

11-7-1946

Memoranda Book 181: Carey Hand Funeral Home records, November 7, 1946 to December 16, 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 181: Carey Hand Funeral Home records, November 7, 1946 to December 16, 1946" (1946). *Carey Hand Funeral Home Records*. 181.
<https://stars.library.ucf.edu/cfm-ch-records/181>

Carey Hand Funeral Home

Name of Deceased Dewey Hobson Ellis
 Date of Death Nov. 7, 1946 7 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Apopka, Florida
 Residence Box 663, Apopka, Fla.
 Age 48 Y'rs 4 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination

Date _____ 194 _____ M.
 Account Charged Mrs. Cornelia Ellis
 Address Box 663, Apopka, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket 7-850 Tampa 500 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Douglas, Georgia
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Douglas, Ga.
 R. R. Ticket to " " 15 65
 Cash Advanced _____
 Autos _____ 190
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Is body shipped to 562 55
to Bon as funeral
1:20 a.m. Fri. Nov. 8, 1946

26-4382

Carey Hand Funeral Home

Name of Deceased Louis Legan Broughton
 Date of Death November 5, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Lakeland, Florida
 Residence Avon Park, Florida
 Age 81 Y's 1 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Avon Park, Florida
 Date _____ 194 _____ M.
 Account Charged Stephenson Funeral Home
 Address Sebring, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation Nov. 8, 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
Stephenson Funeral Home
Sebring, Florida

22-383

Carey Hand Funeral Home

Name of Deceased Mrs. Kathryn Hildenbrand
 Date of Death November 4, 1946 M.
 Cause of Death Not given on removal permit
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age 83 Y's 6 Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at De Land, Florida
 Date — 194— M.
 Account Charged Allen Sumnerhill 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. 8, 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.

22-384

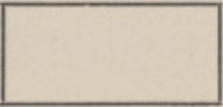
Carey Hand Funeral Home

Name of Deceased Charles Eton Hewing
 Date of Death November 9, 1946 M.
 Cause of Death Not given on removal permit
 Place of Death Daytona Beach, Fla.
 Residence Daytona Beach, Florida
 Age 50 Y'rs 1 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach, Florida
 Date _____ 194 _____ M.
 Account Charged Haigh & Brooks Funeral Home
 Address Daytona Beach, 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. 7, 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
Haigh & Brooks Funeral Home
Daytona Beach, Fla.

22-385

Carry Hand Funeral Home

Name of Deceased Mrs. Mary Elizabeth Marks
 Date of Death November 7, 1946 - 7:30 P.M.
 Cause of Death Carcinoma of Bladder
 Place of Death Residence
 Residence 38 No. Rosalind, Orlando, Fla.
 Age 73 Y'rs 5 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Ralph J. Marks
 Address 38 No. Rosalind, 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 200 00
 No. of Casket Orleans - 1828
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Canton, Ohio
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by Baggage 245 00
to Canton, Ohio
2:25 P.M. Fri. Nov. 8, 1946.
22-386

Carey Hand Funeral Home

Name of Deceased Llewellyn H. Hedge
 Date of Death November 7, 1946 - 90 M.
 Cause of Death Uremia, Chro. Myocarditis
 Place of Death Residence
 Residence 137 Hillcrest, Orlando, Fla.
 Age 88 Y'rs 2 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel - Burial Monday
 Date Sunday, Nov. 10 1946 4 P. M.
 Account Charged Mrs. Jessie Hedge
 Address 137 Hillcrest, Orlando, Fla.
 Account Guaranteed _____

Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. & Labor 100 00
 Style of Casket State H. Cap. Sol. Md. Md. 850 00
 No. of Casket Walker - General
 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 etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Family car (1) 5 00
 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. _____

1030 00

22-387

Carey Hand Funeral Home

Name of Deceased Mrs. Kate Sheppard Hines
 Date of Death November 8, 1946 7:45 A.M.
 Cause of Death Senility
 Place of Death Residence
 Residence 513 So. Osceola, Orlando, Fla.
 Age 94 Y'rs 7 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon., Nov. 11 1946 2 P. M.
 Account Charged Cecile S. Hines
 Address 513 So. Osceola, Orlando, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Oak, 1 1/2 Couch

No. of Casket Tampa - 7-1575

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Woodlawn

Section F. Lot 336

Space 1.

E

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Family

Telegram _____

Minister + Palbearers Car

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles S + S

Baggage or Express Train No. _____

380 00

22-388

Carey Hand Funeral Home

Name of Deceased Clifton Wise Orr
 Date of Death November 8, 1946 Noon M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Residence
 Residence 706 Lake Davis Dr. Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat. Nov. 9, 1946 2 P. M.
 Account Charged Mrs. Lydia W. Orr
 Address 706 Lake Davis Dr. 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. 300 00
 No. of Casket Tampa 750
 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 Nov. 11, 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. _____

390 00

Will call for ashes.

22-389

Carry Hand Funeral Home

Name of Deceased Mrs. Harriet L. Ligasbee
 Date of Death November 8, 1946 - 7:15 P.M.
 Cause of Death Senility - Myocardial Degeneration
 Place of Death Residence
 Residence 1125 Kuhl Ave. Orlando, Fla.
 Age 83 Y's 6 Mo's 19 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Nov. 10, 1946 2 P. M.
 Account Charged Mr. M. A. Austin
 Address 1125 Kuhl Ave., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress White 19 50
 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 _____
 N S
 X Grave on This Date _____
 W
 Cremation Nov. 11, 1946 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music Singer 10 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for
ashes

254 50
Pd.

22-390

Carey Hand Funeral Home

Name of Deceased John Able Wilkitt
 Date of Death November 9, 1946-1:17 A.M.^{52.}
 Cause of Death Drowned - Fell off Boat⁶⁷⁹
 Place of Death Municipal Dock, Sanford Fla.
 Residence 514 N. Hughes, Orlando, Florida
 Age 51 Y's 2 Mo's 24 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, Nov. 12 1946 4 P. M.
 Account Charged Mrs. Sigga (mother)?
 Address 514 N. Hughes, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming Ch. Erickson F. Home 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 235 00
 No. of Casket Walker 442
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves
 N S
 W

 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos Family car to Res. 5 00
 Telegram _____
 Minister + Pallbearers Car 5 00
 Music Walter Menges 5 00
 Casket Wagon To Sanford, Fla. 15 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

345 00

22-391

Carey Hand Funeral Home

Name of Deceased Harry Wilson
 Date of Death November 10, 1946 - 5 A. M.
 Cause of Death Bronchio-Pneumonia
 Place of Death Alabama Hotel Winter Park
 Residence Pittsburgh, Pa.
 Age 73 Y'rs 7 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Emma M. Wilson
 Address Oakland St., Schenley Apts
 Account Guaranteed Estate Pittsburgh, Pa.
 Address _____
 Embalming _____ 50 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Personal Service 150 00
 Casket with Copper Lin. _____
 Style of Casket State Full View
 No. of Casket Tampa 3750 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Pittsburgh, Pa.
 Section _____ Lot _____
 E
 I Other Graves N S
 X Grave on This Date W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

3950 00

Body shipped by
private car - A.C.L.
Mon. 2:25 P.M. Nov. 11, 1946.

22-392

Carey Hand Funeral Home

Name of Deceased Julia Adelaide Coer
 Date of Death November 10, 1946 - 10 A. M.
 Cause of Death Heart Attack
 Place of Death 1001 Hamlin Ave. Orlando, Fla.
 Residence Rt. 1, Southbury, Conn.
 Age 73 Y'rs 2 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination

Date _____ 194 _____ M.
 Account Charged Milton R. Coer (son)
 Address Southbury, Conn.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Pol. Quarter Oak 1/2 450 00
 No. of Casket Summerhill Couch
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Southbury, Conn.
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Southbury, Conn. 187 91 (2)

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. _____

Body shipped by _____ 687 91
 baggage - 2:25, Monday.
 Nov. 11, 1946 - to Southbury,
 Conn.
 22-393

Carey Hand Funeral Home

Name of Deceased Mrs. Jennie S. Piper
 Date of Death November 11, 1946 2:30 A.M.
 Cause of Death Heart Disease - Arterio Sclerosis
 Place of Death Orange Memorial Hospital
 Residence 9 Lake Lucerne Plaza, Orlando
 Age 85 Y'rs 8 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination

Date _____ 194 _____ M.

Account Charged Miss Margaret Piper
 Address 9 Lake Lucerne Plaza, Orlando
 Account Guaranteed Estate Fla.
 Address _____

Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Copper State H. Cap.

No. of Casket Walker-Hoover

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Mount Auburn Cem.

Section Cambridge Lot Mass.

E

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Cambridge, Mass.

R. R. Ticket " " "

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2)

Physician _____

County or City Burial _____

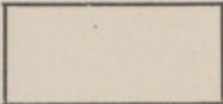
Automobiles _____

Baggage or Express Train No. _____

2026. 63

Body shipped by
 Baggage to Cambridge, Mass.
 on #192 - 2:25 P.M. Fri.
 Nov. 15, 1946
 22-394

Carey Hand Funeral Home

Name of Deceased Morris Iheron Crosby
 Date of Death November 11, 1946 - 10 A. M.
 Cause of Death Suppurative Pyelonephritis
 Place of Death Orange Memorial Hospital
 Residence Rt. 5, Box 595, Orlando, Fla.
 Age 50 Y'rs 1 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Tuesday, November 12 1946 4 P. M.
 Account Charged Mrs. Bernice L. Crosby
 Address Rt. 5, Box 595, Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____ 42 50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 135 00
 No. of Casket Walker - 415
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Ocean Cemetery, Ocean, Fla.
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

242 50
Pd.

22-395

Carey Hand Funeral Home

Name of Deceased Frank Louis Beuck
 Date of Death November 11, 1946 - 12:25 P.M.
 Cause of Death Carcinoma of the head of Pancreas
 Place of Death Florida Sanitarium
 Residence Rt. 3, Box 287, Cottage Hill Rd, Orlando, Fla.
 Age 63 Y'rs 6 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. November 14 1946 4 P. M.
 Account Charged Mrs. Wm. A. Gemeinhardt
 Address Rt. 3, Box 320 B - Orlando, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Sil Metal State N. Cap

No. of Casket Tampa - Leonard

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Greenwood - Orlando

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 (1) Family Car

Telegram _____

Minister & Pallbearers Car

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles 5 + 5

Baggage or Express Train No. _____

580 00

22-396.

Carey Hand Funeral Home

Name of Deceased Mrs. Ida Modena Richardson
 Date of Death November 11, 1946 P. M.
 Cause of Death Congestive Heart Failure
 Place of Death Residence
 Residence 21 Smith St., Winter Garden, Fla.
 Age 71 Y'rs 7 Mo's — Days
 Weight — Height — ft. — in. Eyes —
 Funeral at Winter Garden Baptist Church
 Date Wednesday, Nov. 13, 1946 2 P. M.
 Account Charged Samuel D. Richardson
 Address 21 Smith St., Winter Garden, Florida
 Account Guaranteed —
 Address —

Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Rubber Lf. 20kg. State
 No. of Casket Tampa-Adelitz Casket 600 00
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Woodlawn - Orlando
 Section 8 Lot 256
Space 2 -
E

I Other Graves

N

S

X Grave on This Date

W

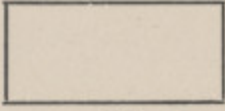
Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave etc 15 00
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos (1) Family Car 5 00
 Telegram —
 Minister & Pallbearers Car 5 00
 Music —
 Casket Wagon (1) 5 00
 Physician —
 County or City Burial —
 Automobiles S & S 15 00
 Baggage or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

680 00

22-397

Name of Deceased Mrs. August Edward L. Beetcher
 Date of Death November 11, 1946 4 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Orange Memorial Hospital
 Residence Rt. 1, Box 736, Orlando, Fla.
 Age 75 Y's 4 Mo's 20 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, Nov. 15 1946 2 P. M.
 Account Charged Mrs. Anna F. Beetcher
 Address Rt. 1, Box 736 - 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. Gr. B.C.
 No. of Casket Tampa - 422
 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 + P.B. Car (2) 10 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____
 310 00

Carey Hand Funeral Home

Name of Deceased Mrs. Catherine Webster
 Date of Death November 12, 1946 - 7:30 A.M.
 Cause of Death Arterio Sclerosis
 Place of Death Residence
 Residence 1133 Kuhl Ave., Orlando, Fla.
 Age 75 Y'rs 7 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Nov. 13 (Wed.) 1946 5 P. M.
 Account Charged Miss Elaine L. Webb
 Address 1133 Kuhl 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 1/2 Couch
 No. of Casket Ampe - 7-1850 200 00
 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 (1) Family Car 5 00
 Telegram _____
 Minister Car 5 00
 Music 2 Pallbearers Cars 10 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

290 00

22-399

Carey Hand Funeral Home

Name of Deceased Mrs. Susan Pope Tracey
 Date of Death November 12, 1946-12 Noon
 Cause of Death Heart Attack
 Place of Death Cor. Church, Rio, + Rosalind
 Residence 328 Ponce de Leon, Orlando, Fla.
 Age 77 Y'rs 1 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Nov. 14 1946 11 A. M.
 Account Charged Mrs. Susan F. Wheeler (Daughter)
 Address 328 Ponce de Leon, 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 Tampa

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 _____

Telegram _____

Minister _____

Music _____

Casket Wagon (1) 5 00

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

225 00

22 - 400

Carey Hand Funeral Home

Name of Deceased Baby Curtis Rae Walters
 Date of Death November 12, 1946 - 8:50 A.M.
 Cause of Death Still Born
 Place of Death Orange Memorial Hospital
 Residence 715 So. Orange Ave., Orlando, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date Wed. November 13, 1946 11 P.M.
 Account Charged Rae E. Walters
 Address 715 So. Orange Ave., Orlando, Fla.
 Account Guaranteed —
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket White L.S. Sgr.
 No. of Casket Tampa 77 21 00
 Outside Box —
 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 —
 Opening and Closing Grave etc. 4 50
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos (1) 5 00
 Telegram —
 Minister —
 Music 2 Photographs 4 75
 Casket Wagon —
 Physician —
 County or City Burial Baby Row 17 50
 Automobiles —
 Baggage or Express Train No. —

67 45
Pd.

22-401

Carey Hand Funeral Home

Name of Deceased Leroy Larry Pope
 Date of Death November 8, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Loughman, Florida
 Residence Loughman, Florida
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged John Crisp Funeral Home
 Address Winter Haven, 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. 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 _____ 37 50
John Crisp Funeral Home
Winter Haven, Florida

22-402

Name of Deceased Worthington, Blackman
 Date of Death November 2, 1946 M.
 Cause of Death Sudden Death
 Place of Death Portland, Oregon
 Residence Portland, Oregon
 Age 59 Y's — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Chapel
 Date Tuesday, Nov. 12, 1946 2 P. M.
 Account Charged Mrs. Irene Blackman
 Address Portland, Oregon
 Account Guaranteed Estate
 Address —
 Embalming Body arrived from
 Robe, Suit, Dress Portland, Oregon
 Underwear and Hose 12:30 P.M.
 Casket Train # 91
 Casket with Copper Lin. Nov. 12, 1946
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Maidland, 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 —Telegram —Minister P. B. Car

5 00

Music Mr. Menges

5 00

Casket Wagon (1)

5 00

Physician —County or City Burial —Automobiles 5 5 5

15 00

Baggage or Express Train No. —

45 00

22-403

Name of Deceased Infant Thorne
 Date of Death Nov. 14, 1946 M.
 Cause of Death True Knot in Cord
 Place of Death Orange Memorial Hospital
 Residence 214 N. Sunnyside, Orlando, Fla.
 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 —
 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. —

22-404

Carry Hand Funeral Home

Name of Deceased Hugh Cassety
 Date of Death November 11, 1946 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death St. Petersburg, Florida
 Residence St. Petersburg, Florida
 Age 67 Y's 7 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St. Petersburg, Fla.
 Date _____ 194 _____ M.

Account Charged R. G. Cooksey Funeral Home
 Address St. Petersburg, Florida
 Account Guaranteed Cheek
 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 Nov. 15, 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.

Ashes expressed to
R. G. Cooksey Funeral Home
Sat. Nov. 16, 1946

22-405

Name of Deceased	Mrs. Susan Green		
Date of Death	Nov. 14, 1946 - 2:50 P. M.		
Cause of Death			
Place of Death	Orange Memorial Hospital		
Residence	126 Grace St., Orlando, Fla.		
Age	91	Y'rs	8
		Mo's	10
		Days	
Weight		Height	
		ft.	in.
Eyes			
Funeral at	Chapel		
Date	Sat. November 16, 1946 2 P. M.		
Account Charged	Mrs. Lucile L. Lott		
Address	137 America St., Orlando, Fla.		
Account Guaranteed	Estate		
Address			
Embalm	35 00		
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket	State 1/2 Couch		
No. of Casket	Tampa - 7-1575		
Outside Box	275 00		
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	Greenwood		
Section			
Lot			
E			
I Other Graves	<div style="border: 1px solid black; width: 150px; height: 50px; position: relative; margin: 0 auto;"> N S </div>		
X Grave on This Date	W		
Cremation			
Urn			
Single Grave			
Opening and Closing Grave	etc 15 00		
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos	(1) Family Car 5 00		
Telegram			
Minister	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.			
	360 00		

Carey Hand Funeral Home

Name of Deceased John Franklin Martin
 Date of Death November 12, 1946 M.
 Cause of Death not given
 Place of Death _____
 Residence _____
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 194 _____ M.
 Account Charged Eiselstein - Wigginton F.H.
 Address Orlando, 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. 14, 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. _____

Ashes delivered to
Eiselstein - Wigginton
Funeral Home - Orlando, Fla.

22-407

37 50

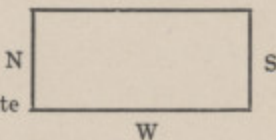
37 50 Pd.

Carey Hand Funeral Home

Name of Deceased Mrs. Inez Pennington Rogers
 Date of Death November 15, 1946 6:45 M.
 Cause of Death _____
 Place of Death Residence
 Residence 2400 Block, So. Bumby, Orlando, Fla.
 Age 35 Y'rs 8 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, Nov. 17, 1946 4 P. M.
 Account Charged Wayne D. Pennington
 Address 2400 Block, So. Bumby, Orlando
 Account Guaranteed _____
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak 1/2 Couch
 No. of Casket Orleans - 2120 235 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

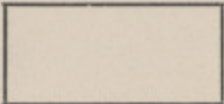


X Grave on This Date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family 5 00
 Telegram _____
 Minister + P.B. Case (1) 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 595 15 00
 Baggage or Express Train No. _____

315 00

22-408

Name of Deceased Albert Mercer
 Date of Death Nov. 16, 1946 10 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence 830 Floral Dr., Orlando, Fla.
 Age 57 Y'rs 10 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Nov. 21, 1946 2 P. M.
 Account Charged Mrs. Lesta S. Mercer
 Address 830 Floral Dr., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress Blue 37 50
 Underwear and Hose shirt + tie 5 15
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap 450 00
 No. of Casket Tampa 856
 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 (1) Family Car to Res. 5 00
 Telegram P. B. Car 5 00
 Minister _____
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles 545 15 00
 Baggage or Express Train No. _____

572 65

22-409

Name of Deceased James M. Hutch
 Date of Death Nov. 17, 1946 12 P. M.
 Cause of Death Myocardial Failure
 Place of Death Residence
 Residence Box 46, Taft, Florida
 Age 71 Y'rs 3 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Wed, Nov. 20 1946 2 P. M.
 Account Charged Lee R. Bennett
 Address Box 46, Taft, Florida
 Account Guaranteed Insurance & Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress Blue 35.00
 Underwear and Hose _____ 42.50
 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 Oak Ridge
 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 545 15.00
 Baggage or Express Train No. _____ 247.50

Carey Hand Funeral Home

Name of Deceased Infant Sims
 Date of Death Nov. 17, 1946 6:20 P.M.
 Cause of Death Still Born
 Place of Death Florida Sanitarium
 Residence 1876 Minnesota Ave., Winter Park
 Age — Y'rs — Mo's — Days 76
 Weight — Height — ft. — in. Eyes —
 Funeral at Brookside
 Date Wed., Nov. 20 1946 11 A.M.
 Account Charged Charlie D. Sims
 Address 1876 Minnesota Ave., Orlando, Fla.
 Account Guaranteed Payments
 Address —

Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket 2 1/2 H.M.
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Palm
 Section — Lot B
Box 69
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 —
 Auto to Cemetery
 Telegram —
 Minister —
 Music —
 Casket Wagon —
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

7.50

4.50

5.00

17.00

22-411

Carry Hand Funeral Home

Name of Deceased Julius Snowden
 Date of Death Nov. 16, 1946 M.
 Cause of Death Acute Tremia
 Place of Death Sebring, Florida
 Residence Sebring, Florida
 Age 83 Y'rs — Mo's 24 Days
 Weight — Height — ft. — in. Eyes —
 Funeral at Sebring, Florida
 Date — 194 — M.
 Account Charged Stephenson Funeral Home
 Address Sebring, Fla.
 Account Guaranteed J. Chick
 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 —
 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

22-4/2

Carey Hand Funeral Home

Name of Deceased Mrs. Grace L. Fosgate
 Date of Death Nov. 18, 1946 3 P.M.
 Cause of Death Apoplexy
 Place of Death Residence
 Residence 718 Harwood, Orlando, Fla.
 Age 74 Y'rs 2 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed. Nov. 20 1946 4 P.M.
 Account Charged Chester Fosgate
 Address Virginia Dr., Winter Park, Fla.
 Account Guaranteed E. State
 Address _____

Embalming _____ 35.00

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket Oak 1 1/2 Couch

No. of Casket Orleans 1228 350.00

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 (2) Family Cars 10.00

Telegram _____

Minister Car 5.00

Music _____

Casket Wagon (1) 5.00

Physician _____

County or City Burial _____

Automobiles 5 & 5 15.00

Baggage or Express Train No. _____

435.00

22-413

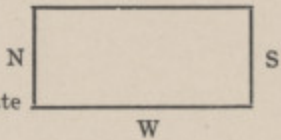
Cary Hand Funeral Home

33

Name of Deceased Miss Anna Hulda Miller
 Date of Death Nov. 19, 1946 1:25 P.M.
 Cause of Death Carcinoma in Abdomen
 Place of Death Taft, Florida
 Residence Taft, Florida
 Age 57 Y's 7 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thurs. Nov. 21 1946 11 A.M.
 Account Charged Mrs. Hulda Matthews
 Address Box 45, Taft, Florida
 Account Guaranteed Estate
 Address _____

Embalming 35.00
 Robe, Suit, Dress Flesh silk 19.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Ext. 1/2 Couch 225.00
 No. of Casket Tampa. 7-1850
 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 Family Car to Taft 5.00
 Telegram _____
 Minister Car & P.B. Car (2) 10.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 54-5 15.00
 Baggage or Express Train No. _____

329.50

22-414

Carey Hand Funeral Home

Name of Deceased Mrs. Myrtle A. Harley
 Date of Death Nov. 18, 1946 3 P. M.
 Cause of Death Carcinoma of Rt. Breast
 Place of Death Taft, Florida
 Residence Taft, Florida
 Age 40 Yrs 2 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Taft, Fla. Methodist Church
 Date Wed., Nov. 20 1946 11 A. M.
 Account Charged Joe Harley
 Address Taft, Florida
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak, 1/2 Couch 300 00
 No. of Casket Walker 1432
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____

I Other Graves

N

E

S

X Grave on This Date

W

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

380 00

22-415

Carey Hand Funeral Home

35

Name of Deceased Infant Thomas
 Date of Death Nov. 19, 1946 11 A. M.
 Cause of Death _____
 Place of Death Orange Memorial Hosp
 Residence 918 So. Osceola, Orlando, Fla.
 Age _____ Y'rs _____ Mo's 2 Days 7
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Thurs. Nov. 21, 1946 11 A. M.
 Account Charged Valdene C. Thomas
 Address 718 S. Osceola, Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Bassinette
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot B
A. J. Thomas, Sr.
 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 Sedan
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

500

4500

450

500

5950

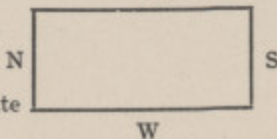
22-416

Carry Hand Funeral Home

36

Name of Deceased Francis Ashbury Cuning
 Date of Death Nov. 19, 1946 P. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Residence
 Residence 506 E. Hillcrest Orlando, Fla.
 Age 91 Y'rs 5 Mo's 9 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Elizabeth Anderson
 Address 3045 Parkside Rd., Cleveland, O.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress Lie
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Urn State & Cap
 No. of Casket Tampa 850
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Madison, Ohio
 Section _____ Lot _____

I Other Graves



X Grave on This Date

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

35 00

1 00

450 00

76

10 00

85 56

582 32

Body shipped by
 express to
 Madison, Ohio

22-417

Carey Hand Funeral Home

Name of Deceased William M. Grant
 Date of Death Nov. 19, 1946 M.
 Cause of Death Heart Trouble
 Place of Death Ocoee, Florida
 Residence Ocoee, Florida
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Jacksonville, Fla.
 Date _____ 194 _____ M.
 Account Charged Hardage & Sons F. H.
 Address Jacksonville 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 Jacksonville, Fla.
 Section _____ Lot _____

35.00

I Other Graves

N

E

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (1.)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

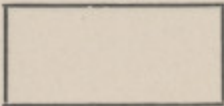
5.00

40.00

Hardage & Sons drove
to Ocoee and took
the body to Jacksonville
Fla. for burial
22-418

Carey Hand Funeral Home

38

Name of Deceased Baby William Augusta Greene
 Date of Death Nov. 20, 1946 11:40 A.M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 1044 - 26th St., Orlando, Florida
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service
 Date _____ 194 _____ M.
 Account Charged Mr. William A. Greene
 Address 1044 - 26th St., Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____ W
 Cremation Nov. 22, 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. _____

Ashes to be scattered

22 - 419

Carey Hand Funeral Home

39

Name of Deceased Mrs. Mary E. Oakley
 Date of Death Nov. 19, 1946 M.
 Cause of Death Acute Myocardial Failure
 Place of Death Daytona Beach, Florida
 Residence Daytona Beach, Florida
 Age 80 Y'rs 10 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach, Florida
 Date _____ 1946 M.
 Account Charged Baggett-McIntosh F. H.
 Address Daytona Beach, 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 Nov. 22, 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. _____

3750
2700

6450

Order expressed
to Mr. Glen Sensiba
737 Cummins Ave.
Deerfield, Ill.
22-420

Carey Hand Funeral Home

40

Name of Deceased Mrs. Sophia Ruben
 Date of Death Nov. 21, 1946 10 A. M.
 Cause of Death Subacute Bacterial Endocarditis
 Place of Death Holiday House
 Residence 1600 Delaney, Orlando, Fla.
 Age 47 Y'rs 7 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, Nov. 22, 1946 1 P. M.
 Account Charged Mrs. Nathan Ruben
 Address 600 Delaney, Orlando, Fla.
 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 _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Jewish -
 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 (1) Family Car _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) _____
 Physician _____
 County or City Burial _____
 Automobiles 545 _____
 Baggage or Express Train No. _____

35 00

15 00

5 00

5 00

15 00

22-421

Carey Hand Funeral Home

41

Name of Deceased Mrs. Mary E. Baker Oredine
 Date of Death November 21, 1946 - A.M.
 Cause of Death _____
 Place of Death Florida Sanitarium
 Residence Box 105, Lockhart, Fla.
 Age 68 Y'rs — Mo's 16 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun. Nov. 24 1946 2 P. M.
 Account Charged Mrs. A. A. Oredine
 Address Box 105, Lockhart, Fla.
 Account Guaranteed _____
 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 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 _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

22-422

Carey Hand Funeral Home

42

Name of Deceased	Artemis R. Taylor		
Date of Death	November 21, 1946 - 7:15 P.M.		
Cause of Death	Intestinal Hemorrhage		
Place of Death	Atkins Nursing Home		
Residence	Orlando, Florida		
Age	86	Y'rs	8
		Mo's	14
		Days	
Weight		Height	
		ft.	in.
Eyes			
Funeral at	Chapel		
Date	Mon. Nov. 25,	1946,	2 P. M.
Account Charged	Mrs. Carrie Taylor		
Address	Orlando, Florida		
Account Guaranteed	Estate		
Address			
Embalming			35 00
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket	Pat. H. Cap.		135 00
No. of Casket			
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery	Greenwood		
Section		Lot	
		E	
I Other Graves			
	N		S
X Grave on This Date			
		W	
Cremation			
Urn			
Single Grave			
Opening and Closing Grave	etc		15 00
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos			
Telegram			
Minister			
Music			
Casket Wagon	(1)		5 00
Physician			
County or City Burial			
Automobiles	S + S		15 00
Baggage or Express Train No.			

22-433-

Carey Hand Funeral Home

Name of Deceased Mrs. Amelia Mildred Bennett
 Date of Death Nov. 22, 1946 - 6:45 P. M.
 Cause of Death _____
 Place of Death Holiday House
 Residence 839 Alameda, Orlando, Fla.
 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 Pink silk 18 00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch
 No. of Casket Tampa 850 500 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

22 - 424

Carey Hand Funeral Home

44

Name of Deceased William E. McDaniel
 Date of Death Nov. 22, 1946 - 6:45 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 2826 Kuhl Ave., Orlando, Fla.
 Age 43 Y'rs 8 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday, November 24, 1946 4:30 P. M.
 Account Charged Lillian McDaniel
 Address 2826 Kuhl Ave., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose shirt, tie 4 00
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap.
 No. of Casket Tampa 850 450 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 (2) Family Cars 10 00
 Telegram (1) P. B. Cal 5 00
 Minister _____
 Music (2) 5 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

544 00

22-425

Carey Hand Funeral Home

Name of Deceased Henry E. Morgan
 Date of Death November 23, 1946 M.
 Cause of Death _____
 Place of Death _____
 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 Cremation
 Section _____ Lot _____

35.00

I Other Graves

N

E

S

X Grave on This Date

W

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

22-426

Carey Hand Funeral Home

Name of Deceased George Henry Ellis
 Date of Death November 23, 1946 1:40 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hosp.
 Residence 1515 Nottingham Dr., Orlando, Fla.
 Age 80 Y'rs 10 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues. Nov. 26, 1946 11 A. M.
 Account Charged Mrs. Katherine M. Ellis
 Address 1515 Nottingham, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 95 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin _____
 Style of Casket State H. Cap 450 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 Nov. 27, 1946 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family Car to Res. 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

545 00

Will call for
ashes.

22-427

Carey Hand Funeral Home

47

Name of Deceased Mamie A. Connell

Date of Death Nov. 23, 1946 M.

Cause of Death _____

Place of Death _____

Residence _____

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

Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at _____

Date _____ 194 _____ M.

Account Charged Dave Lane Funeral Home

Address Haines City, Florida

Account Guaranteed _____

Address _____

Embalming _____

Robe, Suit, Dress _____

Underwear and Hose _____

Casket _____

Casket with Copper Lin. _____

Style of Casket _____

No. of Casket _____

Outside Box _____

Shipping Case or Vault _____

Handles _____

Pillow Set _____

Name Plate _____

Cemetery Cremation

Section _____ Lot _____

E

I Other Graves

N

S

X Grave on This Date

W

Cremation Nov. 25, 1946 3750

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

37 50
Pd.

Ashes delivered to
Mr. Dave Lane, Monday P.M.
Nov. 25, 1946.

22-428

Carey Hand Funeral Home

48

Name of Deceased Mr. Alan C. Malambrie
 Date of Death November 25, 1946, 3:40 A.M.
 Cause of Death Pneumonia, Pulmonary Edema
 Place of Death Orange Memorial Hospital
 Residence 711 E. Concord, Orlando, Fla.
 Age 54 Y'rs 5 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Nov. 27, 1946, 2 P. M.
 Account Charged Mrs. Adele S. Malambrie
 Address 711 E. Concord, Orlando, Florida
 Account Guaranteed _____
 Address _____
 Embalming _____ 95 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap. 235 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 Nov. 29, 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. _____

325 00

Will call for ashes.

22-429

Carey Hand Funeral Home

49.

Name of Deceased Infant of Mr. Bert G. Goodale
 Date of Death November 25, 1946 9:45 M.
 Cause of Death Congestive heart failure
 Place of Death Orange Memorial Hospital
 Residence 221 Page Ave., Orlando, Fla.
 Age — Y's — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at no service

Date — 194 — M.
 Account Charged Mr. Bert G. Goodale
 Address 221 Page Ave., Orlando, Fla.
 Account Guaranteed Cash
 Address —

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

10 00

10 00
 74.

22-430

Carey Hand Funeral Home

50

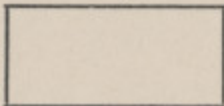
Name of Deceased Edwin Arthur Reeves
 Date of Death November 23, 1946 M.
 Cause of Death Congestive Heart Failure
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age 73 Y'rs 2 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at De Land, Florida
 Date _____ 194 _____ 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. 26, 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.

Hold ashes

22-431

Name of Deceased Jacob Francis Schmitz
 Date of Death November 26, 1946, 3:33 P.M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 250 Manor Rd., Douglaston, L.I. N.Y.
 Age 85 Y'rs 5 Mo's 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Ray M. Schmitz
 Address 250 Manor Rd., Douglaston, L.I. N.Y.
 Account Guaranteed Western Union Check
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Grey Flare & Pique
 No. of Casket Tampa 71 105 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery New York City, N.Y.
 Section _____ Lot _____
 E
 I Other Graves 
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to New York City, N.Y.
 R. R. Ticket " " " " 78 84
 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 _____ 228 84
 Express to New York City Pa.
Wed., Nov. 27, 1946 - 1:30 P.M.

22-432

Carey Hand Funeral Home

52

Name of Deceased	<u>William H. Fairall</u>		
Date of Death	<u>November 26, 1946 10:30 P.M.</u>		
Cause of Death			
Place of Death	<u>Orange Memorial Hospital</u>		
Residence	<u>Longwood, Florida</u>		
Age	Y's	Mo's	Days
Weight	Height	ft.	in. Eyes
Funeral at	<u>No Services</u>		
Date	194		M.
Account Charged	<u>Mr. A. B. Fiquette</u>		
Address	<u>Winter Garden, Florida</u>		
Account Guaranteed	<u>Estate</u>		
Address			
Embalming			35 00
Robe, Suit, Dress			
Underwear and Hose			
Casket			
Casket with Copper Lin.			
Style of Casket			
No. of Casket			
Outside Box			
Shipping Case or Vault			
Handles			
Pillow Set			
Name Plate			
Cemetery			
Section	Lot		
	E		
I Other Graves	N		S
	W		
X Grave on This Date			
Cremation			50 00
Urn			
Single Grave			
Opening and Closing Grave			
Body Shipped to			
R. R. Ticket			
Cash Advanced			
Autos			
Telegram			
Minister			
Music			
Casket Wagon	<u>61</u>		5 00
Physician			
County or City Burial			
Automobiles			
Baggage or Express Train No.			
			90 00

22-433

Carey Hand Funeral Home

53

Name of Deceased Sarah Viola Glover
 Date of Death Nov. 27, 1946 4 A. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Orange Memorial Hospital
 Residence Winter Garden, Florida
 Age 58 Y'rs 4 Mo's - Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Destination
 Date - 194 - M.
 Account Charged Mr. Christopher C. Glover
 Address Winter Garden, Fla.
 Account Guaranteed Cash
 Address -
 Embalming - 35 00
 Robe, Suit, Dress White 17 50
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket Det. H. Cap. 135 00
 No. of Casket Tampa 1972
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Pelham, Georgia
 Section - Lot -

I Other Graves

N

S

X Grave on This Date

W

Cremation -

Urn -

Single Grave -

Opening and Closing Grave -

Body Shipped to Pelham, Ga.

R. R. Ticket to Thomasville, Ga. 43 28

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 240 78
 Baggage to FD.
Pelham, Ga. Thurs. 1:45 P.M.
Nov - 28, 1948.
22-434

Carey Hand Funeral Home

54

Name of Deceased Mr. Julian G. Morrison
 Date of Death November 27, 1946. 8:45 A.M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Statesville, North Carolina
 Age 20 Y'rs 6 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged C. Braswell Funeral Home
 Address Statesville, North Carolina
 Account Guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Statesville, N.C.
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Statesville, N.C.

R. R. Ticket +

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (1)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

C. B. Braswell F. H.

Statesville, N.C. drove to
Orlando & took the body
back to Statesville, N.C. for burial.
22-435

35 00

5 00

40 00 Pd.

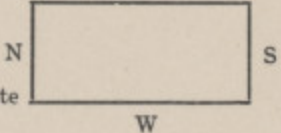
Carey Hand Funeral Home

55

Name of Deceased Charles A. Glidden
 Date of Death November 30, 1946 M.
 Cause of Death Arterio Sclerotic Heart Disease
 Place of Death Residence
 Residence 519 New York Ave., Winter Park, Fla.
 Age 72 Y'rs 17 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Winter Park Baptist Church
 Date Monday, Dec. 2, 1946 2 P. M.
 Account Charged Mrs. Chas. A. Glidden
 Address 519 New York Ave., Winter Park, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. 250 00
 No. of Casket Tampa 31
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Palm, Winter Park, Fla.
 Section _____ Lot _____

I Other Graves



X Grave on This Date

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

330 00

22-436-

Carey Hand Funeral Home

56

Name of Deceased Richard Peterson
 Date of Death December 1, 1946 5 A. M.
 Cause of Death Lympho Sarcoma
 Place of Death Orange Memorial Hospital
 Residence Clermont, Florida
 Age 71 Y's 5 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, Dec. 2, 1946 11 A. M.
 Account Charged Mrs. Ida Peterson
 Address Clermont, Florida
 Account Guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Birch Walnut Stained
 No. of Casket Tampa 400 [H. Cap]
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Coleman, Wisconsin
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Coleman, Wisconsin
 R. R. Ticket to " " _____
 Cash Advanced _____
 Autos 20 Trilly, Florida
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35 00

625 00

154 64

35 00

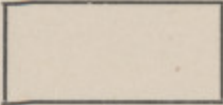
5 00

914.64 Pd

Body shipped by
 baggage from Trilly
 Fla. to Coleman, Wisconsin
 Monday, Dec. 2, 1946 - 7:20 P.M.
 22-437

Carry Hand Funeral Home

57

Name of Deceased Carl J. Benson
 Date of Death Dec. 4, 1946 M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Altamonte Springs Fla.
 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 _____
 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. _____

22-438

Carey Hand Funeral Home

58

Name of Deceased Miss Verna Ellen Hughes
 Date of Death December 2, 1946 5 af M.
 Cause of Death Tuberculosis of the lungs
 Place of Death State J.B. Sanitarium
 Residence 405 N.E. 24th St, Miami, Fla.
 Age 44 Y'rs — Mo's 1 Days —

Weight — Height — ft. — in. Eyes —

Funeral at Destination

Date — 194 — M.

Account Charged L. Hughes

Address —

Account Guaranteed Cash 4.00⁰⁰

Address —

Embalming ✓ Flash Lick 35 00

Robe, Suit, Dress Flash Lick 17 50

Underwear and Hose — 3 50

Casket —

Casket with Copper Lin —

Style of Casket State 1/2 Couch

No. of Casket Peninsular Baltic 650 00

Outside Box —

Shipping Case or Vault —

Handles —

Pillow Set —

Name Plate —

Cemetery Corry, Pa.

Section — Lot —

E

I Other Graves —

N — S

W

X Grave on This Date —

W

Cremation —

Urn —

Single Grave —

Opening and Closing Grave —

Body Shipped to Bracken, Pa.

R. R. Ticket to " " 90 59

Cash Advanced —

Autos —

Telegram —

Minister —

Music —

Casket Wagon (2) 10 00

Physician —

County or City Burial —

Automobiles —

Baggage or Express Train No. —

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

—

Carey Hand Funeral Home

59

Name of Deceased Lawrence J. Ling
 Date of Death December 3, 1946 12 Mo. M.
 Cause of Death Coronary Rupture
 Place of Death Orange Memorial Hospital
 Residence 1032 - 28th St., Orlando, Fla.
 Age 83 Y'rs 3 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destinaton
 Date _____ 194 _____ M.
 Account Charged Mrs. Minnie B. Ling
 Address Wanonerston, Ohio
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____ 6 12
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Silver Grey
 No. of Casket Tampa Lehard 500 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Salem, 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 Salem, Ohio 88 60
 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. 76

Body shipped by Express to Salem, Ohio 639 72
Dec. 6, 1946 - 1:45 P.M. Pd.

22-440

Carey Hand Funeral Home

Name of Deceased Osacar L. Cooper
 Date of Death Dec. 4, 1946 12 A.M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence Rt. 1, Apopka, Florida
 Age 75 Y'rs 0 Mo's 0 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mr. W. L. Cooper
 Address Rt. 1, Apopka, Florida
 Account Guaranteed Cash + Payments
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Sil. Embossed Maleskin
 No. of Casket Walker #245
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Maultrie, Georgia
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Maultrie, Ga.

R. R. Ticket " " "

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon (2)

Physician _____

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

Body Shipped by
 Express to
Maultrie, Ga.

22-441

35 00

100 00

20 64

10 00

165 64

Carey Hand Funeral Home

61

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

35 00

5 00

40 00
Pd.

22-442

Carey Hand Funeral Home

62

Name of Deceased Harry Van Sackett
 Date of Death December 2, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Residence
 Residence De Land, Florida
 Age 86 Y's 1 Mo's 2 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 Dec. 5, 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.

22-443

Carey Hand Funeral Home

Name of Deceased Mrs. Ella K. Wood
 Date of Death December 11, 1946 M.
 Cause of Death Acute Myocardial Infarction
 Place of Death Residence
 Residence 146 Virginia Dr., Winter Park, Fla.
 Age 62 Y'rs — Mo's 3 Days
 Weight — Height — ft. — in. Eyes —
 Funeral at Lackport N. Y.
 Date — 194— M.
 Account Charged Rev. Ernest G. Wood
 Address 146 Virginia Dr., Winter Park, Fla.
 Account Guaranteed Estate
 Address —
 Embalming — 35 00
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket Grey Mahogany Oct 1/2 Couch
 No. of Casket Walker #1415 175 00
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Lackport, New York
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to Lackport, N. Y. 127 42
 R. R. Ticket " — 5 15
 Cash Advanced N. Y. Transfer
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon (2) 10 00
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. —

352 57

Body shipped by
 Baggage to Lackport
 New York - Mon. Dec. 9,
 1946 - 1:25 A. M.
 22-444.

Carey Hand Funeral Home

Name of Deceased Nathaniel W. Meloon
 Date of Death December 5, 1946 11 A. M.
 Cause of Death Cerebral Vascular Accident
 Place of Death Orange Memorial Hospital
 Residence 2004 E. Tennessee, Syracuse, N.Y.
 Age 65 Y'rs 11 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Leslie E. Meloon
 Address 45 Saratoga St., Buffalo, N.Y.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Grey, State H. Cap. 450 00
 No. of Casket Tampa #850
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Buffalo, New York
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Buffalo, N.Y. 93 92
 R. R. Ticket " " " " 5 15
 Cash Advanced N.Y. Transfer
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by _____ 594 07
 Baggage, Friday, Dec. 6,
 1946 2:25 P.M.
 22-445

Carey Hand Funeral Home

65

Name of Deceased Mrs. Adaline Pumaer
 Date of Death December 4, 1946 M.
 Cause of Death Intestinal Obstruction
 Place of Death Sanford, Florida
 Residence 645 N. Highland, Mt. Dora, Fla.
 Age 62 Y'rs 6 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service
 Date _____ 1946 M.
 Account Charged Mrs. John Pumaer
 Address 645 N. Highland, Mt. Dora, Fla.
 Account Guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Grey Cloth 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 _____ 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced Erickson Funeral Home 50 00
 Autos To Sanford for Body 15 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Will call for ashes

200 00 Pl.

22-446

Carey Hand Funeral Home

66

Name of Deceased Infant Powell
 Date of Death Dec 5, 1946 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Winter Garden, Florida
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at no service

Date _____ 194 _____ M.

Account Charged Leroy M. Powell
 Address Winter Garden, Florida
 Account Guaranteed Cash
 Address _____

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

I Other Graves

N

E

S

X Grave on This Date

W

Cremation Dec. 7, 1946 15.00

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

15.00

22-447

Carey Hand Funeral Home

Name of Deceased George Paul Coker
 Date of Death Dec. 5, 1946 - 9:30 P. M.
 Cause of Death Myocardial Infarction
 Place of Death Residence
 Residence 602 Rugby St., Orlando, Fla.
 Age 51 Y'rs 40 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Helene Coker
 Address 602 Rugby St., Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Caps Grey BC.
 No. of Casket Walker #1732 295 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Detroit, Michigan
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by _____ 340 00 Pd.
 Baggage to Detroit,
Michigan. Sat., Dec. 7, 1946
2:25 P. M.
22-448

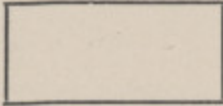
Carey Hand Funeral Home

Name of Deceased James Robinson Luman
 Date of Death Dec. 6, 1946 7 A. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Orange Memorial Hospital
 Residence 1234 - 17th St. Orlando Fla.
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Myrtle B. Luman
 Address 1234 - 17th St. Solder Heights
 Account Guaranteed _____
 Address Orlando, Fla.
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Smoky Grey Metal State H Cap.
 No. of Casket Walker Plan - 1007 650 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Baltimore, Md.
 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 Baltimore, Md.
 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. _____

Body shipped by Baggage
to Baltimore, Md.
Mon. Dec. 9, 1946 - 2:25 P.M.
22-449

Carey Hand Funeral Home

69

Name of Deceased Mrs. Emily L. H. Matthews
 Date of Death December 6, 1946 - 11:05 A.M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence 520 Chase Ave. Winter Park, Fla.
 Age 71 Y'rs 10 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Congregational Church, Winter Park, Fla.
 Date Mon. Dec. 9 1946 3 P. M.
 Account Charged Mrs. R. D. Matthews
 Address 520 Chase 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 Grey Oak, Oak 1/2 Couch 200 00
 No. of Casket Walker #415
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Palm, Winter Park, Fla.
 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 P. B. Car 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

22-450

Carey Hand Funeral Home

70

Name of Deceased Mrs. Lucy Reese
 Date of Death December 6, 1946 - 3 P. M.
 Cause of Death Pulmonary Tuberculosis
 Place of Death State I.B. Hospital
 Residence Rt. 1, Box 59, Maxville, Fla.
 Age 30 Y'rs 5 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Seashore Funeral Home
 Address Jacksonville, 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 Maxville, Florida
 Section _____ Lot _____

35 00

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)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

5 00

40 00
Pd.

Seashore Funeral Home
Jacksonville, Florida
Drove to Orlando after the body
22-451-

Carey Hand Funeral Home

71

Name of Deceased Randall N. Nutton, Jr.
 Date of Death December 6, 1946-7:38 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 301 E. Vanderbilt, Orlando, Fla.
 Age _____ Y'rs _____ Mo's _____ Days 10 Hrs. _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Monday, Dec. 9, 1946 9:30 A. M.
 Account Charged Mr. R. N. Nutton, Sr.
 Address 301 E. Vanderbilt, Orlando, Fla.
 Account Guaranteed _____
 Address _____
 Embalming Care of Body 10 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Lambskin 25 00
 No. of Casket Tampa #103
 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 _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

40 00
 P.D.

22-452

Carey Hand Funeral Home

72

Name of Deceased George W. Price
 Date of Death December 7, 1946 - 5:45 P.M.
 Cause of Death Heart Attack
 Place of Death Orange Memorial Hospital
 Residence 111 Buchanan Ave., Kalamazoo
 Age _____ Y'rs _____ Mo's _____ Days Mich.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Leon Price
 Address 111 Buchanan Ave., Kalamazoo Mich.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap 100 00
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Kalamazoo, Mich.
 Section _____ Lot _____

Mrs. Elizabeth Baker
111 Buchanan Ave. E
 I Other Graves _____
Kalamazoo, Mich.
 N _____ S _____

X Grave on This Date _____

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Kalamazoo, Mich. 82 15
 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. 76

227 15

Body shipped by Express
to Kalamazoo, Mich.
Dec. 10, 1946 - 1:45 A.M. Tuesday.

22-453

Carey Hand Funeral Home

73

Name of Deceased Miss Zada Barber Lee
 Date of Death December 8, 1946 - 11 P. M.
 Cause of Death Arterio Sclerotic Heart Disease
 Place of Death Residence
 Residence 314 E. Livingston, Orlando, Fla.
 Age 73 Y'rs 9 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues December 10, 1946 4 P. M.
 Account Charged Walter Lee
 Address 314 E. Livingston Orlando, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 1/2 Couch 300 00
 No. of Casket Walker 1432
 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 December 11, 1946 5 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. _____

345 00

22.454

Carey Hand Funeral Home

74

Name of Deceased Johnny Gordon Arthur
 Date of Death December 9, 1946 P.M.
 Cause of Death _____
 Place of Death Residence
 Residence 236 S. Garland, Orlando, Fla.
 Age 57 Yrs 6 Mo's 25 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Lussie C. Arthur
 Address 236 S. Garland, Orlando, Fla.
 Account Guaranteed Estate & Vet. Adm. 152
 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 Walker 415
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Marys, 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 Marys, Georgia
 R. R. Ticket to 32 30
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

212 30

Body shipped by express
to Marys, Georgia
Wednesday, Dec. 11, 1946
1:45 A.M.
22-455

Carey Hand Funeral Home

Name of Deceased Albert C. Roby
 Date of Death December 9, 1946 - 8:45 M.
 Cause of Death Heart Attack
 Place of Death Residence
 Residence 434 N. Hughey St. Orlando, Fla.
 Age 69 Y'rs 8 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194____ M.
 Account Charged Mr. Russell Green
 Address 27 Talley Ave., Windsor, Conn.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct H. Cap
 No. of Casket Orleans 26-38 250 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery West Hartford, Conn.
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to West Hartford, Conn. 86 31
 R. R. Ticket " " " "
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____ 5 00
 Music _____
 Casket Wagon (2) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

386 31

Body shipped to Newkirk &
 Whitney Funeral Home,
 776 Farmington Ave. West
 Hartford, Conn.
 22-456

Carey Hand Funeral Home

76

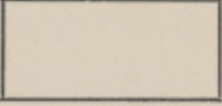
Name of Deceased Frank Frederick
 Date of Death December 2, 1946 M.
 Cause of Death not given on removal permit
 Place of Death Residence
 Residence Zephyrhills, Florida
 Age 67 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Zephyrhills, Florida
 Date _____ 194 _____ M.
 Account Charged J. W. Lair Funeral Home
 Address Zephyrhills, Florida
 Account Guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Bronze Urn 35.00
 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 Dec. 9, 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 urn.

72.50

22-457-

Carey Hand Funeral Home

Name of Deceased Ernest J. Catley
 Date of Death Dec. 10, 1946 - 5:54 P. M.
 Cause of Death Carcinoma of Pancreas
 Place of Death Orlando, Florida
 Residence 3441 E. Pine St. Orlando, Fla.
 Age 78 Y'rs 8 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Dec. 12, (Thurs.) 1946 4 P. M.
 Account Charged Mrs. Alice L. Catley
 Address 2441 E. Pine (Cor. Bunkley & Central)
 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 # 460 375 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 _____
 Telegram _____
 Minister Car + P.B. Car 10 00
 Music _____ 5 00
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

450 00

22-458

Carey Hand Funeral Home

Name of Deceased Baby Joseph Lynn Dow
 Date of Death Dec. 10, 1946 - 9 A. M.
 Cause of Death Premature
 Place of Death O. M. H.
 Residence 636 1/2 W. Concord, Orlando, Fla.
 Age — Y'rs — Mo's — Days 9 Mths.
 Weight — Height — ft. — in. Eyes —
 Funeral at No Service
 Date — 194 — M.
 Account Charged Dr. Wayne Dow
 Address 636 1/2 W. Concord ave. Orlando
 Account Guaranteed Cash
 Address —
 Embalming —
 Robe, Suit, Dress —
 Underwear and Hose —
 Casket —
 Casket with Copper Lin. —
 Style of Casket —
 No. of Casket —
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Crematorium
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation Dec. 15, 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

Ashes buried at foot of
 grave in baby row, with
 infant brother.

22-459-

Carey Hand Funeral Home

79

Name of Deceased Phillips Carrington Hart
 Date of Death December 19, 1946 - 6:15 P. M.
 Cause of Death
 Place of Death Orange Memorial Hospital
 Residence 337 1/2 W. Church Street, Orlando
 Age 69 Y'rs 7 Mo's 1 Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Sunday, Dec. 15, 1946 3 P. M.
 Account Charged Paul Sanborn
 Address P. O. Box 2564, Orlando, Fl.
 Account Guaranteed Estate
 Address
 Embalming 35 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket
 Casket with Copper Lin.
 Style of Casket State H. Cap. 240 00
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Canway
 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
 Casket Wagon (1) 5 00
 Physician
 County or City Burial
 Automobiles 54 S 15 00
 Baggage or Express Train No.

320 00

22-460

Carey Hand Funeral Home

Name of Deceased James Marvin Rodgers
 Date of Death December 10, 1946 - 6:30 P. M.
 Cause of Death Shock & Toxemia
 Place of Death Osteopathic Hospital
 Residence Rt 2, Winter Garden, Florida
 Age 1 Y'rs — Mo's 21 Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Destination
 Date — 194 — M.
 Account Charged James M. Rodgers
 Address Rt 2, Winter Garden, Florida
 Account Guaranteed Jerry Schicome
 Address Winter Garden, Florida
 Embalming — 10 00
 Robe, Suit, Dress —
 Underwear and Hose — 2 50
 Casket —
 Casket with Copper Lin. —
 Style of Casket White Lambskin 22 50
 No. of Casket Tampa
 Outside Box —
 Shipping Case or Vault —
 Handles —
 Pillow Set —
 Name Plate —
 Cemetery Hartford, Ala.
 Section — Lot —
 E
 I Other Graves —
 N — S —
 X Grave on This Date — W —
 Cremation —
 Urn —
 Single Grave —
 Opening and Closing Grave —
 Body Shipped to —
 R. R. Ticket —
 Cash Advanced —
 Autos —
 Telegram —
 Minister —
 Music —
 Casket Wagon (1.) 5 00
 Physician —
 County or City Burial —
 Automobiles —
 Baggage or Express Train No. — 40 00

22-461

Carey Hand Funeral Home

Name of Deceased Mrs. Ida Sheppard
 Date of Death December 10, 1946 - 11:00 A.M.
 Cause of Death Coronary Occlusion
 Place of Death Residence - (Rt.)
 Residence So. Main St., Winter Garden, Fla.
 Age 78 Y'rs 2 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graceland
 Date Dec. (Fri) 13, 1946 3 P. M.
 Account Charged Herman Sheppard
 Address Rt. 1, Winter Garden, Fla.
 Account Guaranteed Payments
 Address _____
 Embalming ☒ 35 00
 Robe, Suit, Dress _____ 20 00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Orleans - 2120 250 00
 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 (1) Family 5 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____
345 00

Carey Hand Funeral Home

Name of Deceased James M. Hedden
 Date of Death December 11, 1946 - 2 A. M.
 Cause of Death Broncho Pneumonia - Carcinoma
 Place of Death Residence
 Residence 2300 Fern Creek, Orlando, Fla.
 Age 75 Y'rs 7 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat., Dec. 14 1946 4 P. M.
 Account Charged Mrs. Hedden
 Address 2300 Fern Creek
 Account Guaranteed Fred D. Jones
 Address 1521 E. Jefferson St. Orlando
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak H. Cap
 No. of Casket Orleans 1341 150 00
 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 (1) Family Car 5 00
 Telegram _____ 5 00
 Minister P. B. Car
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

210 00

22-463

Carey Hand Funeral Home

83

Name of Deceased Infant Silcox
 Date of Death Dec 11, 1946 - 11:30 a. M.
 Cause of Death Intrauterine Death of Fetus
 Place of Death Orange Memorial Hospital
 Residence 219 E. Harding, Orlando, Fla.
 Age — Y'rs — Mo's — Days —
 Weight — Height — ft. — in. Eyes —
 Funeral at Graveside
 Date Thurs. Dec. 12 1946 10 a. M.
 Account Charged George W. Beckwith
 Address 219 E. Harding, Orlando, Fla.
 Account Guaranteed —
 Address —

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

I Other Graves

N

E

S

X Grave on This Date

W

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

22 50

4 50

5 00

5 00

37 00

22-464

Carey Hand Funeral Home

84

Name of Deceased James Arthur Brown
 Date of Death December 11, 1946 M.
 Cause of Death Heart Attack
 Place of Death Plymouth, Fla.
 Residence Box 35, Plymouth, Fla.
 Age 75 Y's 7 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination

Date _____ 194 _____ M.
 Account Charged Mr. H. E. Nabel
 Address Orlando, Florida
 Account Guaranteed Citibank
 Address _____

Embalming _____ 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State Metal H Cap
 No. of Casket Dampas, Lamas 500.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Lebanon, Ind.
 Section _____ Lot _____

I Other Graves

N

S

X Grave on This Date

W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Lebanon, Ind. 63.46
 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. 76

608 46

Body shipped by Baggage
 to Lebanon Ind.
 1:15 a.m. Dec. 13, 1946

22-465

Carey Hand Funeral Home

25

Name of Deceased William Fred Turner
 Date of Death Dec. 10, 1946 9:30 P.M.
 Cause of Death -
 Place of Death -
 Residence 448 S. Hughey St., Orlando, Fla.
 Age 13 Y's 11 Mo's 23 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Destination
 Date - 194 - M.
 Account Charged Estate
 Address -
 Account Guaranteed A.B. Carpenter, Atty.
 Address Orlando, Florida
 Embalming - 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket Bronze Dinted State H. Cap.
 No. of Casket Jampa Swans 785 00
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Columbia 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 Columbia, S.C.
 R. R. Ticket - 31 27
 Cash Advanced - 5 00
 Autos Spray of Flowers 2 31
 Telegram -
 Minister -
 Music -
 Casket Wagon (2) 10 00
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. -

Body shipped by Express
to Columbia, S.C.

22-466

Carey Hand Funeral Home

87

Name of Deceased George E. Brown
 Date of Death December 12, 1946 A. M.
 Cause of Death Heart Attack
 Place of Death Pinecastle, Florida
 Residence Box 66, Ludowici, Georgia
 Age 67 Y'rs 7 Mo's 18 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Harrison F. H., Jessup, Pa.
 Date Tues. Dec. 17, 1946 M.
 Account Charged Mrs. M. J. Brown
 Address Box 66, Ludowici, Georgia
 Account Guaranteed Estate

Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____ 7 50
 Casket _____
 Casket with Copper Lin. Glass - Bronze
 Style of Casket Stainless Steel H.C. Full 1850 00
 No. of Casket Walker Hubbard 5000
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Ludowici, 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 _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos To Jessup, Georgia 50 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

1947 50
Pd

22-468

Carey Hand Funeral Home

Name of Deceased Grace Toyier Simpson
 Date of Death Dec. 12, 1946 4:30 P. M.
 Cause of Death Coronary Thrombosis
 Place of Death Residence
 Residence 1441 Mizell Ave. Winter Park, Fla.
 Age 73 Y'rs 100 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, Dec. 16, 1946 2 P. M.
 Account Charged Winifred Simpson
 Address 1441 Mizell 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.
 No. of Casket Orleans - 1341 140 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 Dec. 17, 1946 50 00
 Urn Bronze 35 00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

265 00

Will notify

22-469

Carey Hand Funeral Home

89

Name of Deceased Albert Fessend Bronson
 Date of Death December 10, 1946 M.
 Cause of Death Not given on removal permit
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age 86 Y'rs 4 Mo's 2 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 Dec. 13, 1946

37 50

Urn Bronze

31 50

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 _____

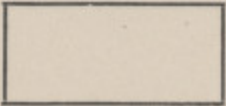
Baggage or Express Train No. _____

69 00
Pd.

Ashes expressed to
 Mr. Casper Fetter
 South Hampton
 Bucks Co., Pa.
 22-470-

Carey Hand Funeral Home

90

Name of Deceased Mrs. Fannie L. Harris
 Date of Death Dec. 13, 1946 - 5:30 A. M.
 Cause of Death Coronary Occlusion
 Place of Death Residence
 Residence Rt. 3, Orlando, Florida
 Age 60 Y'rs 6 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes 109.7m
 Funeral at Chapel - Burial Mon. Dec. 16
 Date Dec. 15, 1946 4:30 P. M.
 Account Charged Mr. Eugene L. Harris
 Address Rt. 3, (Gen. Del) Orlando, Fla.
 Account Guaranteed Insurance
 Address _____
 Embalming ✓ 25.00
 Robe, Suit, Dress Orchid 17.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State 12 Couch
 No. of Casket Walker 1710 275.00
 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 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (1) Family Car 5.00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial
 Automobiles _____
 Baggage or Express Train No. _____
352.50

22-471

Carey Hand Funeral Home

91

Name of Deceased Francis John Baldrick
 Date of Death December 10, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Lakeland, Florida
 Residence 50 Lake Hunter Dr., Lakeland
 Age 83 Y'rs 5 Mo's 3 Days Fla.
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lakeland, Florida
 Date _____ 194 _____ M.
 Account Charged Snooks 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 _____

I Other Graves

N

E

S

X Grave on This Date

W

Cremation Dec. 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 sent to

Mrs. Paul P. Martinez

1182 W. Philadelphia St., Detroit, Mich.

22-472

Carey Hand Funeral Home

92

Name of Deceased Mr. Ira B. Lantz
 Date of Death December 14, 1946 4:25 PM.
 Cause of Death Bronchitis Pneumonia
 Place of Death Orange Memorial Hospital
 Residence 806 W. Haley, Orlando, Fla.
 Age 76 Y'rs 9 Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, Dec. 16 1946 11 A. M.
 Account Charged I. B. Lantz
 Address 2110 Henderson St., Orlando, Fla.
 Account Guaranteed Estate
 Address _____

Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Pat. H. Cap.
 No. of Casket Walker 245 225 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section F Lot 227
space 1.
E

I Other Graves

N

S

X Grave on This Date

W

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

310 00

22-473

Carey Hand Funeral Home

93

Name of Deceased James Jackson Osteen
 Date of Death December 12, 1946 1 A. M.
 Cause of Death Cerebral Concussion - Auto Accident
 Place of Death Orange Memorial Hospital
 Residence 2801 E Central, Orlando, Fla.
 Age 15 Y'rs 11 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at First Baptist Church, Orlando,
 Date Monday, Dec. 16 1946 4 P. M.
 Account Charged James M. Osteen
 Address 2801 E Central Ave Orlando,
 Account Guaranteed Insurance Fla.
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Bronze Fin Urnce 800 00
 No. of Casket James Boyd Full Glass
 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 Car 5 00
 Telegram _____
 Minister + P.B. Cars (3) 15 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

890 00

22-474

Carey Hand Funeral Home

94

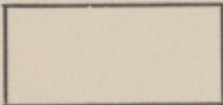
Name of Deceased Walter A. Haviland
 Date of Death December 14, 1946 - A. M.
 Cause of Death Undetermined
 Place of Death Orange Memorial Hospital
 Residence Gaslin Hotel, Boone St., Orlando.
 Age 76 Y'rs 8 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Tues. Dec. 17 1946 2 P. M.
 Account Charged Mr. Nelson Haviland
 Address 18128 Lancia, Cleveland, Ohio
 Account Guaranteed Estate
 Address _____
 Embalming _____ 95.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Gray Cloth Flare Top 135.00
 No. of Casket Simple
 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 Ambulance 5.00
 Telegram _____ 2.16
 Minister _____ 10.00
 Music _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15.00
 Baggage or Express Train No. _____

222 16

22-425

Carey Hand Funeral Home

95

Name of Deceased John R. Shannon
 Date of Death December 13, 1946 - 2:45 A. M.
 Cause of Death Arterio Sclerotic Heart Disease
 Place of Death Veterans Hospital, Bay Pines, Fla.
 Residence 200 E. Muriel, Orlando, Fla.
 Age 71 Y'rs 2 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tues. Dec. 17 1946 11 A. M.
 Account Charged Mrs. Edna A. Shannon
 Address 200 E. Muriel, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Pat. H. Cap
 No. of Casket Orleans 2638 265.00
 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 (1) Family Car 5.00
 Telegram _____
 Minister P. B. Car 5.00
 Music _____
 Casket Wagon From Bay Pines 25.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

365.00

22-476

Carey Hand Funeral Home

96

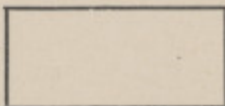
Name of Deceased George Henry Fowler
 Date of Death December 15, 1946 8 P. M.
 Cause of Death Acute Hemorrhages
 Place of Death Florida Sanatorium
 Residence 212 Grace St., Orlando, Fla.
 Age 45 Y'rs 6 Mo's 1 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tuesday, Dec. 17 1946 4 P. M.
 Account Charged Mrs. Mary Alice Fowler
 Address 212 Grace St., Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Emb. Sgr. Hinge Cap. 135 00
 No. of Casket Dampier
 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 _____ 5 00
 Minister P.B. Car 5 00
 Music _____ 5 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 & 5 15 00
 Baggage or Express Train No. _____

220 00
Pd.

22-477

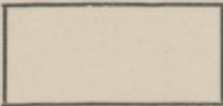
Carey Hand Funeral Home

97

Name of Deceased Mrs. Jennie P. W. Augustin
 Date of Death December 15, 1946 8:25 P. M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Residence
 Residence 723 E. Colonial, Orlando, Fla.
 Age 75 Y'rs 2 Mo's 6 Days
 Weight _____ Height _____ ft. _____ in. Eyes Orlando
 Funeral at North Park Baptist Church
 Date Thurs. Dec. 19 1946 2 P. M.
 Account Charged Mrs. Geo. W. Augustin
 Address 723 E. Colonial, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Flesh Lathum / 2 / ouch
 No. of Casket Walker 1432 300 00
 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 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

22-478

Carey Hand Funeral Home

Name of Deceased Victor Allen Purvis
 Date of Death December 16, 1946 - 8 A. M.
 Cause of Death Generalized Peritonitis
 Place of Death Orange Memorial Hospital
 Residence 1914 Woodward, Orlando, Fla.
 Age 63 Y'rs 4 Mo's 3 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wednesday, Dec. 18, 1946 4 P. M.
 Account Charged Elizabeth G. Purvis
 Address 1914 Woodward, 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 375 00
 No. of Casket Walker 762
 Outside Box _____
 Shipping Case or Vault Steel 125 00
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N  S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos (2) Family Cars 10 00
 Telegram _____ 10 00
 Minister- (2) P.B. Cars
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____ 15 00
 Automobiles 3 + 3
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of Deceased Labor Augustus Allen
 Date of Death December 16, 1946 - 2:15 A.M.
 Cause of Death Hypertensive Heart Disease
 Place of Death Wyoming Hotel, Pittston, Pa.
 Residence 902 Susquehanna Ave. Pittston, Pa.
 Age 74 Y'rs 5 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Catherine W. Allen
 Address 902 Susquehanna Ave. Pittston, Pa.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Pat.
 No. of Casket Tampa 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Pittston, Pa.
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Pittston, Pa.
 R. R. Ticket ☒ _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 72

35.00

135.00

10.00

180.00

Body shipped by baggage
 1:20 P.M. Dec. 16, 1946

22 - 480

Carey Hand Funeral Home

100

Name of Deceased William Richard Redmond
 Date of Death December 16, 1946 - 10 A. M.
 Cause of Death Coronary Thrombosis, etc.
 Place of Death In Dr. M. Brude's Office - Apopka
 Residence Rt. 3, Box 498 - Bell Road E. Orlando
 Age 47 Y'rs 3 Mo's 7 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Mrs. Frankie Redmond
 Address Rt. 3, Box 498, Orlando, Florida
 Account Guaranteed _____
 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 _____
 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 Union City, Ind.
 R. R. Ticket " " " " 72 76
 Cash Advanced _____
 Autos 2 trips to Apopka, Fla. 20 00
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (7) 10 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped to
Union City Indiana
90 Stage Funeral Home.
 22-481

272 ⁷⁶/₁₀₀
 Pd.