

12-16-1946

Memoranda Book 182: Carey Hand Funeral Home records, December 16, 1946

Carey Hand Funeral Home

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Carey Hand Funeral Home

Name of Deceased Unidentified Baby Boy
 Date of Death December 10, 1946 M
 Cause of Death Not Known
 Place of Death " "
 Residence Winter Garden, Florida
 Age _____ Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at No Service
 Date _____ 194 _____ M.
 Account Charged County
 Address _____
 Account Guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Burial 14 50
 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. _____

14 50

22-412

Carey Hand Funeral Home

2

Name of Deceased Mrs. Clara Fallon
 Date of Death December 15, 1946 M.
 Cause of Death Cardio Vascular Royal Disease
 Place of Death Daytona Beach, Florida
 Residence S. Ridgewood Ave., Daytona Beach, Fla.
 Age 76 Y'rs 10 Mo's 1 Days 76
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach, Florida
 Date _____ 194 _____ M.
 Account Charged Baggett - M. Intash 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 _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Dec. 18, 1946 37 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Ashes expressed to
Baggett - M. Intash
Daytona Beach, Fla.

37 50
 Pd.

22-483

Carey Hand Funeral Home

Name of Deceased Anna Kate Allis Marsh
 Date of Death December 14, 1946 M.
 Cause of Death not given on Removal Permit
 Place of Death De Land, Florida
 Residence De Land, Florida
 Age 88 Y'rs 6 Mo's 15 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 _____
 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. _____

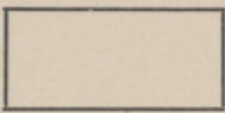
37 50
25 00

62 50

Ashes expressed to
Allen - Summerhill F.H.
De Land, Florida

22-484

Carey Hand Funeral Home

Name of Deceased Mrs. Bertha May Bryant
 Date of Death December 19, 1946 12:59 M.
 Cause of Death Cerebral Hemorrhage
 Place of Death Orange Memorial Hospital
 Residence Lack Hart, Florida
 Age 49 Y'rs 19 Mo's 19 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat. Dec. 21 1946 2 P. M.
 Account Charged Mrs. Wm. H. Heath
 Address Box 82, Lack Hart, Florida
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Emb. Oct. H. Cap 200 00
 No. of Casket Walker 1415
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section 27, Blk. 14 Lot 5
Space 3
E
 I Other Graves 
 X Grave on This Date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister P. B. Carr 5 00
 Music Singer 5 00
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15 00
 Baggage or Express Train No. _____

280 00

22-485

Carey Hand Funeral Home

Name of Deceased Samuel Joseph Hindman
 Date of Death Dec. 19, 1946 - 7:28 P. M.
 Cause of Death Pneumonia
 Place of Death Residence
 Residence Rt. 4, Box 154 N. Orlando, Fla.
 Age 84 Y's 9 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Sat. Dec. 21, 1946 4 P. M.
 Account Charged Mrs Wm. Joseph Hindman
 Address Rt. 4, Box 154 N. Orlando, Fla.
 Account Guaranteed James Leland
 Address Rt. 4, Box 154 N. Orlando, Fla.
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap
 No. of Casket Walker 415 150 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Orlando, Florida
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc. 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister P. B. Car 5 00
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles 5 + 5 15 00
 Baggage or Express Train No. _____

225 00

22-486

Carey Hand Funeral Home

Name of Deceased *Mrs. Annie Peterson McIntyre*
 Date of Death *December 19, 1946 - 9:45 P.M.*
 Cause of Death _____
 Place of Death *Ocala, Florida*
 Residence *Ocala, Florida*
 Age *75* Y'rs *8* Mo's *17* Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Sunday Dec. 22, 1946 2 P. M.*
 Account Charged *Miss Johnnie McIntyre*
 Address *Ocala, Florida*
 Account Guaranteed *Estate*
 Address _____

Embalming	35 00
Robe, Suit, Dress	
Underwear and Hose	
Casket	
Casket with Copper Lin.	
Style of Casket <i>Det. Flesch Latham 1/2 Couch</i>	
No. of Casket <i>Walker 14 32</i>	300 00
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <i>Woodlawn</i>	
Section _____ Lot _____	

I Other Graves

N

S

X Grave on This Date

W

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

390 00

22-487

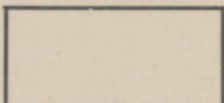
Carey Hand Funeral Home

Name of Deceased James Carter Sheldon
 Date of Death December 20, 1946 2 P. M.
 Cause of Death Suicide by Carbon Monoxide Gas
 Place of Death Jacksonville, Florida
 Residence 411 E. Forsythe Ave. Jacksonville Fla.
 Age 56 Y'rs Mo's Days
 Weight Height ft. in. Eyes Blue
 Funeral at Chapel Destination
 Date Monday, Dec. 23 1946 2 P. M.
 Account Charged A. E. Higgs
 Address 511 No. Hughey Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming 35.00
 Robe, Suit, Dress Blue 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Steel H Cap
 No. of Casket Walker #42 250.00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cynthiana, Ky.
 Section _____ Lot _____
 E _____
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave sta 15.00
 Body Shipped to Cynthiana, Ky.
 R. R. Ticket to " " 74.18
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (2) 10.00
 Physician _____
 County or City Burial _____
 Automobiles S + S 15.00
 Baggage or Express Train No. _____

Body shipped by Baggage 406.68
 to Cynthiana, Ky.
 Sat. Dec. 21 - 1946

22-488

Carey Hand Funeral Home

Name of Deceased Arthur Higgo
 Date of Death December 20, 1946 3:30 P.M.
 Cause of Death _____
 Place of Death Jacksonville, Florida
 Residence 411 E. Forsythe, Jacksonville, Fla.
 Age 56 Y's _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Monday, Dec. 23 1946 2 P. M.
 Account Charged A. E. Higgo
 Address 511 No. Huguenot, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming To Seashore 45 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oct. H. Cap Gray B.C.
 No. of Casket Orleans 1818 285 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) 5 00
 Telegram _____
 Minister * P.B. Car 5 00
 Music _____
 Casket Wagon from Jacksonville 35 00
 Physician _____
 County or City Burial _____
 Automobiles 3 & 5 15 00
 Baggage or Express Train No. _____

405 00

22-489

Carey Hand Funeral Home

Name of Deceased Mrs. Tallulah J. Dennis
 Date of Death December 20, 1946 - 6:30 P.M.
 Cause of Death Coronary Occlusion
 Place of Death Residence
 Residence Lake Barton Park, Orlando, Fla.
 Age 63 Y'rs ✓ Mo's 12 Days ✓
 Weight ✓ Height ✓ ft. ✓ in. ✓ Eyes ✓
 Funeral at Destination
 Date ✓ 194 ✓ M.
 Account Charged J. M. Dennis
 Address 45 E. Washington, Orlando, Fla.
 Account Guaranteed Estate of
 Address ✓
 Embalming ✓ 35 00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket ✓
 Casket with Copper Lin. ✓
 Style of Casket Oct. 12 Couch
 No. of Casket Walker - 1415 200 00
 Outside Box ✓
 Shipping Case or Vault ✓
 Handles ✓
 Pillow Set ✓
 Name Plate ✓
 Cemetery Eaton, 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 Eaton, Georgia 29 59
 R. R. Ticket to " " ✓
 Cash Advanced ✓
 Autos ✓
 Telegram ✓
 Minister ✓
 Music ✓
 Casket Wagon (2) 10 00
 Physician ✓
 County or City Burial ✓
 Automobiles ✓
 Baggage or Express Train No. ✓ 274 59

22-490

Carey Hand Funeral Home

Name of Deceased Rayford J. Rowe
 Date of Death December 21, 1946 7:30 M.
 Cause of Death Accidentally Struck by truck
 Place of Death Orange Memorial Hospital
 Residence Box 74, Taft, Florida
 Age 2 Y'rs 2 Mo's 5 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Rayford Rowe
 Address Box 74, Taft, Fla.
 Account Guaranteed _____
 Address _____
 Embalming _____ 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket White Emb. Ivory Plush
 No. of Casket Tampa 103 80 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Jacksonville, Fla.
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Jacksonville, Fla.
 R. R. Ticket to " " 4 99
 Cash Advanced _____
 Autos _____
 Telegram _____
 Minister _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Body shipped by baggage 114 99
 to Jacksonville, Florida
 December 24, 1946 - 1:45 P.M.

22-491

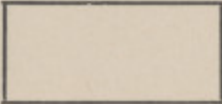
Carey Hand Funeral Home

Name of Deceased Edward W. Hayes
 Date of Death December 22, 1946 - 8 A. M.
 Cause of Death Senility (Pneumonia)
 Place of Death Andrews Nursing Home
 Residence 1605 E. South St., Orlando, Fla.
 Age 76 Y's - Mo's 27 Days -
 Weight - Height - ft. - in. Eyes -
 Funeral at Destination
 Date - 194 - M.
 Account Charged Mrs. Evelyn Dean (Daughter)
 Address 1605 E. South St., Orlando, Fla.
 Account Guaranteed -
 Address -
 Embalming - 35 00
 Robe, Suit, Dress -
 Underwear and Hose -
 Casket -
 Casket with Copper Lin. -
 Style of Casket Grey Cloth Oct.
 No. of Casket Passpa 1972 200 00
 Outside Box -
 Shipping Case or Vault -
 Handles -
 Pillow Set -
 Name Plate -
 Cemetery Jacksonville, Fla.
 Section - Lot -
 E
 I Other Graves -
 N - S -
 X Grave on This Date - W -
 Cremation -
 Urn -
 Single Grave -
 Opening and Closing Grave -
 Body Shipped to Jacksonville, Fla. 13 26
 R. R. Ticket to " "
 Cash Advanced -
 Autos -
 Telegram -
 Minister -
 Music -
 Casket Wagon (22) 10 00
 Physician -
 County or City Burial -
 Automobiles -
 Baggage or Express Train No. - 258 26

Body shipped to
Jacksonville, Florida

22-492

Carey Hand Funeral Home

Name of Deceased Harry Laurence Facer
 Date of Death December 23, 1946 - 2:30 P. M.
 Cause of Death Pneumatic Heart Disease
 Place of Death Residence
 Residence Route #3, Box 374, Orlando, Fla.
 Age 71 Y'rs 4 Mo's 14 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thursday, Dec. 26 1946 2 P. M.
 Account Charged Mrs. Anna Facer
 Address Rt. #3, Box 374, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____
 Robe, Suit, Dress Oxford Grey 37 50
 Underwear and Hose shirt + tie 5 75
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Oak. H. Cap. Grey 135 00
 No. of Casket Jampa - 1972
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 E
 I Other Graves _____
 N  S
 X Grave on This Date _____ W
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 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 S + S 15 00
 Baggage or Express Train No. _____

253 25

22-493

Carey Hand Funeral Home

Name of Deceased Infant Rafael S. Mott
 Date of Death December 23, 1946 8 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence De Land, Florida
 Age _____ Y'rs _____ Mo's 18 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 _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Casket Replaced by
 No. of Casket Allen Summerhill
 Outside Box D. D. De Land, Fla.
 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 Body taken to
 Telegram De Land Fla.
 Minister by auto
 Music _____
 Casket Wagon (Family)
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

0000

22-494

Carey Hand Funeral Home

14
 Name of Deceased Miss Helen Alice Danliker
 Date of Death December 23, 1946 - 12:30 P.M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Box 22, Gosha, Florida
 Age 37 Y'rs 6 Mo's 21 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Thursday, December 26, 1946 - 11 A.M.
 Account Charged Mrs. Walter P. Danliker
 Address Box 22, Gosha, Florida
 Account Guaranteed Estate
 Address _____

Embalming	35 00
Robe, Suit, Dress <u>Flesh Pink</u>	20 00
Underwear and Hose	3 87
Casket	
Casket with Copper Lin.	
Style of Casket <u>Grey Oct. 1/2 Couch</u>	
No. of Casket <u>Walker - 1415</u>	200 00
Outside Box	
Shipping Case or Vault	
Handles	
Pillow Set	
Name Plate	
Cemetery <u>Greenwood</u>	
Section _____ Lot _____	

I Other Graves

N

S

X Grave on This Date

W

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave etc

15 00

Body Shipped to _____

R. R. Ticket _____

Cash Advanced _____

Autos (1) Family Car to Residence

5 00

Telegram _____

5 00

Minister + P.B. Car

Music _____

Casket Wagon (1)

5 00

Physician _____

County or City Burial _____

Automobiles 5 + 5

15 00

Baggage or Express Train No. _____

303 87

22-495

Carey Hand Funeral Home

15

Name of Deceased Mrs. Grace W. McNeill
 Date of Death December 22, 1946 M.
 Cause of Death Not given on Removal Permit
 Place of Death Daytona Beach, Florida
 Residence Daytona Beach, Florida
 Age 75 Y'rs - Mo's 9 Days
 Weight - Height - ft. - in. Eyes -
 Funeral at Daytona Beach, Florida
 Date - 194 - M.
 Account Charged Baggett - Mcintosh A.H.
 Address Daytona Beach, Florida
 Account Guaranteed -

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

I Other Graves

N

E

S

X Grave on This Date

W

Cremation December 25, 1946 37 50

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

37 50

Express ashes to
George B. Smith, J.D.
Litchfield, Conn.

22-496

Carey Hand Funeral Home

16

Name of Deceased Julius E. Willott
 Date of Death Dec. 23, 1946 M.
 Cause of Death _____
 Place of Death Bayard - State Farm
 Residence Rt. Orlando, Florida
 Age 56 Y's 9 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Friday, December 27 1946 10 A.M.
 Account Charged Mrs. Minerva Russell
 Address 3322 Wabash Ave., Kansas City
 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 Orange City, Florida
 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 Orange City, Fla.

R. R. Ticket by auto

Cash Advanced _____

Autos _____

Telegram _____

Minister _____

Music _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

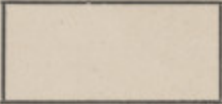
Baggage or Express Train No. _____

25 20

Body taken to Orange
 City Florida by Bray.
 Friday, Dec. 27, 1946

22-497

Carey Hand Funeral Home

Name of Deceased Joseph Edgar Hitcher
 Date of Death December 25, 1946 - 10:15 M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence Carolina Trailer Park
 Age 69 Y'rs 1 Mo's 6 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Saturday, Dec. 28 1946 4 P. M.
 Account Charged Mrs. Joseph E. Hitcher
 Address Carolina Trailer Park, Orlando
 Account Guaranteed Estate Fla.
 Address _____
 Embalming _____ 25 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Grey B. Cloth 450 00
 No. of Casket Walker 7x2
 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 & P. B. Carr 5 00
 Music _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles S + S 15 00
 Baggage or Express Train No. _____

22-498

Carey Hand Funeral Home

18

Name of Deceased Joseph W. Louis
 Date of Death December 26, 1946-10A.M.
 Cause of Death _____
 Place of Death Wilsey Nursing Home
 Residence Box 476 - Apopka, Florida
 Age 79 Y'rs 4 Mo's 13 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Saturday, Dec. 28 1946- 5 P. M.
 Account Charged Mrs. Anna K. Louis
 Address Box 476, Apopka, Fla.
 Account Guaranteed Estate Lanotype Union
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Gray Cloth Oct. H. Cap
 No. of Casket Walker, 245 135 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____ W _____
 Cremation Dec. 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. _____

Will call for ashes

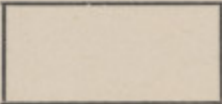
22-499

Carey Hand Funeral Home

Name of Deceased Mrs. Carolyn Van Meter Burlison
 Date of Death December 26, 1946 - 12 Noon **M.**
 Cause of Death Coronary Occlusion
 Place of Death Fort Gatlin Hotel, Orlando,
 Residence 9 Rodda St., Butler, N. J. Fla.
 Age 78 Y'rs 10 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date _____ 194 _____ M.
 Account Charged Emery S. Burlison
 Address Fort Gatlin Hotel, Orlando, Fla.
 Account Guaranteed Estate
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Sil. Gray, State H. Cap.
 No. of Casket 2amp 550 00
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Butler, N. Jersey
 Section _____ Lot _____
 E
 I Other Graves _____
 N _____ S _____
 X Grave on This Date _____
 W _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 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. _____

Ship to George Richards
Funeral Home
Riverdale, New Jersey
22.500

Carey Hand Funeral Home

Name of Deceased Ernest Heringdine
 Date of Death December 26, 1946 9 P. M.
 Cause of Death _____
 Place of Death Orange Memorial Hospital
 Residence 1837 Illinois Ave, Orlando, Fla.
 Age 19 Y'rs 10 Mo's 13 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at North Park Baptist Church
 Date Monday Dec. 30 1946 11:30 A. M.
 Account Charged Ernest J. Heringdine
 Address 1837 Illinois Ave, Orlando, Fla.
 Account Guaranteed Insurance & Gov. ck.
 Address _____
 Embalming _____ 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket State H. Cap. Grey B.C.
 No. of Casket Orleans - 7098 325 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 _____
 Music _____
 Casket Wagon (1) 5 00
 Physician _____
 County or City Burial _____
 Automobiles SV S 15 00
 Baggage or Express Train No. _____

Carey Hand Funeral Home

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Name of Deceased <u>Lawrence J. Waters</u>	
Date of Death <u>December 27, 1946</u> 2:30 A.M.	
Cause of Death _____	
Place of Death <u>McLanton Hospital, Sanford</u>	
Residence <u>Rt. Langwood, Florida Fla.</u>	
Age <u>60</u>	Y'rs <u>40</u> Mo's <u>20</u> Days _____
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Chapel</u>	
Date <u>Monday, December 30 1946</u> 2 P. M.	
Account Charged <u>Waldo S. Waters</u>	
Address <u>1901 Woodward Ave., Orlando Fla.</u>	
Account Guaranteed <u>Estate</u>	
Address _____	
Embalming _____	35 00
Robe, Suit, Dress _____	
Underwear and Hose _____	
Casket _____	
Casket with Copper Lin. _____	
Style of Casket <u>State H. Cap. Gray B.C.</u>	
No. of Casket <u>Orleans - 6918</u>	350 00
Outside Box _____	
Shipping Case or Vault _____	
Handles _____	
Pillow Set _____	
Name Plate _____	
Cemetery <u>Greenwood</u>	
Section _____	Lot _____
	E
I Other Graves _____	
	<div style="display: flex; align-items: center; justify-content: center;"> N <div style="border: 1px solid black; width: 150px; height: 50px; position: relative;"> N S </div> S </div>
X Grave on This Date _____	W
Cremation _____	
Urn _____	
Single Grave _____	
Opening and Closing Grave <u>etc</u>	15 00
Body Shipped to _____	
R. R. Ticket _____	
Cash Advanced _____	
Autos <u>4 Family Cars</u>	20 00
Telegram _____	
Minister <u>Car + P.B. Car</u>	10 00
Music _____	
Casket Wagon <u>20 Sanford</u>	10 00
Physician _____	
County or City Burial _____	
Automobiles <u>S & S</u>	15 00
Baggage or Express Train No. _____	

22-502