourne Pa.
 Address Albert N. Becker, Adm. 220 Ridge Ave., Derry
 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 665.00
 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 1 Certified copy of D.C. 50
 Single Grave
 Opening and Closing Grave
 Body Shipped to E. Pittsburgh, Pa. 136.75
 R. R. Ticket (Rec'd. from Judge Duckworth)
 Cash Advanced
 Autos
 Telegram 242
 Minister
 Music
 Casket Wagon (2) 10.00
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

Body shipped by baggage 849.67
to East Pittsburgh, Pa.
Sat. Sept. 28 - 2:25 P.M.
22-325

Cary Hand Funeral Home

45

Name of Deceased <u>Infant Rouse</u>	
Date of Death <u>Sept. 27, 1946</u>	<u>2:50 a.m.</u>
Cause of Death <u>Premature (7 mos.)</u>	
Place of Death <u>Orange Memorial Hosp.</u>	
Residence <u>Rt. 1, Box 46, Maitland, Fla.</u>	
Age _____	Y'rs _____ Mo's _____ Days _____
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Graveside</u>	
Date <u>Sat. Sept. 28, 1946</u>	<u>3 P. M.</u>
Account Charged <u>Harold Rouse</u>	
Address <u>Rt. 1, Box 46, Maitland, Fla.</u>	
Account Guaranteed _____	
Address _____	
Embalming <u>Care of Body</u>	10 00
Robe, Suit, Dress _____	
Underwear and Hose _____	
Casket _____	
Casket with Copper Lin. _____	
Style of Casket <u>30 White Bassinette</u>	32 50
No. of Casket <u>103</u>	
Outside Box _____	
Shipping Case or Vault _____	
Handles _____	
Pillow Set _____	
Name Plate _____	
Cemetery <u>Greenwood</u>	
Section _____	Lot _____
	E
I Other Graves _____	
	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S W </div>
X Grave on This Date _____	
Cremation _____	
Urn _____	
Single Grave _____	
Opening and Closing Grave <u>etc.</u>	10 00
Body Shipped to _____	
R. R. Ticket _____	
Cash Advanced _____	
Autos <u>to cemetery</u>	5 00
Telegram _____	
Minister _____	
Music _____	
Casket Wagon <u>(1)</u>	5 00
Physician _____	
County or City Burial _____	
Automobiles _____	
Baggage or Express Train No. _____	
	62 50

22-326

Carey Hand Funeral Home

Name of Deceased Mrs. Mary Ellen Hoeltke
 Date of Death Sept. 27, 1946 4 A. M.
 Cause of Death Carcinoma of Stomach
 Place of Death Florida Sanitarium
 Residence Rt. 1, Box 473, Orlando, Fla.
 Age 58 Y'rs 7 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Sept. 29 1946 2 P. M.
 Account Charged William C. Hoeltke
 Address Rt. 1 - 473, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress Pink
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket 1732
 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 Sept. 30, 1946
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music Walter
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35 00
16 50

290 00

50 00

5 00
5 00

401 50

22-327

Carey Hand Funeral Home

47

Name of Deceased Mrs. Gertrude M. Beebe
 Date of Death Sept. 25, 1946 M.
 Cause of Death Gangrene of Left Foot
 Place of Death John's Nursing Home
 Residence Cassadaga, Florida
 Age 85 Y'rs 7 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land, Florida
 Date _____ 194 _____ M.

Account Charged Alma 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 Cremation
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation Sept. 28, 1946

37.50

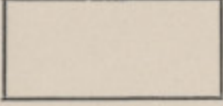
Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for
ashes.

37.50⁰⁰ Pd.

22-328

Carey Hand Funeral Home

Name of Deceased David Louis Bean
 Date of Death Sept. 26, 1946 - 3:25 P. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death St. Luke's Hospital, Jacksonville, Fla.
 Residence Orla Vista, Florida
 Age 42 Y's 7 Mo's 22 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Sept. 29, 1946 1 P. M.
 Account Charged Mrs. Myra Bean
 Address Orla Vista, Florida
 Account Guaranteed Estate & Insurance
 Address _____
 Embalming (Pd. to Estes Kruss F. H.) 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch 465 00
 No. of Casket 1722
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Tangerine
 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 To Jacksonville, Fla. 50 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

585 00 Pd.

22-329

Carey Hand Funeral Home

Name of Deceased Mrs. Mary Beers Seabury
 Date of Death Sept. 27, 1946 M.
 Cause of Death Suicide
 Place of Death Mt. Dora, Florida
 Residence 348-10th Ave., Mt. Dora, Fla.
 Age 59 Y's 11 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Mt. Dora, Florida
 Date _____ 194 _____ M.
 Account Charged Rephaum Funeral Home
 Address Mt. Dora, 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 Cremation
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation Sept. 30, 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

Express ashes to
Rephaum Funeral Home
Mt. Dora, Florida.

22-330

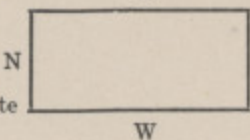
Carey Hand Funeral Home

50

Name of Deceased <u>Willard L. Hooper</u>		
Date of Death <u>Sept. 29, 1946</u>		M.
Cause of Death <u>Not given on removal permit</u>		
Place of Death <u>State Hospital, Chattahoochee</u>		
Residence <u>311 Hillcrest, Orlando, Florida</u>		
Age <u>30</u>	Y'rs <u>3</u>	Mo's <u>28</u> Days
Weight	Height	ft. in. Eyes
Funeral at <u>Chapel</u>		
Date <u>Tuesday, Oct. 1</u>		1946 2 P. M.
Account Charged <u>Laurence L. Hooper</u>		
Address <u>311 Hillcrest, Orlando, Fla.</u>		
Account Guaranteed		
Address		
Embalming <u>(at state)</u>		
Robe, Suit, Dress		
Underwear and Hose		
Casket		
Casket with Copper Lin.		
Style of Casket <u>Oct. H. Cap</u>		135.00
No. of Casket <u>415</u>		
Outside Box		
Shipping Case or Vault		
Handles		
Pillow Set		
Name Plate		
Cemetery <u>Greenwood</u>		
Section		Lot
E		
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto; position: relative;"> N S </div>	
X Grave on This Date	W	
Cremation		
Urn		
Single Grave		15.00
Opening and Closing Grave <u>etc</u>		
Body Shipped to		
R. R. Ticket		
Cash Advanced		
Autos <u>Family - to Res.</u>		5.00
Telegram		5.00
Minister <u>& P.B. Car</u>		5.00
Music		5.00
Casket Wagon <u>(1)</u>		15.00
Physician		
County or City Burial		
Automobiles <u>S & S</u>		15.00
Baggage or Express Train No.		
		180.00

22-331

Carey Hand Funeral Home

Name of Deceased Edwin Fuller League
 Date of Death October 1, 1946 - 7:15 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Empire Hotel, Orlando, Fla.
 Age 69 Y'rs 7 Mo's 22 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Oct. 3 1946 - 2 P. M.
 Account Charged Mrs. Philip D. Gerard
 Address Perkins Highway, Deland, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap 265 00
 No. of Casket 49
 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. Carr 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

340 00

22-332

Name of Deceased James E. Perkins
 Date of Death Oct. 3, 1946 - 9 A. M.
 Cause of Death Heart Disease
 Place of Death St. Bage Hospital
 Residence Glynn Hotel, Orlando, Fla.
 Age 41 Yrs 7 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Ray Davis
 Address Austell, Ga.
 Account Guaranteed Telegraphic Check
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. Flare & Rgs. 100 00
 No. of Casket 71
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Austell, 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 Austell, Georgia 32 11
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (x) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

177 00 pd.

22-333

Name of Deceased James Riley Lawton
 Date of Death Sept. 26, 1946 M.
 Cause of Death _____
 Place of Death St. Petersburg, Florida
 Residence 1619 Scranton Ave. St. Petersburg
 Age 83 Y'rs 3 Mo's 17 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg
 Date _____ 194 _____ M.
 Account Charged Ralph G. Carey Funeral Home
 Address St. Petersburg, 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 Cremation
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation Oct. 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. _____

Express ashes to Ralph G. Carey Funeral Home
 St. Petersburg, Fla.
 22-334

37 50
 P.P.

Carey Hand Funeral Home

Name of Deceased Mrs. Lorene Lappacher
 Date of Death Oct. 3, 1946 M.
 Cause of Death Auto accident on highway
 Place of Death Between Orlando & Winter Garden
 Residence Winter Garden, Florida
 Age 36 Y's 10 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church, Winter Garden, Fla.
 Date Sunday, October 6, 1946 4 P. M.
 Account Charged William Lappacher
 Address Winter Garden, Florida
 Account Guaranteed Estate
 Address _____

Embalming ☒ 35 00
 Robe, Suit, Dress 35 00
 Underwear and Hose 5 00
 Casket _____
 Casket with Copper Lin. 250 00
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Steel 150 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lake Hill Cemetery
 Section _____ Lot _____

I Other Graves

N

E

S

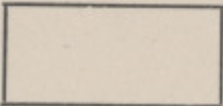
X Grave on This Date

W

Cremation Trip to Tampa to 75 00
 Urn get interior of casket changed
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket 3 Pallbearers Cars 15 00
 Cash Advanced _____
 Autos (2) Family 10 00
 Telegram Flower Car 5 00
 Minister Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician Burial Lot - Lake Hill Cem. 50 00
 County or City Burial _____
 Automobiles 5+5 15 00
 Baggage or Express Train No. _____

1270.00 pl

22-335

Name of Deceased Mrs. Kate M. Arnold
 Date of Death October 5, 1946 - 1 P. M.
 Cause of Death Myocardial Degeneration
 Place of Death Residence
 Residence 315 E. Rollins, Orlando, Fla.
 Age 83 Y'rs 1 Mo's 5 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, October 6, 1946 2 P. M.
 Account Charged J. H. Arnold
 Address _____
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____ 2 25
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch
 No. of Casket 1390 200 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Barnsville, Ohio
 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 Barnsville, Ohio
 R. R. Ticket to " " 103 95
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body Shipped by baggage 351 20
 to Barnsville, Ohio
Mon. Oct. 7, 1946 -
2:25 P. M.
22-336

Carey Hand Funeral Home

ms.

Name of Deceased Maudie Irene Quilling
 Date of Death October 5, 1946 - 9:20 P.M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Orange Memorial Hospital
 Residence 111 S. Parramore, Orlando, Fla.
 Age 41 Y'rs 9 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, Oct. 11, 1946 4 P. M.
 Account Charged Estate
 Address _____
 Account Guaranteed Sam Spencer
 Address 111 S. Muriel St., Orlando, Fla.
 Embalming _____
 Robe, Suit, Dress White
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap.
 No. of Casket 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lake Hill
 Section Bk-11 Lot 7
 E
 I Other Graves
 N S
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc.
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister + P. B. Carr
 Music _____
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles 5.45
 Baggage or Express Train No. _____

35.00
7.50
1.94

135.00

15.00

5.00

5.00

15.00

219.44

Carey Hand Funeral Home

57

Name of Deceased George Milner Denny
 Date of Death October 6, 1946 M.
 Cause of Death Heart Failure
 Place of Death Rockledge, Florida
 Residence Rockledge, Florida
 Age 76 Y's 11 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rockledge, Florida
 Date _____ 194 _____ M.
 Account Charged Loon. 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 Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Oct. 9, 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. _____

37 50

37 50
Pd

Will call for ashes

22-338

Carey Hand Funeral Home

Name of Deceased William C. Stephen
 Date of Death October 8, 1946 - 3:30 P. M.
 Cause of Death Heart Failure
 Place of Death A.C. Station, Ocala, Florida
 Residence Box 1693, Ocala, Florida
 Age 68 Y'rs 7 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Ocala Methodist Church
 Date Sunday, Oct. 13, 1946 2 P. M.
 Account Charged Mrs. Hattie P. Stephen
 Address Box 1693, Ocala, Florida
 Account Guaranteed Insurance
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose + tie _____ 2 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. _____ 200 00
 No. of Casket 31 - Tampa
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Minneola, Florida
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

E
 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 _____
 Minister (1) Car _____ 5 00
 Music (2) Pallbearers Cars _____ 10 00
 Casket Wagon (1) _____ 5 00
 Physician _____
 County or City Burial _____
 Automobiles 545 _____ 20 00
 Baggage or Express Train No. _____

297 ⁰⁰/₁₀₀ pd.

22-339

Carey Hand Funeral Home

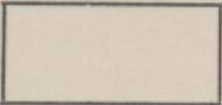
59

Name of Deceased Infant of Mr. & Mrs. Cecil J. Bryan
 Date of Death Oct. 8, 1946 - 4:30 P. M.
 Cause of Death Stillborn
 Place of Death Orange Memorial Hospital
 Residence Box 185, Oakland, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Destination
 Date — 194 — M.
 Account Charged Mrs. Sarah M. Bryan
 Address Oakland, Florida
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket & Service 25 00
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Stone Mountain, 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 To Stone Mtn. Ga. 16 58
 Cash Advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

41 58 Pd.

22-340

Carey Hand Funeral Home

Name of Deceased William A. Sigbee
 Date of Death October 9, 1946 2 A. M.
 Cause of Death Senility with Myocardial Degeneration
 Place of Death Residence
 Residence 1125 Kuhl Ave., Orlando, Fla.
 Age 88 Y'rs 5 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel (Private) Family Room
 Date Saturday, Oct. 12, 1946 2 P. M.
 Account Charged Mrs. Hattie A. Sigbee
 Address 1125 Kuhl 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. 135.00
 No. of Casket Tampa 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation October 14, 1946 50.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music Mrs. Kochendarfer 10.00
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for ashes

235.00
Pd.

22-341

Carey Hand Funeral Home

61

Infant

Name of Deceased Edward Bernard Ricketts
 Date of Death October 9, 1946 - 3:40 P.M.
 Cause of Death Labor Pneumonia due to Flu
 Place of Death Osteopathic Hospital
 Residence 1013 - 19th St., Orlando, Fla.
 Age 1 Y'rs 2 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Oct. 13 1946 4 P. M.
 Account Charged William J. Ricketts
 Address 902 - 20th St., Orlando, Fla.
 Account Guaranteed Payments
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Quilted Taffeta
 No. of Casket Tampa - 103
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N - Lot 8-a

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos Sedan

Telegram _____

Minister _____

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

25 00

45 00

15 00

5 00

5 00

95 00

22 - 342

Carey Hand Funeral Home

Name of Deceased Infant of Mr. & Mrs. Clyde Martin
 Date of Death October 9, 1946 11 P. M.
 Cause of Death Stillborn
 Place of Death Residence
 Residence Box 241, Fernpark, Florida
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date Thursday Oct. 10, 1946 P. M.
 Account Charged Clyde Martin
 Address Fern Park, Fla. Box 241
 Account Guaranteed Mr. Herbert Casselberry
 Address Fern Park, Florida
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket White Bassinette 35 00
 No. of Casket Apoka - 103
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Apoka, Florida
 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. —

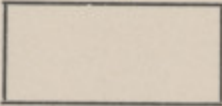
Family did their
 own work.
 We have permit
 for same.

35 00

22-343

Carey Hand Funeral Home

63

Name of Deceased Miss Emma Van Buskirk
 Date of Death October 10, 1946 6:30 a.m.
 Cause of Death Myocardial decomposition
 Place of Death Orange County Hospital
 Residence 536 N. Westmoreland Dr.
 Age 81 Y'rs 9 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Saturday, Oct. 12, 1946 11 a.m.
 Account Charged Estate
 Address _____
 Account Guaranteed Cash
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 50 00
 No. of Casket Tampa
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation Oct. 14, 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. _____

Ashes expressed to
 Mrs. Anna Ward
 Clarke Summit, Pa.
 Rt. 2.
 22-344

140 00
 Pd.

Carey Hand Funeral Home

64

Name of Deceased Infant of Mrs. J. C. Brown
 Date of Death October 11, 1946 - 2:30 P.M.
 Cause of Death Prematurity - Pneumonia
 Place of Death Orange Memorial Hospital
 Residence 315 S. Rosalind Ave. Orlando

Age — Y'rs — Mo's 2 Days —

Weight — Height — ft. — in. Eyes —

Funeral at —

Date — 194 — M.

Account Charged James C. Brown

Address 315 S. Rosalind Ave., Orlando, Fla.

Account Guaranteed —

Address —

Embalming —

Robe, Suit, Dress —

Underwear and Hose —

Casket —

Casket with Copper Lin. —

Style of Casket —

No. of Casket —

Outside Box —

Shipping Case or Vault —

Handles —

Pillow Set —

Name Plate —

Cemetery Cremation

Section — Lot —

E

I Other Graves

N

S

X Grave on This Date

W

Cremation Oct. 14, 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. —

10 00

Will call for ashes.

22-345

Carey Hand Funeral Home

Name of Deceased *Infant of Mr. & Mrs. Page*
 Date of Death *October 12, 1946 10:30 A.M.*
 Cause of Death _____
 Place of Death *Orange Memorial Hospital*
 Residence _____
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged _____
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

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

Carry Hand Funeral Home

66

Name of Deceased George Birdsell Cornell
 Date of Death October 13, 1946 - 12:45 A. M.
 Cause of Death Cerebral Hemorrhage & Diabetes
 Place of Death Orange Memorial Hospital
 Residence 1845 Kentucky Ave., Winter Park, Fla.
 Age 63 Y'rs 10 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, October 15, 1946 4 P. M.
 Account Charged Adelaide W. Cornell
 Address 1845 Kentucky Ave., Winter Park, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 250 00
 No. of Casket Tampa 15 00
 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 Oct. 16, 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. _____

340 00

Will notify in regard to ashes

22-347

Cary Hand Funeral Home

67

Name of Deceased Joseph J. Weisner
 Date of Death Oct. 13, 1946 - 9 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death McDonald Boat Dock New Smyrna Beach, Fla.
 Residence 1204 E. Washington, Orlando, Fla.
 Age 42 Y'rs 2 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, October 15, 1946 2 P. M.
 Account Charged Mrs. Mary J. Weisner
 Address 1204 E. Washington, Orlando, Fla.
 Account Guaranteed Orlando Police & Insurance
 Address Orlando, Florida
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Solid Mahogany Stained
 No. of Casket Walker 215 725 00
 Outside Box _____
 Shipping Case or Vault Steel 150 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 Family Car (1) 5 00
 Telegram _____
 Minister Car + P.B. Car 10 00
 Music _____
 Casket Wagon new To Smyrna, Fla. 35 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

990 00

22-348

Carey Hand Funeral Home

Name of Deceased George Washington Mears
 Date of Death October 11, 1946 M.
 Cause of Death Not given on removal permit.
 Place of Death Stuart, Florida
 Residence Stuart, Florida
 Age 79 Y's 3 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Stuart, Florida
 Date _____ 194 _____ M.
 Account Charged Johns 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 Cremation
 Section _____ Lot _____
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation Oct. 14, 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

Johns Funeral Home
Stuart, Florida

22-349

Carey Hand Funeral Home

69

Name of Deceased Edward Stockton Meyer
 Date of Death October 13, 1946 - 3:40 P.M.
 Cause of Death Cerebral + general arteriosclerosis
 Place of Death Wilson Nursing Home, Orlando, Fla.
 Residence 913 Georgia Ave, Winter Park, Fla.
 Age 73 Y'rs 6 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Services

Date _____ 194 _____ M.

Account Charged Mrs. Edward S. Meyer
 Address 913 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 Oct. H. Cap. - Dressing

No. of Casket Tampa 1972

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 Oct. 17, 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. _____

Ashes Scattered

225 00

22-350

Carey Hand Funeral Home

Name of Deceased Mrs. Genevieve Marshall
 Date of Death October 10, 1946 M.
 Cause of Death Chronic Myocarditis
 Place of Death Residence
 Residence Rt. 2, Box 1818, Sanford, Fla.
 Age 71 Y'rs 5 Mo's 4 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 Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N S
 X Grave on This Date _____ W
 Cremation October 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. _____

Ashes expressed to
 Erickson Funeral Home
 Sanford, Florida

22-351

Carey Hand Funeral Home

71

Name of Deceased Victor R. Olson
 Date of Death October 7, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death St. Petersburg, Florida
 Residence St. Petersburg, Florida
 Age 78 Y'rs 11 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg, Florida
 Date _____ 194 _____ M.
 Account Charged Ralph G. Cooksey Funeral
 Address St. Petersburg, Fla. Home
 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 Cremation
 Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation October 17, 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

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

22-352

Carey Hand Funeral Home

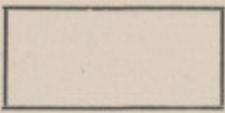
72

Name of Deceased Jessie Lucinda Cannon
 Date of Death October 15, 1946 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Lakeland, Florida
 Residence Lakeland, Florida
 Age 85 Y's 1 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lakeland, Florida
 Date _____ 194 _____ M.
 Account Charged Gentry-Morrison Funeral Home
 Address Lakeland, 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 Cremation
 Section _____ Lot _____
 _____ E
 I Other Graves _____
 _____ N _____ S
 X Grave on This Date _____ W
 Cremation October 18, 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
Donald B. Johnson Pd.
Funeral Home
Cayuga County, Bedford, Ohio
22-353

Carey Hand Funeral Home

73

Name of Deceased Peter Lawrence Duffley
 Date of Death October 17, 1946 - 4 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 1522 S. Mills St. Orlando.
 Age 69 Y'rs 8 Mo's 28 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church, Orlando.
 Date Saturday Oct. 19 1946 10 A. M.
 Account Charged Mrs. Selma F. Duffley
 Address 1522 S. Mills 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. Cape Malester
 No. of Casket Orleans - 1341 140 00
 Outside Box _____
 Shipping Case or Vault Cement
 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 etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister Car + P.B. Car 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 x 5 15 00
 Baggage or Express Train No. _____

220 00

22-354

Carry Hand Funeral Home

74

Name of Deceased Joseph Bishop Stewart
 Date of Death October 18, 1946 11:55 A.M.
 Cause of Death Paralysis Agitans
 Place of Death Residence
 Residence 333 E Comstock Ave., Winter Park
 Age 71 Y'rs 2 Mo's 9 Days 71a
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Residence
 Date Friday, Oct. 18 1946 2:30 P.M.
 Account Charged Mary C. Stewart
 Address 333 E Comstock, Winter Park, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Spr. H. Cap 80 00
 No. of Casket Tampa 71
 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 Oct. 21, 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. _____

170 00

Will notify about
ashes.

22-355

Carey Hand Funeral Home

75

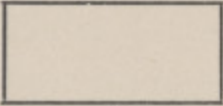
Name of Deceased	Joseph McDonald Lane		
Date of Death	October 19, 1946	11 a.	M.
Cause of Death	Heart Attack		
Place of Death	Residence		
Residence	503 Florida Ave. Orlando, Fla.		
Age	65	Y'rs	11
		Mo's	9
		Days	
Weight		Height	
		ft.	
		in.	
Eyes			
Funeral at	Destination		
Date		194	M.
Account Charged			
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.		
No. of Casket	Walker 722	450	00
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	Spartanburg, S.C.		
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	Spartanburg, S.C.	121	36
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.			

616 36

22-356

Carey Hand Funeral Home

76

Name of Deceased Arthur D. Horton
 Date of Death October 17, 1946 - M.
 Cause of Death Diabetic Acidosis
 Place of Death Kissimmee, Florida
 Residence 1220 Wisconsin Ave., St. Cloud, Fla.
 Age 71 Y'rs 3 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Cloud, Florida
 Date _____ 194 _____ M.
 Account Charged Eiselen Wigginton
 Address Orlando & St. Cloud, 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 Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N  S
 X Grave on This Date _____ W
 Cremation Oct. 20, 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
82.

22-357

Carey Hand Funeral Home

77

Name of Deceased Addah D. Whitfield
 Date of Death October 19, 1946 - 6:30 P. M.
 Cause of Death Carcinoma of Bladder
 Place of Death Orange Memorial Hospital
 Residence 1000 Chardora St., Orinda, Cal.
 Age 72 Y'rs 1 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, October 21, 1946 4 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 State 1/2 Couch
 No. of Casket Michigan 5935 1/2 700 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section V- N.E. 1/2 Lot 42
space - 8
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 (2) 10 00
 Telegram _____
 Minister Car & P.B. Car (2) 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

790 00

22-358

Carey Hand Funeral Home

78

Name of Deceased Infant of Mrs. Mrs. Jack Tennison
 Date of Death October 20, 1946 4:30 P.M.
 Cause of Death _____
 Place of Death Residence
 Residence Maitland, Florida
 Age _____ Y'rs _____ Mo's _____ Days 14 hrs.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Tuesday, October 22 1946 11 A. M.
 Account Charged Jack Tennison
 Address Maitland, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Lambkin Ag. H. Cyl.
 No. of Casket Tampa 75
 Outside Box _____ 21 00
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section Baby Row Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W _____
 Cremation _____
 Urn _____
 Single Grave Baby Row 12 50
 Opening and Closing Grave etc 4 50
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) To Maitland 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) Auto 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

48 00

22-359

Carey Hand Funeral Home

79

Name of Deceased Mrs. Emma Pearl Crittenden
 Date of Death October 20, 1946 - 5:30 P. M.
 Cause of Death Auto Accident - Broken Neck
 Place of Death Orlando Fla.
 Residence Rt. 5, Box 43-E - Conway Rd.

Age _____ Y's _____ Mo's _____ Days _____

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Conway Methodist Church

Date Wednesday, Oct 23 1946 - 4 P. M.

Account Charged _____

Address _____

Account Guaranteed Estate

Address _____

Embalming _____ 35 00

Robe, Suit, Dress Flesh 20 00

Underwear and Hose + ship 5 00

Casket _____

Casket with Copper Lin. _____

Style of Casket Flesh Pat 1/2 Couch 300 00

No. of Casket Walker 1432

Outside Box Reg.

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Conway, Florida

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

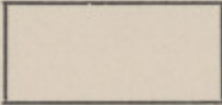
Baggage or Express Train No. _____

395 00

22-360

Carey Hand Funeral Home

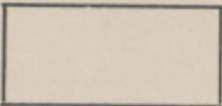
80

Name of Deceased James F. Childs
 Date of Death October 20, 1946 7:30 M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 514 Conroy St., Orlando, Fla.
 Age 69 Y's 9 Mo's 7 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, October 22 1946 2 P. M.
 Account Charged Mrs. Willa Childs
 Address 514 Conroy St., Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose 2 pc 6 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap.
 No. of Casket Tampa 31 225 00
 Outside Box _____
 Shipping Case or Vault Cement
 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 _____
 Telegram _____
 Minister + Pallbearers Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

306 00

22-361

Carey Hand Funeral Home

Name of Deceased James Picken
 Date of Death October 24, 1946 P. M.
 Cause of Death Stroke
 Place of Death Residence
 Residence 922 Grand Ave., Orlando, Fla.
 Age 84 Y'rs 5 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Oct. Oct. 25 1946 4:00 P. M.
 Account Charged Mrs. Mary F. Picken
 Address 922 Grand Ave., Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming 35.00
 Robe, Suit, Dress _____
 Underwear and Hose 2.00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cape
 No. of Casket Tampa 1972 135.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 15 Lot 6
space 1.
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 (1) 5.00
 Telegram + L.D. Phone call 2.17
 Minister + Pallbearers (Mrs) (2) 10.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. _____

224 17
 Pl.

Carey Hand Funeral Home

Name of Deceased W. Roderick Dorsey
 Date of Death October 24, 1946 3 P. M.
 Cause of Death Arterio Sclerotic heart disease
 Place of Death Residence
 Residence 729 Euclid Ave., Orlando, Fla.
 Age 78 Y'rs — Mo's 16 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at St. Luke's Episcopal Church
 Date Monday, Oct. 29 1946 4:30 P. M.
 Account Charged Mrs. Isabelle B. Dorsey
 Address 729 Euclid Ave., Orlando, 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

No. of Casket Tampa 1972 135 00

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 — 50 00

Urn —

Single Grave —

Opening and Closing Grave —

Body Shipped to —

R. R. Ticket —

Cash Advanced —

Autos Family (1) 5 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

83

Name of Deceased Baby Robert Allen Cuthbertson
 Date of Death October 26, 1946 - 7 A. M.
 Cause of Death Atalstosis
 Place of Death Orange Memorial Hospital
 Residence 1325 N. Fern Creek, Orlando, Fla.
 Age — Y'rs — Mo's 5 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date Sunday Oct. 27, 1946 4 P. M.
 Account Charged Andrew P. Cuthbertson
 Address 1325 N. Fern Creek, Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket White Apr. H. Top
 No. of Casket Tampa 75 21 00
 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 (Baby) 12 50
 Opening and Closing Grave etc 4 50
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos (1) 5 00
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

43 00

22-364

Carey Hand Funeral Home

84

Name of Deceased Mrs. Blanche O. Willis
 Date of Death October 26, 1946 - 9:40 P. M.
 Cause of Death Pulmonary Edema - Rt. Heart
 Place of Death Orange Memorial Hosp. Failure
 Residence 2726 Conway Road, Orlando, Fla.
 Age 65 Y'rs 1 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Ben H. Willis
 Address 2726 Conway Rd., Orlando, Fla.
 Account Guaranteed Paul A. Howell
 Address 2726 Conway Rd., Orlando, Fla.
 Embalming _____
 Robe, Suit, Dress Flesh Crepe
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket Walker 1792
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Columbus, Georgia
 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 Columbus, Ga.

R. R. Ticket to Columbus, Ga.

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. 80 -

35 00
27 00

375 00

28 32

125

10 00

476 57

Body shipped by express
to Columbus, Ga.
Sunday, Oct. 27, 1946 - 11:30 A.M.

22-365

Carey Hand Funeral Home

25

Name of Deceased Auston Flinn Lloyd
 Date of Death October 28, 1946-10:30 A.M.
 Cause of Death Uremia - Chronic
 Place of Death Residence
 Residence 2135 E. Daley
 Age 79 Y'rs 11 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thursday, October 31, 1946 4 P. M.
 Account Charged D. S. Lloyd - 2135 Daley Ave.
 Address 3. D. Lloyd - Rt 5 Box 12-3
 Account Guaranteed Romero G. Lloyd York & B
 Address Restaurant 3412 W. Church
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap
 No. of Casket Tampa 1972 135 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section E. - NW 1/2 Lot 27

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

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister + Pallbearers Car (1) 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____
 210 00

22-366

Carry Hand Funeral Home

86

Name of Deceased Arabel Filley
 Date of Death Oct. 26, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age 93 Y'rs 6 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land, Florida
 Date _____ 194 _____ M.
 Account Charged Allen Sumnerhill
 Address De Land, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation Oct. 29, 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. _____

Will call for
ashes

37 50 PL

22-367

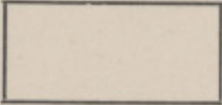
Carey Hand Funeral Home

87

Name of Deceased Burt L. Kelley
 Date of Death October 29, 1946 P. M.
 Cause of Death Hardening of Arteries
 Place of Death State Hospital Chattanooga
 Residence Titusville Florida
 Age 80 Y's 10 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat. Nov. 2 1946 2 P. M.
 Account Charged Mrs. Burt L. Kelley
 Address Titusville Fla. Box 224
 Account Guaranteed Estate
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H-Cap 90 00
 No. of Casket Tampa 71
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves

N  S
 W

X Grave on This Date

Cremation 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced to State Hospital 87 25
 Autos _____
 Telegram 4 00
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for ashes 23 25
22-368

Carey Hand Funeral Home

Name of Deceased Robert Varentkamp
 Date of Death Oct. 21, 1946 M.
 Cause of Death Coronary Thrombosis
 Place of Death St. Petersburg, Florida
 Residence St. Petersburg, Florida
 Age 73 Y's 1 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg, Florida
 Date _____ 194 _____ M.
 Account Charged Ralph G. 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 Cremation
 Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation Oct. 31, 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 _____

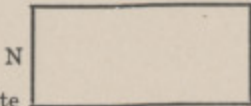
Automobiles _____

Baggage or Express Train No. _____

Express ashes to
Ralph G. Cooksey
Funeral Home
St. Petersburg, Florida
22-369

37 50

Carey Hand Funeral Home

Name of Deceased Charles Albert Flynn
 Date of Death October 31, 1946 12:30 M.
 Cause of Death Leukemia
 Place of Death Florida Sanitarium
 Residence Rt. 3, Box 395, Orlando, Fla.
 Age 2 Y's 7 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Friday Nov. 1 1946 2 P. M.
 Account Charged Aubrey S. Flynn
 Address Rt. 3, Box 395, Orlando, Fla.
 Account Guaranteed _____ (Orlo Vista)
 Address _____
 Embalming _____ 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White H. Top 70 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 _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 10 00
 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. _____

110 00

22-370

Carey Hand Funeral Home

Name of Deceased Mrs. Lizzie Speigner
 Date of Death October 31, 1946 4:05 AM.
 Cause of Death Carcinoma Breast
 Place of Death Orange Memorial Hospital
 Residence 330 West Princeton, Orlando, Fla.
 Age 67 Y'rs 3 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Earline S. Webb
 Address 600 W. Yale, Orlando, Fla.
 Account Guaranteed Payments
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch
 No. of Casket Orleans 1390
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Enterprise, Alabama
 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 Enterprise, Ala.

R. R. Ticket Do " " "

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

35 00

200 00

235 2

10 00

268 52

29.

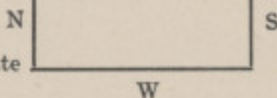
22-371

Carey Hand Funeral Home

Name of Deceased Mrs. Evelyn H. Roberts
 Date of Death October 31, 1946 - 5:30 P.M.
 Cause of Death Carcinoma of Breast
 Place of Death Residence
 Residence Rt. 3, Box 350, Lake Mann
 Age 51 Y'rs 7 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat. Nov. 2, 1946 4 P. M.
 Account Charged Mr. Alfred Roberts
 Address Rt. 3, Box 350 Lake Mann, Orlando, Fla.
 Account Guaranteed _____
 Address _____

Embalming ✓ 35.00
 Robe, Suit, Dress Flesh pink 17.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. 1/2 Couch
 No. of Casket Orleans 1828 350.00
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section F Lot 179
space 2. E

I Other Graves



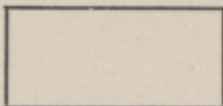
X Grave on This Date

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

447.50
Pd

22-372

Carey Hand Funeral Home

Name of Deceased Mr. Lovanda W. Sharp
 Date of Death Nov. 1, 1946 - 12:30 a. M.
 Cause of Death _____
 Place of Death Residence
 Residence 209 So. Dillon, Winter Garden, Fla.
 Age 84 Y'rs 7 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday Nov. 3, 1946 2 P. M.
 Account Charged Mrs. Ada Sharp
 Address 209 So. Dillon, Winter Garden, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue Serge 37 50
 Underwear and Hose _____ 10 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap
 No. of Casket Walker 7902 350 00
 Outside Box _____
 Shipping Case or Vault Cement
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section A Lot 277
space 1.
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 P. B. 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. _____

472 50
Pd.

Carey Hand Funeral Home

Name of Deceased Edward J. Kreckling
 Date of Death Nov. 1, 1946 - 6:30 A.M.
 Cause of Death Coronary Occlusion
 Place of Death Residence
 Residence 15 So. Lawsona Blvd. Orlando, Fla.
 Age 48 Y'rs — Mo's 12 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at —
 Date — 194— M.
 Account Charged Mrs. Marie Kreckling
 Address 15 So. Lawsona Blvd. Orlando, Fla.
 Account Guaranteed Insurance
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Sil. Metal State H. Cap
 No. of Casket Walker 5040 500 00
 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 Family Car 5 00
 Telegram —
 Minister Car & Pallbearers Car 10 00
 Music Walter & Violins 5 00
 Casket Wagon (1) 5 00
 Physician —
 County or City Burial —
 Automobiles S & S 15 00
 Baggage or Express Train No. —
 590 00

22-374

Carey Hand Funeral Home

Name of Deceased Albert H. Gardner
 Date of Death October 30, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age _____ Y'rs _____ Mo's _____ 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 Cremation
 Section _____ Lot _____
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation Nov. 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

Ashes forwarded to
 Mrs. A. E. Nygren,
 Rt. 1, Harvel, Illinois

22-375

P2

Carey Hand Funeral Home

Name of Deceased Mrs. Shelly M. Tobey
 Date of Death Nov. 1, 1946 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Daytona Beach, Florida
 Residence Daytona Beach, Fla.
 Age 60 Y'rs 7 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach, Florida
 Date _____ 194 _____ M.
 Account Charged Baggett - Mcintosh
 Address Daytona Beach, 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 Cremation
 Section _____ Lot _____
 E

I Other Graves

N

S

X Grave on This Date

W

Cremation Nov. 4, 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
Baggett - Mcintosh
Funeral Home
Daytona Beach, Fla.
11-7-46

3750
Pd.

22-376

Carry Hand Funeral Home

Name of Deceased James Burr Odell
 Date of Death Nov. 2, 1946 M.
 Cause of Death _____
 Place of Death Clermont, Florida
 Residence Clermont, Florida
 Age 72 Y'rs 4 Mo's 9 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Clermont, Florida
 Date _____ 194 _____ M.
 Account Charged Edge Funeral Home
 Address Clermont, 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 Cremation
 Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation Nov. 5, 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 Edge Funeral Home
Brownsburg, Florida

22-377

37 50/100

97

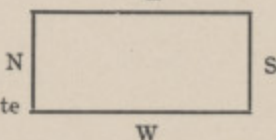
22-378

Carey Hand Funeral Home

Name of Deceased John Temple Lane
 Date of Death Nov. 5, 1946 - 10 P. M.
 Cause of Death Coronary Occlusion
 Place of Death Dead on Arrival O. M. H.
 Residence 309 E. Robinson, Orlando, Fla.
 Age 42 Y'rs — Mo's 20 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at —
 Date Friday, Nov. 8, 1946 - 3 P. M.
 Account Charged Mildred M. Lane
 Address 309 E. Robinson
 Account Guaranteed Estate
 Address —

Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Urn H. Cap 450 00
 No. of Casket Umpa 850
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Greenwood
 Section — Lot —

I Other Graves



X Grave on This Date

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

545 00

22-379

Carey Hand Funeral Home

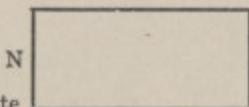
99

Name of Deceased Madison, Frank Starr
 Date of Death Nov. 6, 1946 - 8 P. M.
 Cause of Death Killed in Motor Vehicle Accident
 Place of Death Cheney Highway - Just past Death
 Residence Rt. 4, Box 522
 Age 40 Y'rs 5 Mo's - Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Chapel
 Date Sat. Nov. 9 1946 4 P. M.
 Account Charged Mrs. Viola Starr
 Address Rt. 4, Box 522, Orlando, Fla.
 Account Guaranteed Estate
 Address -
 Embalming - 35 00
 Robe, Suit, Dress Blue 37 50
 Underwear and Hose - 10 00
 Casket -
 Casket with Copper Lin. -
 Style of Casket State H. Cap. 245 00
 No. of Casket Walker 710
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Greenwood
 Section A Lot 277
space 1-
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 & Pallbearers Car 5 00
 Music -
 Casket Wagon -
 Physician -
 County or City Burial -
 Automobiles S + S 15 00
 Baggage or Express Train No. -

362 50

22-380

Carey Hand Funeral Home

Name of Deceased Keith Theron Bryant
 Date of Death Nov. 6, 1946 - 10:30 P. M.
 Cause of Death Killed in Motor Vehicle Accident
 Place of Death O. M. H.
 Residence Rt. 5, Box 28, L. Orlando, Fla.
 Age 22 Y's 7 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Conway Methodist Church
 Date Sunday, Nov. 10, 1946 4 P. M.
 Account Charged Gordon G. Bryant
 Address Rt. 5, Box 28, L. Orlando, Fla.
 Account Guaranteed S. D. Livingston
 Address Rt. 5, Box 28, L. Orlando, Fla.
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap.
 No. of Casket Tampa 31 200 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Conway - Military Services
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 3 & 5 15 00
 Baggage or Express Train No. _____

270 00

22-381