

12-24-1919

## Funeral Register Volume 02: Carey Hand Funeral Home records, December 24, 1919 to October 13, 1920

Carey Hand Funeral Home

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### Recommended Citation

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B Paid  
December 24<sup>th</sup> - 1919  
To

October 13<sup>th</sup> 1920

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FUNERAL REGISTER



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


## FUNERAL REGISTER

NO. *Mr Fred. C. Bieler 820 W. Central Ave of Seattle Dec 24* 1919 DATE

Remains of *Mrs Marie Bieler.* Residence *820 W. Central Ave Orlando*  
 Father's Name *Mr W. Bostell.* Residence *Germany.*  
 Mother's Name *Mrs Anegle (Bostell)* How Secured *Husband*  
 Charged to *Mr Fred. C. Bieler.* Shipped to *Buried in Orlando.*  
 Date of Funeral *Dec 26<sup>th</sup> 1919 3 P.M.* Date of Death *Dec 24<sup>th</sup> 1919*  
 Place of Death *Residence 820 W. Central Ave* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *55* years months days  
 Cause of Death *Pulmonary Aidenia.* Number of Burial Certificate  
 Certifying Physician *Dr. Ford* Plate engraved *At Rest*  
 Clergyman *Rev Trapp (Gotha* Lot or grave No. Section  
 Interment at *Greenwood.* Cemetery  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy Cope. Oct 3 P.M.</i>	<i>110.00</i>	<i>Jan 15<sup>1920</sup></i>	<i>Cr by Check.</i>	<i>173.00</i>
Metallic Lining		<i>" 20</i>	<i>Cr .. Cash</i>	<i>135.00</i>
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Ed dressing</i>	<i>25.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	<i>3.00</i>			
Opening Grave <i>Ed Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Flowers.</i>	<i>5.00</i>			
<i>Minister.</i>	<i>5.00</i>			
<i>Metal lining of Disinter body.</i>	<i>135.00</i>			
Total amount of bill	<i>308.00</i>			<i>308.00</i>

## REMARKS

*1920*  
*Jan 26 - disinter body and shipped to Newark N.J. Body in good condition had funeral in Church at Newark and opened casket.*



## FUNERAL REGISTER

 NO. *Eiselhine Bros St Cloud* DATE *Dec 24<sup>th</sup>* <sup>1919</sup>

Remains of

Residence

Father's Name

Residence

Mother's Name

How Secured *Eiselhine Bros*

Charged to

Shipped to *St Cloud, Fla.*

Date of Funeral

Date of Death

Place of Death

Single or Married

Occupation of Deceased

Age                      years                      months                      days

Cause of Death

Number of Burial Certificate

Certifying Physician

Plate engraved

Clergyman

Lot or grave No.

Section




Interment at

Cemetery

City

State

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Oct 3 Man Toh R.A. T.Y. 5/9 Bushell &amp; Box</i>	40.00	Jan 10	Or by Check.	40.00
Metallic Lining				
Outside Box <i>yes</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>Del to Sta.</i> at \$				
Flowers				
Hearse				
Death notices in                      Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	40.00			40.00

REMARKS




## FUNERAL REGISTER

NO *Louis Stueber (Mother)*  
*Estate Ed Stueber, Erie Pa.* DATE *1919*  
*of death Dec 25<sup>th</sup>*

Remains of *Mr Ed Stueber* Residence *Erie Pa*  
 Father's Name *Mr Stueber* Residence *Don't know*  
 Mother's Name *Don't know* How Secured *Estate in Elk Lodge*  
 Charged to *Elk Lodge Erie Pa.* Shipped to *Erie, Pa*  
 Date of Funeral *Dec* Date of Death *Dec 25<sup>th</sup>*  
 Place of Death *Conway, Fla.* Single or Married *Widow*  
 Occupation of Deceased *Fruit Grower* Age *70?* years — months — days  
 Cause of Death *Epilepsy* Number of Burial Certificate  
 Certifying Physician *Wm Martin C. Judge* Plate engraved *Name & State*  
 Clergyman *Destination* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Erie*  
 State *Pennsylvania*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Metal Electric B. Fin</i>	<i>350.00</i>	<i>Jan 9</i>	<i>Tr by Check (American Express Co)</i>	<i>436.79</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Req</i>				
Burial Robe <i>Blk Burial Suit</i>	<i>35.00</i>			
Embalming and Attendance <i>Ed Shaving</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>C. Wagon to Conway</i>	<i>7.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegrams</i>	<i>5.79</i>			
<i>Underwear 3.50</i>	<i>7.00</i>			
Total amount of bill	<i>436.79</i>			<i>436.79</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr Wm Holloway Winter Park* DATE *Dec 25<sup>th</sup> 1919*  
 Remains of *Mrs Eliza Holloway.* Residence *1 Mile E of Winter Park.*  
 Father's Name *W. Yates.* Residence *Lost / Know*  
 Mother's Name *Yates.* How Secured *Mr Wm Holloway.*  
 Charged to *Mr Wm Holloway (Husband)* Shipped to *Buried Crystal River, Fla*  
 Date of Funeral *Dec 27<sup>th</sup> 1919* Date of Death *Dec 25<sup>th</sup> 1919*  
 Place of Death *Residence 1 Mi E of Winter Park* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *59* years — months *4* days  
 Cause of Death *Acute Heart Failure.* Number of Burial Certificate *239*  
 Certifying Physician *Lt Coffin* Plate engraved *At Rest*  
 Clergyman *Rev Vincent (Winter Park)* Lot or grave No. Section  
 Interment at *Crystal River Cemetery*  
 City *Crystal River*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Plk Case Oct. 31. 1919</i>	95.00	<i>Dec 26</i>	<i>En by Cash.</i>	100.00
Metallic Lining <i>No</i>		<i>" 27</i>	<i>En " "</i>	7.80
Outside Box <i>Req</i>		<i>" 30</i>	<i>En " "</i>	47.50
Burial Robe <i>White B. Robe</i>	5.00			
Embalming and Attendance <i>Washing</i>	30.00			
Carriages at \$				
Flowers				
Hearse <i>Grey Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Underwear</i>	2.50			
<i>3 R. R. Tickets to Crystal River Fla</i>	7.80			
Total amount of bill	155.30			155.30

REMARKS






1920

## FUNERAL REGISTER

NO. *Miss Helen C. Case. Fredonia N.Y.* DATE *1920*  
 Remains of *Miss Rebecca C. Wood.* Residence *Fredonia New York.*  
 Father's Name *Nathan Wood* Residence *New York.*  
 Mother's Name *Mrs Medder (Wood)* How Secured *Estate*  
 Charged to *Miss Helen C. Case (Niece)* Shipped to *Unionville N.Y.*  
 Date of Funeral *Jan - 1920* Date of Death *Jan 1st 1919 1 P.M.*  
 Place of Death *E. Livingston Ave.* Single or Married *Single*  
 Occupation of Deceased *At Home.* Age *80* years *7* months *20* days  
 Cause of Death *Bronchitis (Old age).* Number of Burial Certificate *234*  
 Certifying Physician *Dr. Porter.* Plate engraved *Name & Date*  
 Clergyman *At Destination.* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Unionville.*  
 State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo. Oct 10. Toh.</i>	300.00	Jan 2	Cr. by Cash.	364.75
Metallic Lining <i>Yes.</i>			" " <i>See</i>	.04
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>of Dressing.</i>	30.00			
Carriages <i>C. Wagon at \$ 5.00 (2)</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>3 tickets to fare 4.75</i>	14.25			
<i>Pullman.</i>	9.72			
<i>Telegram</i>	.82			
Total amount of bill	<i>\$364.79</i>			<i>\$364.79</i>

REMARKS






## FUNERAL REGISTER

1920

NO. *Miss Helen C. Case, Fredonia N.Y.* DATE *Jan 1st 1920*  
 Remains of *Miss Rebecca C. Wood.* Residence *Fredonia New York.*  
 Father's Name *Nathan Wood* Residence *New York.*  
 Mother's Name *Mrs Medder (Wood)* How Secured *Estate*  
 Charged to *Miss Helen C. Case (Niece)* Shipped to *Lunkin N.Y.*  
 Date of Funeral *Jan - 1920* Date of Death *Jan 1st 1919 1 P.M.*  
 Place of Death *E. Livingston Ave.* Single or Married *Single*  
 Occupation of Deceased *At Home.* Age *80* years *7* months *20* days  
 Cause of Death *Bronchitis (Old age).* Number of Burial Certificate *234*  
 Certifying Physician *Dr. Porter* Plate engraved *Name & Date*  
 Clergyman *At Destination.* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Lunkin.*  
 State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Ely B. Co. Oct 10. Tok.</i>	300.00	Jan 2	<i>Cr. by Cash.</i>	364.75
Metallic Lining <i>yes.</i>			<i>" " Eli</i>	.04
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>E. L. Herring.</i>	30.00			
Carriages <i>C. Wagon at \$ 5.00 (2)</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>3 tickets to fare 4.75</i>	14.25			
<i>Pullman.</i>	9.72			
<i>Telegram</i>	.82			
Total amount of bill	\$364.79			\$364.79




REMARKS



## FUNERAL REGISTER

NO. *Mr. Char. E. Brown (Son)* (Gilman Ills) DATE *1920*  
 Remains of *Mrs. Jane Brown*, Residence *Gilman, Ills.*  
 Father's Name *Mr. T. Whaley*, Residence *New York*  
 Mother's Name *J. Whih (Whaley)*, How Secured *Son*  
 Charged to *Mr. Char. E. Brown (Son)* Shipped to *Gilman, Ills.*  
 Date of Funeral *Jan — 1920* Date of Death *Jan 1<sup>st</sup> 1920*  
 Place of Death *Florida Sanitarium* Single or Married *Widow*  
 Occupation of Deceased *at home*, Age *75* years *7* months *17* days  
 Cause of Death *Mitral Stenosis*, Number of Burial Certificate *235-*  
 Certifying Physician *Dr. Andrews*, Plate engraved *At Rest*  
 Clergyman *At Destination*, Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Destination* Cemetery  
 City *Gilman*  
 State *Ills*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/4 Grey Cope Oct 3<sup>rd</sup> 1919</i>	20.00	Jan 2	<i>Cr by Cash.</i>	175.50
Metallic Lining <i>No</i>			<i>Cr .. Ills.</i>	.17
Outside Box <i>Reg</i>				
Burial Robe <i>Grey B. Dress</i>	10.00			
Embalming and Attendance <i>Ed. Herring</i>	30.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Underwear 3.25</i>	4.25			
<i>Telegram 1.42</i>	1.42			
Total amount of bill	<i>\$175.67</i>			<i>\$175.67</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr W. H. Parrish, Parrish, Fla.* DATE *of death Jan 3<sup>rd</sup> 1920*  
 Remains of *Mr Walker Reid.* Residence *Alumuck, Fla.*  
 Father's Name *M Samuel Reed.* Residence *Georgia.*  
 Mother's Name *Mrs Lounny Reed.* How Secured *Brother-in-Law.*  
 Charged to *Mr W. H. Parrish (Brother-in-Law)* Shipped to *Parrish, Fla.*  
 Date of Funeral *Jan 4<sup>th</sup> 1920* Date of Death *Jan 3<sup>rd</sup> 1920 12 noon*  
 Place of Death *1/2 mi S. of City, Pine Castle Road.* Single or Married *Married*  
 Occupation of Deceased *Citrus Fruit* Age *32* years — months — days  
 Cause of Death *Auto Accident.* Number of Burial Certificate *236*  
 Certifying Physician *Lodge Martin.* Plate engraved *at Rest*  
 Clergyman *at Destination.* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Parrish*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Gen B. Co. 100 B. Pa</i>	<i>190.00</i>	<i>Feb 24</i>	<i>En by Check.</i>	<i>234.75</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$2.00</i>	<i>2 trips</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Shirt 3.00 Tie 1.00 Socks 30 collar 25</i>	<i>4.75</i>			
Total amount of bill	<i>234.75</i>			<i>234.75</i>

REMARKS



## FUNERAL REGISTER

NO *Estate (Mrs Eunice W. Haley)*DATE *Decade Jan 3<sup>rd</sup> 1920*Remains of *Mrs Eunice W. Haley.*Residence *One Mile S. of City*Father's Name *Mr Geo. Pearson Wolf*Residence *Ohio*Mother's Name *Shebet Voke (Wolf)*How Secured *Estate*Charged to *Estate*Shipped to *Terre Haute, Ind*Date of Funeral *Jan 5<sup>th</sup> 1920 3 P.M.*Date of Death *Jan 3<sup>rd</sup> 1920 10 P.M.*Place of Death *Residence*Single or Married *Widow*Occupation of Deceased *At Home*Age *66* years — months *17* daysCause of Death *Neuphritis (Cancer of Liver & Stomach)*

Number of Burial Certificate

Certifying Physician *Dr. Edwards*Plate engraved *Sister*Clergyman *Rev. Chisolm*

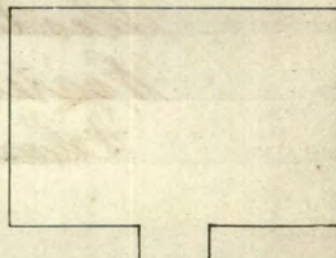
Lot or grave No.

Section

Interment at *Resurrection Cemetery*City *Terre Haute*State *Indiana*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3 Blk. B Co Det. W. T.</i>	<i>335.00</i>	<i>Mar 8</i>	<i>City Check.</i>	<i>423.90</i>
Metallic Lining <i>Yr</i>				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wag &amp; Hup at \$ 5.00</i>	<i>5.00</i>			
Flowers				
Hearse <i>Del. body to Station</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>N. R. Tickets &amp; Pullman.</i>	<i>43.90</i>			
Total amount of bill	<i>423.90</i>			<i>423.90</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr James Brooks, Winter Park* DATE *1920 Jan 6<sup>th</sup>*  
 Remains of *Bruce Sterling Brooks* Residence *Winter Park*  
 Father's Name *James Brooks* Residence *Winter Park*  
 Mother's Name *Rubina Brooks* How Secured *Father*  
 Charged to *Mr James Brooks (father)* Shipped to *Buried at Winter Park*  
 Date of Funeral *Jan 7<sup>th</sup> 1920 3:30 P.M.* Date of Death *Jan 6<sup>th</sup> 9:30 P.M.*  
 Place of Death *Residence, Winter Park* Single or Married *Single*  
 Occupation of Deceased *At Home* Age *7* years *10* months *22* days  
 Cause of Death *Diphtheria* Number of Burial Certificate  
 Certifying Physician *Dr. Hotard* Plate engraved  
 Clergyman *Rev. Vincent* Lot or grave No. Section  
 Interment at *Winter Park* Cemetery  
 City *Winter Park*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/6 White Plush Casket</i>	<i>85.00</i>	<i>Apr 7</i>	<i>En by check</i>	<i>142.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>Flowers</i>	<i>5.00</i>			
Hearse <i>Grey Auto Hearse</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Exc Closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Fumigating Room</i>	<i>5.00</i>			
Total amount of bill	<i>142.50</i>			<i>142.50</i>


REMARKS



## FUNERAL REGISTER

NO. *Mr Arthur M. Clarke, Alcoa, Fla.* DATE *1920 Jan 7<sup>th</sup>*  
 Remains of *Mr Katherine W. Clarke.* Residence *Alcoa, Fla.*  
 Father's Name *Thomas Wilson.* Residence *New York.*  
 Mother's Name *Eliza Clarke.* How Secured *Son*  
 Charged to *Mr Arthur M. Clarke.* Shipped to *Geneva, New York.*  
 Date of Funeral *Jan 1920* Date of Death *Jan 7<sup>th</sup> 1920 1 P.M.*  
 Place of Death *Florida Sanitarium.* Single or Married *Widow*  
 Occupation of Deceased *At Home.* Age *78* years *10* months *21* days  
 Cause of Death *Acute Dilatation of Heart.* Number of Burial Certificate  
 Certifying Physician *Lt. Andrews.* Plate engraved *At Rest*  
 Clergyman *At Geneva.* Lot or grave No. Section  
 Interment at *Destinative* Cemetery  
 City *Geneva.*  
 State *New York.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey Bldg R. Co. St.</i>	<i>350.00</i>	<i>Jan 8</i>	<i>By Check.</i>	<i>475.09</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>—</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon</i> at \$ <i>(2)</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express to Geneva, N.Y.</i>	<i>85.09</i>			
Total amount of bill	<i>475.09</i>			<i>475.09</i>

REMARKS






# FUNERAL REGISTER

11

NO *Estate Mrs Clara A. Green* DATE *Jan 9<sup>th</sup> 1920*  
 Remains of *Mrs Clara A. Green* Residence *906 E. Washington St*  
 Father's Name *Chas. L. Franklin* Residence *Connecticut*  
 Mother's Name *Anna L. Franklin* How Secured *Estate* *(Miss Anna L. Franklin 906 E. Washington)*  
 Charged to *Estate* Shipped to *Brooklyn, New York*  
 Date of Funeral *Jan 11<sup>th</sup> 1920 3 P.M.* Date of Death *Jan 9<sup>th</sup> 1920 4 A.M.*  
 Place of Death *A. G. Hospital* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *77* years *7* months  days  
 Cause of Death *Chronic Nephritis* Number of Burial Certificate  
 Certifying Physician *Dr. Edwards* Plate engraved *Name Ed States*  
 Clergyman *Unitarian Minister* Lot or grave No. Section  
 Interment at *Restinatin Cemetery*  
 City *Brooklyn*  
 State *New York*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>46 Blk. B. Clo 1st 3 P.M.</i>	165.00	Feb 12	By check	315.36
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	30.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Engrave Name Plate</i>	3.50			
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express on body</i>	74.07			
<i>Telegrams</i>	2.79			
<i>Cemetery Leads Brooklyn N.Y.</i>				
<i>Fairchild &amp; Sons</i>	30.00			
Total amount of bill	315.36			315.36

REMARKS



## FUNERAL REGISTER

NO. *1920* *Ms Elma G. Stephens, Sanford, Fla* DATE *Jan 9<sup>th</sup>*  
 Remains of *Miss Jennie L. Welker.* Residence *Sanford, Fla.*  
 Father's Name *Mr George Welker.* Residence *Pennsylvania.*  
 Mother's Name *Mary Lig. Welker.* How Secured *Sister*  
 Charged to *Ms Elma G. Stephens (Sister)* Shipped to *Massillon, Ohio.*  
 Date of Funeral *Jan 11<sup>th</sup> 1920* Date of Death *Jan 9<sup>th</sup> 1920 10:30 a.m.*  
 Place of Death *Orange General Hospital* Single or Married *Single.*  
 Occupation of Deceased *At Home.* Age *69* years *5* months *3* days  
 Cause of Death *Carcinoma of Lungs.* Number of Burial Certificate  
 Certifying Physician *Dr. M. C. Egan.* Plate engraved *Name & Dates*  
 Clergyman *From Sanford.* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Massillon*  
 State *Ohio*

## CEMETERY CHART

Put in the diagram one mark  
 like this ■ for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Grey B. Co.</i>	235.00	Mar 29	Cr. by Check.	349.80
Metallic Lining <i>no</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>no</i>				
Embalming and Attendance <i>Emb</i>	30.00			
Carriages <i>C. Wagon</i> <sup>24</sup> at \$	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express on body:</i>	73.69			
<i>Telegrams.</i>	1.11			
Total amount of bill	349.80			349.80

## REMARKS

Send bill to T. O. Charles, Sanford, Fla  
 Box 315



## FUNERAL REGISTER

NO. *Mrs James F. Sullivan, Winter Garden, Fla* DATE *Jan 9<sup>th</sup> 1920*

Remains of *M James F. Sullivan* Residence *Winter Garden,*

Father's Name *Jacob Sullivan* Residence *Virginia,*

Mother's Name *Mary Wallace Sullivan* How Secured *"*

Charged to *Mrs Jas. F. Sullivan (Wife)* Shipped to *Buried at Oakland, Fla*

Date of Funeral *Jan 10<sup>th</sup> 10 a.m.* Date of Death *Jan 9<sup>th</sup> 10: a.m.*

Place of Death *C. G. Hospital.* Single or Married *Married*

Occupation of Deceased *Day Labor.* Age *70* years months days

Cause of Death *Senility* Number of Burial Certificate

Certifying Physician *Dr. Beardall* Plate engraved *At Rest,*




Clergyman *At Winter Garden,* Lot or grave No. Section

Interment at *Oakland* Cemetery

City *Oakland.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/8 Wood Coffin</i>	<i>30.00</i>	<i>Jan 10</i>	<i>By Check</i>	<i>60.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe <i>Black B. Robe</i>	<i>5.00</i>			
Embalming and Attendance <i>Emb</i>	<i>10.00</i>			
Carriages <i>at \$</i>				
Flowers <i>-</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2 Papers</i>				
Outlay for lot <i>-</i>				
Opening Grave <i>-</i>				
Lining Grave <i>-</i>				
Shipping charges, prepaid <i>-</i>				
Total amount of bill	<i>60.00</i>			<i>60.00</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr J. W. Sullivan, Malabar, Fla.* DATE *of death Jan 10<sup>th</sup> 1920*  
 Remains of *Mrs Luranie Sullivan*. Residence *1 mile East of Maitland*.  
 Father's Name *Leont Snow*. Residence *Georgia*  
 Mother's Name *Leont Snow*. How Secured *Mrs Birchsmith, Maitland*  
 Charged to *Mr J. W. Sullivan (Brother)* Shipped to *Buried at Maitland*  
 Date of Funeral *Jan 10<sup>th</sup>* Date of Death *Jan 10<sup>th</sup> 2 a.m.*  
 Place of Death *Residence* Single or Married *Widower*  
 Occupation of Deceased *at home* Age *84 years 1 months 28 days*  
 Cause of Death *Senility* Number of Burial Certificate  
 Certifying Physician *Lt. M. E. Ewan* Plate engraved *at Rest*  
 Clergyman *at Maitland* Lot or grave No. Section  
 Interment at *Winter Park Cemetery*  
 City *Winter Park*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/8 blk. life Oct 31st</i>	95.00	May 3	<i>By check</i>	26.00
Metallic Lining <i>No</i>		May 8	<i>By check</i>	
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	5.00			
Carriages <i>Tombing Car at \$</i>	5.00			
Flowers <i>Auto Funeral Car</i>	15.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ent. Closing Grave</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	125.00			

*Moved away  
No way to get any  
payment on this acct*

REMARKS *June 11 - address Oct-30 - Lakins Fla*  
*Box 101 Miami Fla Last address is, Ft Pierce Fla P.O.*



## FUNERAL REGISTER

1920

NO. *O. W. L. Co* *Harry W. Kessel Mayville New York* DATE *Jan 13<sup>th</sup>*

Remains of *Harry W. Kessel.* Residence *Mayville, New York.*

Father's Name *Charles Kessel.* Residence *New York.*

Mother's Name *Leont Snow.* How Secured *Insurance O. W. L.*

Charged to *O. W. L. Co.* Shipped to *Mayville, New York.*

Date of Funeral *Jan. 1920* Date of Death *Jan 13<sup>th</sup> 1 P.M.*

Place of Death *A. G. Hospital.* Single or Married *Single*

Occupation of Deceased *Signalman Electrician* Age *23* years months days

Cause of Death *Electric Burn region of head* Number of Burial Certificate

Certifying Physician *Dr. Neal.* Plate engraved *At Rest*




Clergyman *At Mayville.* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Mayville*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>1/3 Grey B. Clo Oct 3. P. T. 135.00</i>	<i>Mar 8</i>	<i>Br by Moving Pole.</i>	<i>25.00</i>
Metallic Lining	<i>No.</i>	<i>May 8</i>	<i>Gr .. Check.</i>	<i>150.00</i>
Outside Box	<i>Req</i>			
Burial Robe				
Embalming and Attendance	<i>Emb &amp; Shaving 30.00</i>			
Carriages	<i>C. Wagon at \$ 5.00</i>			
Flowers				
Hearse	<i>Del. to Station 5.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>175.00</i>			<i>175.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate Geo. P. Sawyer, Buffalo, N.Y.* DATE *Jan 13<sup>th</sup> 1920*

Remains of *Mr Geo. P. Sawyer.* Residence *Buffalo, New York,*

Father's Name *Mr James H. Sawyer* Residence *Connecticut.*

Mother's Name *Charlotte L. Field* How Secured *Estate.*

Charged to *Estate of Geo. P. Sawyer* Shipped to *Buffalo, New York.*

Date of Funeral *Jan 1920* Date of Death *Jan 13<sup>th</sup> 1920 9 P.M.*

Place of Death *Seminole Inn, Winter Park,* Single or Married *Married.*

Occupation of Deceased *Lumber Dealer (Retired)* Age *67?* years months days

Cause of Death *Acute Cardiac dilatation & anemia* Number of Burial Certificate

Certifying Physician *Dr. Hotard Winter Park* Plate engraved

Clergyman *At Destination.* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Buffalo.*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Blk B. Clo R. Car Stab</i>	<i>250.00</i>	<i>Jan 16</i>	<i>Tr by Check.</i>	<i>295.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>295.00</i>			<i>295.00</i>

REMARKS






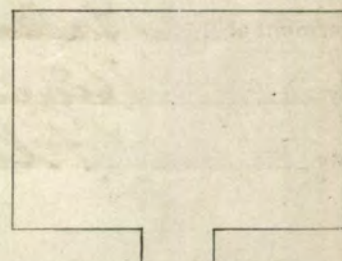
# FUNERAL REGISTER

17

NO. *Mrs Flora White 36 W. Church St* DATE *1920 Jan 14<sup>th</sup>*  
 Remains of *Mrs Mary A. Loomis*, Residence *36 W. Church St.*  
 Father's Name *Azeikel Buster*, Residence *Indiana*  
 Mother's Name *Don't know*, How Secured *Laughter*  
 Charged to *Mrs Flora White (Laughter)* Shipped to *Hilliard, Fla.*  
 Date of Funeral *Jan 15<sup>th</sup> 4 P.M. Chapel* Date of Death *Jan 13<sup>th</sup> 10 P.M.*  
 Place of Death *36 W. Church St.* Single or Married *Widow*  
 Occupation of Deceased *at home*, Age *82* years *10* months *11* days  
 Cause of Death *Apoplexy*, Number of Burial Certificate *# 16*  
 Certifying Physician *Dr Ford*, Plate engraved *at Rest*  
 Clergyman *Rev M. J. Connell*, Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Destination Cemetery*  
 City *Hilliard*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>White L. Oct. Q. Top</i>	95.00			
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Emb</i>	25.00			
Carriages <i>C. Wagon<sup>2</sup> at \$ 5.00</i>	10.00			
Flowers <i>Star of Flowers</i>	6.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>3) R. R. Tickets to Hilliard Fla.</i>	17.16			
Total amount of bill	153.16			

*People say poor mine to Ohio Mrs Gilmore who guaranteed acct would not pay*



REMARKS



## FUNERAL REGISTER

NO. *Geo. Spear* DATE *1920*  
*of Death Jan 19<sup>th</sup>*  
 Remains of *Geo. Spear* Residence *Abt 2 Mi W. of Fairville*  
 Father's Name *Leont Know* Residence *Leont Know*  
 Mother's Name *Leont Know* How Secured *Estate*  
 Charged to *County* Shipped to *Buried by County*  
 Date of Funeral *Jan 20<sup>th</sup> 1920* Date of Death *Jan 19<sup>th</sup> 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased *Farming* Age *65?* years months days  
 Cause of Death *Was found dead in his* Number of Burial Certificate *# 21*  
*thick. Had been dead 3 or 4 days.*  
*County Judge.*  
 Certifying Physician *Judge Martin* Plate engraved  
 Clergyman Lot or grave No. Section  
 Interment at *Greenwood* Cemetery  
 City *Ocala*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Grey Cope Oct 30<sup>th</sup></i>	<i>85.00</i>	<i>Jan. 30</i>	<i>Ex by Check.</i>	<i>108.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Grey Car.</i>	<i>15.00</i>			
Death notices in Papers				
Outlay for lot <i>Single Grave</i>	<i>3.00</i>			
Opening Grave <i>Ed Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>108.00</i>			<i>108.00</i>

## REMARKS

*Was found dead in his house Jan 19<sup>th</sup> 1920.*  
*Had no relatives & no way of obtaining any*  
*information. He lived alone. Owned 5 acres of farm*  
*land.*



# FUNERAL REGISTER

NO. *E. Rockway,*

DATE *Jan 20<sup>th</sup> 1920*

Remains of *Colored man,*

Residence *Claraema, Fla.,*

Father's Name *Went Snow,*

Residence *Went Snow,*

Mother's Name *Went Snow,*

How Secured *E. Rockway,*

Charged to *E. Rockway,*

Shipped to *Officiant sent to Apopka,*

Date of Funeral

Date of Death *Jan Jan 20<sup>th</sup>*

Place of Death

Single or Married

Occupation of Deceased

Age                      years                      months                      days

Cause of Death

Number of Burial Certificate

Certifying Physician

Plate engraved

Clergyman

Lot or grave No.




Section

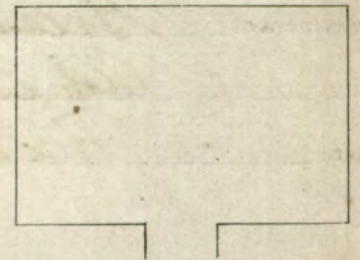
Interment at *Apopka,* Cemetery

City

State

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/2 Coffin</i>	<i>12.50</i>	<i>Mar 16</i>	<i>Pa. by P. G. Under.</i>	<i>12.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages                      at \$				
Flowers				
Hearse				
Death notices in                      Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>12.50</i>			<i>12.50</i>




REMARKS *Telephone order and shipped on Seaboard train to Apopka*

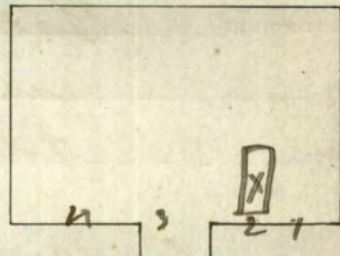


## FUNERAL REGISTER

NO. *Mr Henry Green. 217 E. Amelia Ave* DATE *Jan 22<sup>nd</sup> 1920*  
 Remains of *Mr Henry Green.* Residence *217 E. Amelia Ave. Orlando.*  
 Father's Name *Mr Wm Green.* Residence *England.*  
 Mother's Name *Mary Jones (Green)* How Secured *Estate.*  
 Charged to *Mr Henry Green (Wife)* Shipped to *Buried in Orlando.*  
 Date of Funeral *Jan 23<sup>rd</sup> 3 P.M. 1920* Date of Death *Jan 22<sup>nd</sup> 1920 8:30<sup>am</sup>.*  
 Place of Death *Residence.* Single or Married *Married*  
 Occupation of Deceased *Contractor & Builder* Age *66* years *5* months *25* days  
 Cause of Death *Asthma & Bronchitis* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved  
 Clergyman *Bishop Mann.* Lot or grave No. *63* Section *L.*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey B.C. Oct 07.</i>	<i>150.00</i>	<i>Feb 5</i>	<i>Cr by Check.</i>	<i>210.50</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>W. Sharning</i>	<i>30.00</i>			
Carriages <i>3 Autos</i> <sup><i>33<sup>rd</sup></i></sup> at \$	<i>10.50</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L.</i>				
Opening Grave <i>W. Closing Grave.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>210.50</i>			<i>210.50</i>

REMARKS



## FUNERAL REGISTER

NO. *Frank Salmon, 9 W. Church St.* DATE *1920 Jan 22nd*

Remains of *Mr J. S. Salmon.* Residence *9 W. Church St.*

Father's Name *Leont Know.* Residence *Idy.*

Mother's Name *Leont Know.* How Secured *Son.*

Charged to *Frank Salmon (Son)* Shipped to *Buried in Orlando.*

Date of Funeral *Jan 23rd 1920 10 A.M.* Date of Death *Jan 22nd 3:30 P.M.*

Place of Death *Debs. Hospital.* Single or Married *Widower.*

Occupation of Deceased *Carpenter.* Age *72* years months days

Cause of Death *Hypostatic Pneumonia.* Number of Burial Certificate

Certifying Physician *Dr. Beaudall.* Plate engraved




Clergyman *Rev. E. Lee Smith.* Lot or grave No. Section

Interment at *Greenwood Cemetery*

City *Orlando.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

*W. B. J. Lord.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>19 Varnished Coffin.</i>	35.00	Mar 22	By Cash.	10.00
Metallic Lining <i>No.</i>		June 5	By " "	15.00
Outside Box <i>Reg</i>		Oct 9	By " "	20.00
Burial Robe		Nov 5	By " "	10.00
Embalming and Attendance				
Carriages <i>C. Wagon</i> at \$				
Flowers				
Hearse <i>Grey Funeral Car.</i>	12.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave.</i>	3.00			
Opening Grave <i>Ed Closing grave.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	55.00			55.00

REMARKS






## FUNERAL REGISTER

NO. *1920* *1920*  
*Ms Francis Sweeney, 400 W. Church St* DATE *Death Jan 23rd*

Remains of *Mr Wm. J. Sweeney*, Residence *400 W. Church St.*  
 Father's Name *Mr E. P. Sweeney*, Residence *Georgia*  
 Mother's Name *Bergin H. Boswell Sweeney*, How Secured *Wife of Woodman* *Carpenter Union*  
 Charged to *Ms Francis Sweeney (Wife)* Shipped to *Buried in Paluch Cemetery, Orlando*  
 Date of Funeral *Jan 25th 1920 2:30 P.M.*, Date of Death *Jan 23rd 1920 8:30 P.M.*  
 Place of Death *Residence*, Single or Married *Married*  
 Occupation of Deceased *Carpenter & Contractor*, Age *59* years *11* months *21* days  
 Cause of Death *Cardiac Nephritis*, Number of Burial Certificate  
 Certifying Physician *Dr. Edwards*, Plate engraved  
 Clergyman *Dr. Tupper*, Lot or grave No. Section  
 Interment at *Paluch*, Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3 Guy B Co. Oct 31st</i>	165.00	Feb 2	Cr by check.	25.00
Metallic Lining <i>No</i>		" 21	Cr by check.	192.50
Outside Box <i>Req.</i>				
Burial Robe <i>—</i>				
Embalming and Attendance <i>Shaving</i>	30.00			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Ant Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>in Closing grave</i>	5.00			
Lining Grave <i>Pal. Box to Cemetery</i>	2.50			
Shipping charges, prepaid				
Total amount of bill	217.50			217.50

REMARKS



FUNERAL REGISTER

23

NO. *Geo Allen E. Central Ave.*

DATE *1920*  
*of death Jan 23rd*

Remains of *Willie Allen.*

Father's Name *Geo Allen.*

Mother's Name *Nettie Myers Allen.*

Charged to *Geo Allen (Father)*

Date of Funeral *Jan 24th 2:30 P.M.*

Place of Death *O. G. Hospital*

Occupation of Deceased *None.*

Cause of Death *Illia Colitis (Measles)*

Certifying Physician *Dr. Beaudalk.*

Clergyman *Rev Adcock.*

Interment at *Parrell* Cemetery

City *Orlando.*

State *Florida.*

Residence *E. Central Ave.*

Residence *E. Central Ave.*

How Secured *Herbert Smith Pharmacy, Orlando*

Shipped to *Buried at Orlando.*

Date of Death *Jan 23rd 8:30 P.M.*

Single or Married *Single*

Age *3* years  months  days

Number of Burial Certificate

Plate engraved

Lot or grave No.  Section

CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 W. Lamb Skin</i>	<i>35.00</i>	<i>Feb 29</i>	<i>Cr by Cash</i>	<i>7.00</i>
Metallic Lining <i>✓</i>		<i>Mar 15</i>	<i>Cr .. Cash.</i>	<i>10.00</i>
Outside Box <i>Req</i>		<i>1920</i> <i>July 24</i>	<i>Cr .. Cash.</i>	<i>2.50</i>
Burial Robe <i>White Suit</i>	<i>5.00</i>	<i>1921</i> <i>July 23</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Embalming and Attendance		<i>Aug 2</i>	<i>Cr .. Cash.</i>	<i>1.00</i>
Carriages <i>at \$</i>		<i>Aug 9</i>	<i>Cr .. Cash</i>	<i>1.50</i>
Flowers		<i>Oct 4</i>	<i>Cr .. Cash.</i>	<i>23.00</i>
Hearse <i>Gray Car.</i>	<i>10.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>50.00</i>			<i>50.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Mr John. E. Eckert, 707 W. Amelia Ave. of Leach Jan 24<sup>th</sup>* *Worcester, Mass.* DATE *1920*  
 Remains of *Mrs Anna Theresa Eckert.* Residence *707 W. Amelia, Ave.*  
 Father's Name *Mr F. M. Hoehn.* Residence *Germany.*  
 Mother's Name *Don't know.* How Secured *Husband.*  
 Charged to *Mr John. E. Eckert (Husband)* Shipped to *Boston, Mass.*  
 Date of Funeral *Jan. 1920* Date of Death *Jan 24<sup>th</sup> 1920 8:30<sup>PM</sup>*  
 Place of Death *Residence.* Single or Married *Married*  
 Occupation of Deceased *At home.* Age *67* years *3* months *22* days  
 Cause of Death *Portal P. Thrombosis.* Number of Burial Certificate  
 Certifying Physician *Lt. Person.* Plate engraved *Name & State.*  
 Clergyman *Destination.* Lot or grave No. Section  
 Interment at *Destination.* Cemetery  
 City *Boston.*  
 State *Mass.*

## CEMETERY CHART

Put in the diagram one mark  
 like this ■ for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Mahogany Casket</i>	<i>225.00</i>	<i>Feb 9</i>	<i>Ex by Check</i>	<i>260.00</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>W. Hemming</i>	<i>30.00</i>			
Carriages <i>Del. to Station</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>260.00</i>			<i>260.00</i>




REMARKS



## FUNERAL REGISTER

NO. *George Swain W. Central Ave.* DATE *1920 Jan 25<sup>th</sup>*  
 Remains of *Le Roy Swain.* Residence *W. Central Ave.*  
 Father's Name *George Swain.* Residence *W. Central Ave. Orlando.*  
 Mother's Name *Lena Eggeler Swain.* How Secured *Father.*  
 Charged to *George Swain.* Shipped to *Buried in Orlando.*  
 Date of Funeral *Jan 26<sup>th</sup>* 1920 Date of Death *Jan 25<sup>th</sup>* 1920  
 Place of Death *Residence.* Single or Married *Single.*  
 Occupation of Deceased *None.* Age *3* years *3* months *days*  
 Cause of Death *Malignant* Number of Burial Certificate *29*  
 Certifying Physician *Dr. M. E. Egan.* Plate engraved  
 Clergyman *Rev. Adcock.* Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 White Plush.</i>	<i>13.00</i>	<i>Jan 28</i>	<i>Ex by Check.</i>	<i>29.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Auto</i> at \$	<i>3.50</i>			
Flowers				
Hearse <i>Auto Towing Car.</i>	<i>3.50</i>			
Death notices in <i>Papers</i>				
Outlay for lot <i>Single Grave.</i>	<i>3.00</i>			
Opening Grave <i>Ed Closing Grave</i>	<i>4.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>29.00</i>			<i>29.00</i>

REMARKS



NO. *Fay Hinkle* DATE *1920 Jan 26<sup>th</sup>*  
 Remains of *Infant* Residence *Orlando*  
 Father's Name *Leon* Residence  
 Mother's Name How Secured  
 Charged to *Fay Hinkle* Shipped to *Buried in Orlando*  
 Date of Funeral *Jan 26<sup>th</sup> 1920* Date of Death *Jan 26<sup>th</sup>*  
 Place of Death *O. G. Hospital* Single or Married  
 Occupation of Deceased ☒ Age ☒ years ☒ months ☒ days  
 Cause of Death *Still Born* Number of Burial Certificate *32*  
 Certifying Physician *Dr. Childs* Plate engraved  
 Clergyman ☒ Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/6 H. Made.</i>	<i>12.00</i>	<i>Jan 30</i>	<i>Tr by Cash.</i>	<i>17.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Auto.</i> at \$	<i>2.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot <i>Single Grave.</i>	<i>3.00</i>			
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>17.00</i>			<i>17.00</i>




REMARKS



## FUNERAL REGISTER

NO. *Mrs E. Bacon* 907 E. Washington <sup>1920</sup> DATE *Jan 27<sup>th</sup>*  
 Remains of *Cora Lee Slauter.* Residence *907 E. Washington.*  
 Father's Name *Wm Slauter.* Residence *Tenn.*  
 Mother's Name *Elizabeth Buckets Slauter.* How Secured *Mrs E. Bacon* (*Mrs Slauter*)  
 Charged to *Mrs E. Bacon.* Shipped to *Knoxville, Tenn.*  
 Date of Funeral *Jan 28<sup>th</sup> 1920 10 A.M.* Date of Death *Jan 27<sup>th</sup> 1920 3 P.M.*  
 Place of Death *O. G. Hospital.* Single or Married *Single.*  
 Occupation of Deceased *Student Nurse.* Age *23* years *9* months *25* days  
 Cause of Death *Intestinal Paresis.* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved *Name & Date.*  
 Clergyman *Father Fox.* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Knoxville.*  
 State *Tennessee.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

*Mrs R. L. Slauter, 1020 May St Jacksonville, Fla.*

AMOUNT

DATE

PAYMENTS

AMOUNT

Coffin or Casket *1/2 White Plush Ecliptic* 1.75.00 *Apr 12 En by Check.* 249.68

Metallic Lining *No.*

Outside Box *Req*

Burial Robe *White B. Dress.* 33.50

Embalming and Attendance *Emb.* 30.00

Carriages *C. Wagon* at \$ 5.00 10.00

Flowers *✓*

Hearse *✓*

Death notices in *2.* Papers

Outlay for lot *✓*

Opening Grave *✓*

Lining Grave *✓*

Shipping charges, prepaid *✓*

*Telegram to Knoxville* 11.18

Total amount of bill

249.68

249.68

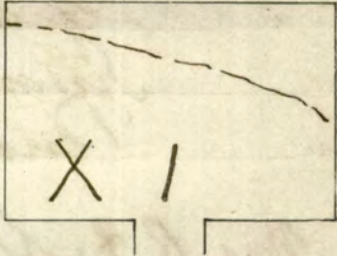
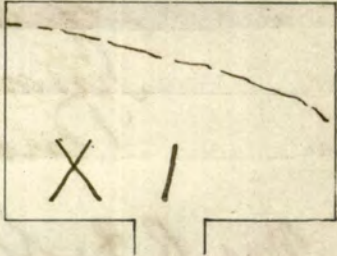
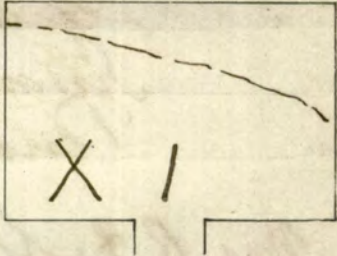
REMARKS



## FUNERAL REGISTER

NO. *Harry Paffas.* DATE *1920 Jan 28<sup>th</sup>*  
 Remains of *M Samuel Paffas.* Residence *Orlando.*  
 Father's Name *George Paffas.* Residence *Greece.*  
 Mother's Name *Lent Skors.* How Secured *Insurance.*  
 Charged to *Harry Paffas (Brother)* Shipped to *Buried in Orlando.*  
 Date of Funeral *Jan.* Date of Death *Jan 28<sup>th</sup> 1920 7 A.M.*  
 Place of Death *Fla. Sanitarium.* Single or ~~Married~~ *Single*  
 Occupation of Deceased *Retail & Wholesale Fruit dealer.* Age *28* years *7* months *7* days  
 Cause of Death *Influenza.* Number of Burial Certificate *34*  
 Certifying Physician *Lt. Pines.* Plate engraved  
 Clergyman *Rev W<sup>c</sup> Connell.* Lot or grave No. *2410* Section *H.*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray B. Co R.C. &amp; S.</i>	<i>190.00</i>	<i>Apr 6</i>	<i>Tr by Check.</i>	<i>270.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb. + Shipping</i>	<i>30.00</i>			
Carriages <i>4 Autos at \$3.50</i>	<i>14.00</i>			
Flowers <i>2 Wreaths</i>	<i>10.00</i>			
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>C. Wagon.</i>	<i>5.00</i>			
Opening Grave <i>&amp; closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Undershirt.</i>	<i>1.50</i>			
Total amount of bill	<i>270.50</i>			<i>270.50</i>

REMARKS



## FUNERAL REGISTER

A. R. # 2 1920

NO. *Mr Frank Lease, Ed. G. W. Cassman* DATE *Jan 29<sup>th</sup>*

Remains of *Mr Sam Lease.* Residence *N.E. of Town.*

Father's Name *Benjamin Lease.* Residence *W. Virginia.*

Mother's Name *Alphie Robinson Lease* How Secured *Brothers & Wife will pay*

Charged to *Mr Frank Lease (Brother)* Shipped to *Buried at Conway*

Date of Funeral *Jan 30<sup>th</sup> 1920* Date of Death *Jan 29<sup>th</sup>*

Place of Death *Residence.* Single or Married *Married*

Occupation of Deceased *Day Laborer.* Age *35* years months days

Cause of Death *Colitis Intestinal.* Number of Burial Certificate

Certifying Physician *Dr. Beardsall.* Plate engraved




Clergyman *Rev. A.* Lot or grave No. Section

Interment at *Conway* Cemetery

City *Conway.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>40 Coffin</i>	<i>25.00</i>	<i>1920 Jan 31</i>	<i>En by cash.</i>	<i>2.00</i>
Metallic Lining <i>✓</i>		<i>May 10</i>	<i>En .. Check</i>	<i>12.00</i>
Outside Box <i>Req</i>		<i>1920 Jan 8</i>	<i>En .. Cash</i>	<i>10.00</i>
Burial Robe <i>Black Robe.</i>	<i>5.00</i>			
Embalming and Attendance				
Carriages <i>Auto</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Grey Car.</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegrams.</i>	<i>1.02</i>			
Total amount of bill	<i>48.52</i>		<i>90</i>	<i>245.2</i> <i>48.52</i>

*Chautau*  
*Jan 1925*

## REMARKS

*Louis Lease, Frost Proof, Fla*  
*Wm Lease, " " "*  
*Ben Lease, Titusville, of Edwin Simmons.*



## FUNERAL REGISTER

1920

NO. *Jesse E. Spann. Winter Park, Fla.* DATE *Jan 29<sup>th</sup> 1920*

Remains of *Anna Bell Spann, C.* Residence *Winter Park.*

Father's Name *Charles Brookins* Residence *Winter Park.*

Mother's Name *Lena Phillips Brookins* How Secured *Anna Brookins*

Charged to *Jesse E. Spann (Husband)* Shipped to *Buried at Winter Park.*

Date of Funeral *Jan Mar 1<sup>st</sup> 1920* Date of Death *Jan 29<sup>th</sup> 1920*

Place of Death *A. G. Hospital.* Single or Married *Married.*

Occupation of Deceased *Cook.* Age *32* years months days

Cause of Death *Typhoid Fever.* Number of Burial Certificate *36*

Certifying Physician *L. G. Callahan.* Plate engraved




Clergyman *at Winter Park.* Lot or grave No. Section

Interment at *Winter Park Cemetery*

City *Winter Park.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. Plush Houp Side.</i>	160.00	Jan 30	<i>Cr</i> by Cash.	60.00
Metallic Lining		Mar 2	<i>Cr</i> by P.O. Order	25.00
Outside Box <i>Reg</i>		Mar 30	<i>Cr</i> by Cash.	25.00
Burial Robe <i>White Silk Dress</i>	45.00	Apr 17	<i>Cr</i> by Cash.	100.00
Embalming and Attendance <i>Emb.</i>	30.00	July 1	<i>Cr</i> by Cash.	10.00
Carriages <i>C. Wagon at \$</i>	5.00	Aug 13	<i>Cr</i> by Cash.	47.00
Flowers <i>2 Autos 7.00</i>	12.00			
Hearse <i>Grey Motor</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	267.00			267.00

REMARKS



# FUNERAL REGISTER

31

NO. *Estate Alfred Baxter* *Grand Rapids Mich* DATE *1920 Jan 30<sup>th</sup>*

Remains of *Mr Alfred Baxter.* Residence *Grand Rapids, Mich.*

Father's Name *Wm Baxter.* Residence *England.*

Mother's Name *Hunt Snow.* How Secured *Estate*

Charged to *Estate Alfred Baxter.* Shipped to *Grand Rapids, Mich.*

Date of Funeral *Feb. 1920* Date of Death *Jan 30<sup>th</sup> 10:30 a.m.*

Place of Death *Winter Park.* Single or Married *Married.*

Occupation of Deceased *Laundry.* Age *66* years months days

Cause of Death *Afoplexy.* Number of Burial Certificate

Certifying Physician *Dr. Hotard.* Plate engraved *Name & Date.*




Clergyman *Destination.* Lot or grave No. Section

Interment at *Destination. Cemetery*

City *Grand Rapids.*

State *Michigan.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Enamel R.C. State</i>	<i>650.00</i>	<i>Feb 1</i>	<i>Cr by Cash.</i>	<i>696.15</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>&amp; Shaving</i>	<i>35.00</i>			
Carriages <i>C. Wagon (2)</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid				
<i>Two tickets to Winter Park.</i>	<i>1.15</i>			
Total amount of bill	<i>696.15</i>			<i>696.15</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr George Mendenhall, Bartow, Fla.* DATE *1920 Feb 1<sup>st</sup>*  
 Remains of *Mrs Clara S. Mendenhall.* Residence *Bartow, Fla.*  
 Father's Name *Samuel Summerlin.* Residence *Florida.*  
 Mother's Name *Don't know.* How Secured *Husband.*  
 Charged to. *Hurbert Mendenhall* Shipped to *Bartow, Fla.*  
 Date of Funeral *Feb 2<sup>nd</sup> 1920* Date of Death *Feb 1<sup>st</sup> 1920 4:30<sup>PM</sup>*  
 Place of Death *A. G. Hospital.* Single or Married *Married.*  
 Occupation of Deceased *Teacher (Kindergarten)* Age *39* years *1* months *21* days  
 Cause of Death *Meningitis due to Suppurative <sup>allergic</sup> <sub>rhinitis</sub>* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved *Plain.*  
 Clergyman *at Bartow* Lot or grave No. Section  
 Interment at *Bartow* Cemetery  
 City *Bartow*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/3 Grey B. Cloth 6x12</i>	<i>150.00</i>	<i>Feb 1</i>	<i>Ex by Check.</i>	<i>200.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wagon (2)</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Amb Service.</i>	<i>10.00</i>			
Total amount of bill	<i>200.00</i>			<i>200.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate Mrs Harriet T. Kuntz Lewistown Pa.* DATE *1920 Feb 1st*  
 Remains of *Mrs Harriet T. Kuntz* Residence *Lewistown, Pa*  
*& George W. Thomas.*  
 Father's Name *Don't know* Residence *Don't know*  
 Mother's Name *Don't know* How Secured *N.E. Rott Belfont Pa.*  
 Charged to *Estate* Shipped to *Lewistown Pa.*  
 Date of Funeral *Feb 1920* Date of Death *Feb 1st 1920 4:30 a.m.*  
 Place of Death *O. G. Hospital* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *68* years ☒ months *5* days  
 Cause of Death *Pneumonia following operation* Number of Burial Certificate *39*  
 Certifying Physician *Dr. McE. Egan* Plate engraved *Name & State*  
 Clergyman *Destination* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Lewistown*  
 State *Pa.*

## CEMETERY CHART

Put in the diagram one mark like this ☐ for every grave in it. Mark this burial with cross, thus ☒. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Blk. B. Cloth Oct. 6. Tr. 33</i>	<i>5.00</i>	<i>Feb 10</i>	<i>American Express Co. by Check.</i>	<i>410.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Grey Silk Robe</i>	<i>20.00</i>			
Embalming and Attendance <i>Emb. killing, dressing</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2) at \$</i>	<i>10.00</i>			
Flowers <input checked="" type="checkbox"/>				
Hearse <input checked="" type="checkbox"/>				
Death notices in <i>2</i> Papers				
Outlay for lot <input checked="" type="checkbox"/>				
Opening Grave <input checked="" type="checkbox"/>				
Lining Grave <input checked="" type="checkbox"/>				
Shipping charges, prepaid <input checked="" type="checkbox"/>				
<i>Underwear &amp; Hose.</i>	<i>5.00</i>			
Total amount of bill	<i>410.00</i>			<i>410.00</i>


REMARKS *Died at O. G. Hospital. Had no relative here and could obtain no information*



## FUNERAL REGISTER

NO. *Atlantic Co.* *1920*  
*Mr Alfred Wichtendahl 508 E. Anderson St.* <sup>DATE</sup> *Feb 7<sup>th</sup>*  
 Remains of *Lucile Elliott Wichtendahl*. Residence *508 E. Anderson St.*  
 Father's Name *J. E. Moseley*. Residence *Gotha, Fla.*  
 Mother's Name *Mrs Miss Moseley*. How Secured *Husband*  
 Charged to *Mr Alfred Wichtendahl (Husband)* Shipped to *Buried in Orlando*  
 Date of Funeral *Feb 10<sup>th</sup> 1920 11 A.M.* Date of Death *Feb 7<sup>th</sup> 2 P.M. 1920*  
 Place of Death *Residence*. Single or Married *Married*.  
 Occupation of Deceased *At Home*. Age *36* years *8* months *28* days  
 Cause of Death *Pneumonia Bronchial*. Number of Burial Certificate *# 40*  
 Certifying Physician *Lt. Edwards*. Plate engraved  
 Clergyman Lot or grave No. *113* Section *R*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/8 W. Plush Vel. W. Top</i>	<i>175.00</i>	<i>Apr 7</i>	<i>Cr by Check.</i>	<i>129.00</i>
Metallic Lining <i>No</i>		<i>May 10</i>	<i>Cr " "</i>	<i>300.00</i>
Outside Box <i>Steel Vault</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>4 Autos at \$3.50</i>	<i>14.00</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers <i>Sec R</i>				
Outlay for lot <i>Burial Lot Lot 113</i>	<i>65.00</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>429.00</i>			<i>429.00</i>




REMARKS



## FUNERAL REGISTER

NO. Mr James H. Roberts. DATE 1920  
of death Feb 7<sup>th</sup>  
Remains of Mrs Paula Roberts. Residence Franklin, Ind  
Father's Name Daniel Horrell. Residence Indiana.  
Mother's Name Mrs Harrell Horrell. How Secured Husband.  
Charged to Mr Jas. H. Roberts. Shipped to Franklin, Ind.  
Date of Funeral Feb 1920 Date of Death Feb 7<sup>th</sup> 5:30 P.M. 1920  
Place of Death 400 W. Church St. Single or Married Married  
Occupation of Deceased At Home. Age 54 years 3 months  days  
Cause of Death Pneumonia (Influenza) Number of Burial Certificate 41  
Certifying Physician Dr. M. E. Egan. Plate engraved Mother.  
Clergyman Destination Lot or grave No.  Section   
Interment at Destination Cemetery  
City Franklin.  
State Indiana.

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>3 Lay B. Co S. H. Cap.</u>	<u>550.00</u>	<u>Feb 8</u>	<u>Cr by cash.</u>	<u>600.00</u>
Metallic Lining <u>Yes.</u>		<u>" 8</u>	<u>Cr " cash.</u>	<u>102.99</u>
Outside Box <u>Req.</u>		<u>" 16</u>	<u>Cr " Check.</u>	<u>45.75</u>
Burial Robe <u>White Silk Dress.</u>	<u>47.50.</u>			
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>✓</u> at \$				
Flowers <u>✓</u>				
Hearse <u>C. Wagon (2)</u>	<u>10.00</u>			
Death notices in <u>2.</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <u>Telegram.</u>	<u>3.25</u>			
Shipping charges, prepaid				
<u>R.R. Tickets Franklin, Ind.</u>	<u>102.99</u>			
Total amount of bill	<u>748.74</u>			<u>748.74</u>

REMARKS



## FUNERAL REGISTER

NO. *Estate Wm Chse, Apopka, Fla.* DATE *1920* *Death Feb 7th*  
 Remains of *William Chse.* Residence *Apopka, Fla.*  
 Father's Name *Andrew Chse.* Residence *Germany*  
 Mother's Name *Lent Snow.* How Secured *Estate.*  
 Charged to *Mr Harry Chse.* Shipped to *Buried Apopka, Fla.*  
 Date of Funeral *Feb 8th 1920 3:30 P.M.* Date of Death *Feb 7th 1920 7 P.M.*  
 Place of Death *Residence.* Single or Married *Widower*  
 Occupation of Deceased *Fruit Grower & Farming* Age *62* years *10* months *17* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Carroll.* Plate engraved *At Rest.*  
 Clergyman *At Apopka.* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Apopka.* Cemetery \_\_\_\_\_  
 City *Apopka.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>9/3 Blk. B.C. Co. Oct 3 P.M.</i>	<i>150.00</i>	<i>Feb 24</i>	<i>Cr by check</i>	<i>150.00</i>
Metallic Lining <i>No.</i>		<i>Apr 12</i>	<i>Cr .. check</i>	<i>60.00</i>
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Funeral Auto.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>El Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>210.00</i>			<i>210.00</i>

## REMARKS

*Harry Chse his son has a Blacksmith shop on Boone St.*



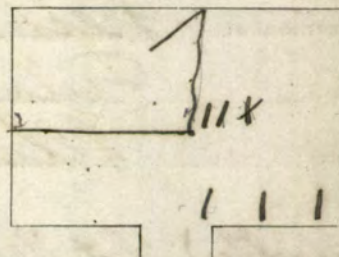
# FUNERAL REGISTER

37

NO. *William S. Jones (W. Church St.)* DATE *1920* *Feb 10<sup>th</sup>*  
 Remains of *Mary M. Jones.* Residence *W. Church St, Orlando*  
 Father's Name *J. L. Hollins.* Residence *Orlando, Fla.*  
 Mother's Name *Karlina A. Stehlin.* How Secured "  
 Charged to *Wm S. Jones Husband,* Shipped to *Buried in Orlando*  
 Date of Funeral *Feb 9<sup>th</sup> 3:30 P.M. 1920* Date of Death *Feb 8<sup>th</sup> 1920 7:30 P.M.*  
 Place of Death *Residence.* Single or Married *Married.*  
 Occupation of Deceased *At Home.* Age *42* years *3* months  days  
 Cause of Death *Tuberculosis Pulmonalis.* Number of Burial Certificate *42*  
 Certifying Physician *Dr. Rooney.* Plate engraved *At Rest*  
 Clergyman *Rev Mrs W. R. McHuffie.* Lot or grave No. Section  
 Interment at *Greenwood.* Cemetery  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this **||** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 G. Grief Oct 30<sup>th</sup> Wm</i>	<i>125.00</i>	<i>June 25<sup>th</sup></i>	<i>By Cash.</i>	<i>160.00</i>
Metallic Lining <i>No.</i>		<i>.. 26<sup>th</sup> Lis.</i>		<i>5.50</i>
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>10.00</i>			
Carriages <i>3 Autos at \$ 3.50</i>	<i>10.50</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2 Papers</i>				
Outlay for lot				
Opening Grave <i>Ed Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>165.50</i>			<i>165.50</i>

REMARKS.



## FUNERAL REGISTER

NO *Estate* *Nathan Elliott Roberts* 201 W. Concord Ave. DATE *Feb 10<sup>th</sup> 1920*

Remains of *Nathan Elliott Roberts* Residence *201 W. Concord Ave*

Father's Name *Nathan E. Roberts.* Residence *Don't know*

Mother's Name *Mary Bovee Roberts* How Secured *Estate*

Charged to *Estate of Nathan E. Roberts* Shipped to *Fairfield, Ill.*

Date of Funeral *Feb 1920* Date of Death *Feb*

Place of Death *Residence* Single or Married *Widower*

Occupation of Deceased *Druggist (Retired)* Age *70* years *9* months *14* days

Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_

Certifying Physician *Lt. M. E. Ewan.* Plate engraved \_\_\_\_\_



Clergyman *At Destination.* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

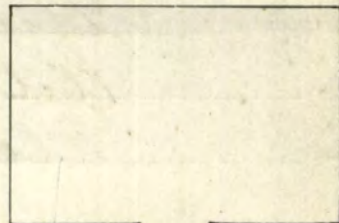
Interment at *Destination* Cemetery \_\_\_\_\_

City *Fairfield.*

State *Illinois.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.



*Daughter) Lot Rea Briewalter, Grayville, Ill.*

AMOUNT

DATE

PAYMENTS

AMOUNT

Coffin or Casket *1/2 Blk B. Clo Net 38.75* 140.00 Feb 11 *En by Check* 253.07

Metallic Lining *No*

Outside Box *Req*

Burial Robe *No*

Embalming and Attendance *Emb.* 35.00

Carriages *C. Wagon 2 at \$ 5.00* 10.00

Flowers *✓*

Hearse *✓*

Death notices in *2* Papers

Outlay for lot

Opening Grave

Lining Grave

Shipping charges, prepaid

*Telegrams.* 6.02  
*Express to Fairfield* 64.05

Total amount of bill

255.07

255.07

REMARKS



## FUNERAL REGISTER

NO. Harold Wilson Jacksonville, Fla DATE 1920  
of death Feb 10th  
Remains of Infant of Harold Wilson Residence Jacksonville, Fla  
Father's Name Harold Wilson Residence Jacksonville, Fla.  
Mother's Name ✓ How Secured Father  
Charged to Harold Wilson Shipped to Orlando from Jacksonville  
Date of Funeral Feb. 11<sup>th</sup> 5 P.M. 1920 Date of Death Feb 10<sup>th</sup> 1920  
Place of Death Residence Single or Married ✓  
Occupation of Deceased ✓ Age ✓ years ✓ months ✓ days  
Cause of Death Still Born Number of Burial Certificate  
Certifying Physician At Jacksonville Plate engraved  
Clergyman Dean Pittblado Lot or grave No. Section  
Interment at Greenwood Cemetery  
City Orlando  
State Florida

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		Feb 11	Ex by Cash.	7.50
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <u>Auto and Service</u>	4.50			
Death notices in Papers				
Outlay for lot				
Opening Grave <u>and closing Grave</u>	3.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	7.50			7.50

## REMARKS

Shipped here Feb 11<sup>th</sup> 1920 on train 89 by Moulton & Kyle. Buried on Effes Lot as above



## FUNERAL REGISTER

NO. *R. Gardner (Col)* 808 Reel St <sup>1920</sup> DATE *of death Feb 11<sup>th</sup>*

Remains of *Wm Lancaster, Laidner* Residence *808 Reel St*

Father's Name *R. Gardner* Residence *808 Reel St.*

Mother's Name *Ernie Lancaster (Gardner)* How Secured *Father*

Charged to *R. Gardner (Father)* Shipped to *Buried in Orlando.*

Date of Funeral *Buried Feb 12<sup>th</sup> 1920* Date of Death *Feb 11<sup>th</sup> 1920 8 P.M.*

Place of Death *Residence* Single or Married ☒

Occupation of Deceased *None* Age ☒ years ☒ months ☒ days

Cause of Death *La Grippe (Still Born)* Number of Burial Certificate

Certifying Physician *Dr. Callahan* Plate engraved


Clergyman *None* Lot or grave No. Section

Interment at *Greenwood Cemetery*

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/6 N. Made</i>	6.00	Feb 12	<i>Pay by check.</i>	6.00
Metallic Lining		" 16	<i>Gr " Cash.</i>	3.00
Outside Box		Apr 13	<i>Gr " Cash.</i>	1.00
Burial Robe		July 12	<i>Gr " Cash.</i>	3.00
Embalming and Attendance				
Carriages <i>Auto</i> at \$	2.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot <i>Single Grave.</i>	3.00			
Opening Grave <i>Gr Closing Grave</i>	2.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	13.00			13.00

REMARKS



## FUNERAL REGISTER

NO. *Estate James Taylor Lickson* *Evansville, Ills.* DATE *Feb 12<sup>th</sup> 1920*

Remains of *James Taylor Lickson.* Residence *Evansville, Ills.*

Father's Name *John Lickson.* Residence *Mont Know.*

Mother's Name *Mont Know.* How Secured *Estate*

Charged to *Mae Spomer Lickson (Wife).* Shipped to *Chicago, Ills*

Date of Funeral *Feb 13<sup>th</sup> 4 P.M. 1920* Date of Death *Feb 12<sup>th</sup> 6 A.M. 1920*

Place of Death *Winter Park,* Single or Married *Married*

Occupation of Deceased *Retired.* Age *71* years ☒ months *21* days

Cause of Death *Rupture of Artery of Lungs.* Number of Burial Certificate

Certifying Physician *Dr. Geo Porter.* Plate engraved *Name Ed Hale.*




Clergyman *Rev Vincent (Winter Park)* Lot or grave No. Section

Interment at *Rose Hill* Cemetery

City *Chicago.*

State *Illinois.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo. R. Cor. State</i>	<i>200.00</i>	<i>Mar 8</i>	<i>Pr by check.</i>	<i>405.14</i>
Metallic Lining			<i>Pr .. 5% dis</i>	<i>17.00</i>
Outside Box <i>Oak Shipping Case.</i>	<i>90.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb &amp; Shaving</i>	<i>35.00</i>			
Carriages <i>1st of Casket.</i> at \$				
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>82 from Chi</i>	<i>.82</i>			
Telegrams <i>2.82</i>	<i>3.64</i>			
Express to Chicago <i>Ills on Friday</i>	<i>77.68</i>			
	<i>73.94</i>			
	<i>W.S. 374</i>			
Total amount of bill	<i>422.14</i>			<i>422.14</i>

## REMARKS

*on May 24 Name plate was returned by Mae Spomer of Chi stating error in date of birth should be 1859- instead of 1849*



## FUNERAL REGISTER

NO. *Estate T.N. Logsdon.* DATE *Hearth Feb 15<sup>th</sup> 1920*

Remains of *T.N. Logsdon.* Residence *3 mi S. E. of City.*

Father's Name *Benjamin Logsdon.* Residence *Kentucky*

Mother's Name *Agnes Riams Logsdon.* How Secured *Estate*

Charged to *Estate T.N. Logsdon.* Shipped to *Livermore, Ky.*

Date of Funeral *Feb 1920* Date of Death *Feb 15<sup>th</sup> 4:30 P.M.*

Place of Death *Residence.* Single or Married *Widower.*

Occupation of Deceased *Shoemaker, (Retired)* Age *58* years *11* months *21* days

Cause of Death *Mital Insufficiency & failure of compensation.* Number of Burial Certificate

Certifying Physician *Dr. Ford.* Plate engraved


Clergyman *Destination.* Lot or grave No. Section

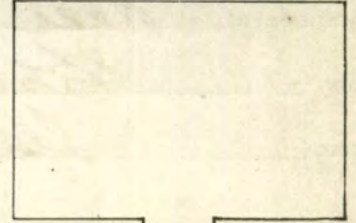
Interment at *Destination.* Cemetery

City *Livermore.*

State *Ky.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.



*Wine to Bank of Cathman, Haley & Co. Cashier, Cathman, Ky.*

<i>Wine \$882.00 to U.B.T. City</i>	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 G.B. Co S.H. Cat</i>	<i>325.00</i>	<i>Feb 18</i>	<i>Cr by W. Union Ship</i>	<i>440.99</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Shipping Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> <i>(at \$ 5.00)</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R.R. Tickets &amp; Pullman.</i>	<i>68.91</i>			
<i>Telegram</i>	<i>2.08</i>			
Total amount of bill	<i>440.99</i>			<i>440.99</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate H.V. Logsdon,* DATE *of death Feb 15<sup>th</sup> 1920*

Remains of *H. V. Logsdon,* Residence *3 Mi. S.E. of City,*

Father's Name *Benjamin Logsdon,* Residence *Kentucky.*

Mother's Name *Agness Reams Logsdon,* How Secured *Estate*

Charged to *Estate* Shipped to *Livermore, Ky.*

Date of Funeral *Feb 1920* Date of Death *Feb 15<sup>th</sup> 1920 6:50*

Place of Death *Residence,* Single or Married *Married.*

Occupation of Deceased *Merchant (Retired),* Age *62* years months days

Cause of Death *Roman Poisoning,* Number of Burial Certificate

Certifying Physician *Dr. J. A. Ford,* Plate engraved




Clergyman *Destinarian* Lot or grave No. Section

Interment at *Destinarian Cemetery*

City *Livermore,*

State *Kentucky.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 G.B. Co S.H. Cap</i>	<i>325.00</i>	<i>Feb 18</i>	<i>Tr by W. Union Exp</i>	<i>441.51</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Yes</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Emb &amp; Shaving</i>	<i>35.00</i>			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R. R. Tickets &amp; Pullman.</i>	<i>68.92</i>			
<i>Telegrams</i>	<i>2.09</i>			
Total amount of bill.	<i>441.01</i>			<i>441.01</i>




REMARKS

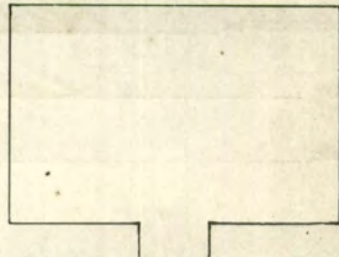


## FUNERAL REGISTER

NO. *W. W. Mellor, Reynolds, Neb.* DATE *Feb 12<sup>th</sup> 1920*  
 Remains of *Mrs Gertrude E. Mellor.* Residence *Reynolds, Neb.*  
 Father's Name *Walter Parker.* Residence *Pennsylvania*  
 Mother's Name *Mrs Panty Parker.* How Secured *Estate*  
 Charged to *W. W. Mellor. (Husband)* Shipped to *Reynolds, Neb.*  
 Date of Funeral *Feb - 1920* Date of Death *Feb 12<sup>th</sup> 1920 10 P.M.*  
 Place of Death *O. G. Hospital.* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *57* years months days  
 Cause of Death *Pneumonia (Influenza).* Number of Burial Certificate  
 Certifying Physician *Sylvan McElroy.* Plate engraved *At Rest.*  
 Clergyman *Destination.* Lot or grave No. Section  
 Interment at *Destination.* Cemetery  
 City *Reynolds.*  
 State *Nebraska.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/8 Bk B. Clo S. H. Cap</i>	<i>175.00</i>	<i>Feb 14</i>	<i>Gr by Cash.</i>	<i>325.04</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Req.</i>			
Burial Robe	<i>No</i>			
Embalming and Attendance	<i>Emb. 25.00</i>			
Carriages <i>C. Wagon (2)</i>	<i>at \$ 5.00</i>			
Flowers	<i>10.00</i>			
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegrams.</i>	<i>4.38</i>			
<i>A. B. Tichels to Reynolds</i>	<i>102.10</i>			
<i>Pullman fare to N. City.</i>	<i>7.56</i>			
<i>Telephone.</i>	<i>1.00</i>			
Total amount of bill	<i>325.04</i>			<i>325.04</i>

REMARKS






## FUNERAL REGISTER

NO. *Wm Lancaster, 808 Reel St.* DATE *1920*  
*death Feb 15<sup>th</sup>*

Remains of *Infant. (Col)* Residence *808 Reel St.*  
 Father's Name *R. Gardner.* Residence *Orlando Fla.*  
 Mother's Name *Corine Lancaster* How Secured *Wm Lancaster.*  
 Charged to *Wm Lancaster.* Shipped to *Buried in Orlando*  
 Date of Funeral *Feb 1920* Date of Death *Feb 15<sup>th</sup> 1920*  
 Place of Death *Residence.* Single or Married ☒  
 Occupation of Deceased ☒ Age ☒ years ☒ months *5* days  
 Cause of Death Number of Burial Certificate *54*  
 Certifying Physician *Dr. Callahan.* Plate engraved  
 Clergyman ☒ Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/0 H. Made.</i>	6.00	July 12	<i>Er</i> by Cash.	2.00
Metallic Lining <input checked="" type="checkbox"/>		Sept 19	<i>Er</i> by Cash.	.50
Outside Box <input checked="" type="checkbox"/>		Oct 3	<i>Er</i> by Cash.	.50
Burial Robe <input checked="" type="checkbox"/>		Nov 28	<i>Er</i> by Cash.	.50
Embalming and Attendance <input checked="" type="checkbox"/>		<i>1922</i> Jan 30	<i>Er</i> by Cash.	.50
Carriages <i>Auto</i> at \$	2.00	May 1	<i>Er</i> by Cash.	.50
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot <i>Single Grave.</i>	3.00			
Opening Grave <i>Ed Closing Grave</i>	2.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	13.00			13.00

*Chauty*




REMARKS



## FUNERAL REGISTER

NO. *Mr. Flory Gregory, Winter Park, Fla.* DATE *Feb 16<sup>th</sup> 1920*  
 Remains of *Mrs. Mary Gregory.* Residence *Winter Park,*  
 Father's Name *Robert Brazell.* Residence *Florida*  
 Mother's Name *H. Monroe Brazell.* How Secured *Husband*  
 Charged to *Mr. Flory Gregory (Husband)* Shipped to *Buried in Winter Park.*  
 Date of Funeral *Feb - 1920* Date of Death *Feb 16<sup>th</sup> 1920 6 P.M.*  
 Place of Death *Residence.* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *29* years months days  
 Cause of Death *Influenza Pneumonia.* Number of Burial Certificate  
 Certifying Physician *Dr. Hotard.* Plate engraved  
 Clergyman *Winter Park.* Lot or grave No. Section  
 Interment at *Winter Park Cemetery*  
 City *Winter Park*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>J.W.L.S. Oct 3 P. Trk.</i>	125.00	<i>1921 May 6</i>	<i>En. by Check.</i>	50.00
Metallic Lining <i>No</i>		<i>Oct 13</i>	<i>En. " "</i>	75.00
Outside Box <i>Req</i>		<i>1925 Mar 6</i>	<i>En. " "</i>	58.25
Burial Robe <i>White Dress.</i>	10.00			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers			<i>Feb 28-1925</i>	
Hearse <i>Auto Funeral Car.</i>	15.00		<i>mailed statement</i>	
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Underwear.	2.75			
Home.	.50			
Total amount of bill	183.25			183.25

*Bal on acct 158.25*  
*cash 200*  
*Janst 425*  
*paid 82.50*




REMARKS



## FUNERAL REGISTER

NO. *Mrs J. W. Simmons. 101 E. Robinson Ave* DATE *Feb 17<sup>th</sup> 1920*  
 Remains of *Prof. John W. Simmons.* Residence *101 E. Robinson Ave City*  
 Father's Name *Mr John Simmons.* Residence *Indiana.*  
 Mother's Name *Leut. Knorr.* How Secured *Estate.*  
 Charged to *Mrs J. W. Simmons (Wife)* Shipped to *Buried in Orlando.*  
 Date of Funeral *Feb 20<sup>th</sup> 4. P. M., 1920* Date of Death *Feb 17<sup>th</sup> 1920 11:30 P. M.*  
 Place of Death *Residence.* Single or Married *Married.*  
 Occupation of Deceased *Prof. of City Public Schools.* Age *41* years *4* months *26* days  
 Cause of Death *Valvular Heart Disease* Number of Burial Certificate *55-*  
 Certifying Physician *Dr. Christ.* Plate engraved *Mason Emblem.*  
 Clergyman *Rev Cooper. (Methodist)* Lot or grave No. *97* Section *L1*  
 Interment at *Greenwood* Cemetery  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

X

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey B. Clo R. C. State</i>	225.00	<i>Mar 31 1921</i>	<i>Pa by check.</i>	500.00
Metallic Lining		<i>Jan 18 1921</i>	<i>Pa by check.</i>	24.51
Outside Box <i>Galini Vault B. End.</i>	155.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	30.00			
Carriages <i>4 Autos</i> at \$	14.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L. Lot 97</i>	65.00			
Opening Grave <i>Exclosing Grave</i>	5.00			
Lining Grave <i>Curbing Grave.</i>	4.00			
Shipping charges, prepaid				
Telegrams.	5.26			
<i>One Suit Underwear.</i>	5.00			
<i>Silk Socks.</i>	1.25			
Total amount of bill	524.51			524.51

REMARKS



## FUNERAL REGISTER

NO. *M. L. B. Jordan, 721 Center St* DATE *Death Feb 20<sup>th</sup> 1920*

Remains of *Earnest Jordan* Residence *721 Center St, Orlando,*

Father's Name *L. B. Jordan* Residence *721 Center St*

Mother's Name *Mae Cook Jordan* How Secured *Father*

Charged to *L. B. Jordan (Father)* Shipped to *Buried in Orlando,*

Date of Funeral *Feb 20<sup>th</sup> 1920* Date of Death *Feb 20<sup>th</sup> 2 A.M. 1920*

Place of Death *Residence* Single or Married *Single*

Occupation of Deceased *✓* Age *2* years months days

Cause of Death *Acute Indigestion* Number of Burial Certificate

Certifying Physician *Dr Callahan* Plate engraved



Clergyman Lot or grave No. Section

Interment at *Patrick* Cemetery

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/8 White Plush (let Dr.)</i>	<i>25.00</i>	<i>Feb 24</i>	<i>Dr. by Cash.</i>	<i>10.00</i>
Metallic Lining		<i>Mar 1</i>	<i>Dr. " Cash.</i>	<i>10.00</i>
Outside Box <i>Req</i>		<i>Mar 9</i>	<i>Dr. " Cash.</i>	<i>5.00</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>✓</i> at \$				
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Thos. J. Rice* *Groveland, Fla.* DATE *1920* *death Feb 22<sup>nd</sup>*

Remains of *Mrs. Maud Rice.* Residence *Groveland, Fla.*

Father's Name *Mr. W. E. B. Edge.* Residence *Groveland, Fla.*

Mother's Name *Mary Culbreth (Edge)* How Secured *Mr. Elliott E. Edge*

Charged to *Thos. J. Rice (Husband)* Shipped to *Groveland, Fla.*

Date of Funeral *Feb 23<sup>rd</sup> 1920* Date of Death *Feb 22<sup>nd</sup> 1920*

Place of Death *C. G. Hospital* Single or Married *Married.*

Occupation of Deceased *At Home.* Age *34* years months days

Cause of Death *Tubercular Peritonitis* Number of Burial Certificate *58*

Certifying Physician *Dr. M. E. Ewan.* Plate engraved *Name & Date*




Clergyman *Destinarian* Lot or grave No. Section

Interment at *Destinarian* Cemetery

City *Groveland*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo. R. Co. State</i>	<i>200.00</i>	<i>Mar 11</i>	<i>En. by Check,</i>	<i>300.00</i>
Metallic Lining <i>✓</i>			<i>En. ...</i>	<i>5.75</i>
Outside Box <i>Reg.</i>				
Burial Robe <i>White Silk Dress.</i>	<i>40.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon. at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>25.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Underwear.</i>	<i>4.75</i>			
<i>Hosi.</i>	<i>1.00</i>			
Total amount of bill	<i>305.75</i>			<i>305.75</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr. Cady Staley, Amsterdam, N.Y.* R.F.L. #2 DATE *1920*  
 Remains of *Mrs. Kate Staley.* Residence *Amsterdam N.Y.*  
 Father's Name *Not known.* Residence *Not known.*  
 Mother's Name *Not known.* How Secured *Husband.*  
 Charged to *Mr. Cady Staley (Husband)* Shipped to *Amsterdam New York*  
 Date of Funeral *Feb - 1920* Date of Death *Feb 22nd 9:30 a.m.*  
 Place of Death *Fla. Sanitarium.* Single or Married *Married*  
 Occupation of Deceased *At home.* Age *78* years ☒ months ☐ days  
 Cause of Death *Mitral Stenosis & Regurgitation.* Number of Burial Certificate  
 Certifying Physician *Dr. J. A. Pines.* Plate engraved *At Rest.*  
 Clergyman *Interment.* Lot or grave No. Section  
 Interment at *Interment Cemetery*  
 City *Amsterdam.*  
 State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>Gay Rife Oct 31 P. 125.00</i>	<i>Feb 21</i>	<i>By Cash.</i>	<i>87.30</i>
Metallic Lining	<i>No</i>	<i>Mar 10</i>	<i>By Check.</i>	<i>170.00</i>
Outside Box	<i>Req</i>			
Burial Robe	<i>Leaving</i>			
Embalming and Attendance	<i>Emb. 35.00</i>			
Carriages	<i>C. Wagon (2) at \$ 5.00</i>			<i>10.00</i>
Flowers	<input checked="" type="checkbox"/>			
Hearse	<input checked="" type="checkbox"/>			
Death notices in	<i>2</i> Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>2 R.R. Tickets to Amsterdam N.Y.</i>	<i>87.30</i>			
Total amount of bill	<i>257.30</i>			<i>257.30</i>

REMARKS



## FUNERAL REGISTER

1920

NO. *Ms Arthur Bonney, Brockton, Mass* DATE *of Death Feb 22<sup>nd</sup>*

Remains of *Ms Arthur Bonney.* Residence *Brockton, Mass.*

Father's Name *Elliott, L. Bonney.* Residence *Mass.*

Mother's Name *Anna White (Bonney,* How Secured *Estate.*

Charged to *Mrs Arthur Bonney (Wife* Shipped to *Brockton, Mass.*

Date of Funeral *Feb 1920* Date of Death *Feb 22<sup>nd</sup> 1920 7:30<sup>pm</sup>*

Place of Death *602 E. Central Ave* Single or Married *Married.*

Occupation of Deceased *Box Maker* Age *35* years *1* months *14* days

Cause of Death *Lt. M. Ewan.* Number of Burial Certificate

Certifying Physician *Chronic Nephritis.* Plate engraved *State & Name.*

Clergyman *At Destination.* Lot or grave No. Section

Interment at *Destination* Cemetery




City *Brockton.*

State *Mass.*

CEMETERY CHART

Put in the diagram one mark like this [ ] for every grave in it. Mark this burial with cross, thus

### CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	1/3 Chey B. Cloth R. Co State	345.00	Feb 23 Cr by Cash.	289.92
Metallic Lining	yes		May 12 Cr .. Check.	125.14
Outside Box	Req.			
Burial Robe	No			
Embalming and Attendance	Shaving & Preparing	35.00		
Carriages	C. Wagon at \$ 5.00	10.00		
Flowers	✓			
Hearse	✓			
Death notices in	2 Papers			
Outlay for lot	✓			
Opening Grave	✓			
Lining Grave	✓			
Shipping charges, prepaid				
State Room to Washington	22.68			
Telegrams	2.38			
Total amount of bill	415.06			415.06




REMARKS Mrs Bosmy 8½ Fourth <sup>st</sup>. Atholboro Mass



## FUNERAL REGISTER

NO. *John Reaves* 402 Gumb Ave. *1920*  
*Mrs Mollie Thompson (Mother)* DATE *of death Feb 23<sup>rd</sup>*  
 Remains of *Mrs Mable Ruth Reaves*. Residence *402 Gumb Ave*  
 Father's Name *Simon Thompson*. Residence *Florida*  
 Mother's Name *Mollie Sweet (Thompson)*. How Secured *Mother*  
 Charged to *Mrs Mollie Thompson (Mother)*. Shipped to *Buried in Olanids*.  
 Date of Funeral *Feb 24<sup>th</sup> 1920* Date of Death *Feb 23<sup>rd</sup> 1:30 A.M.*  
 Place of Death *402 Gumb Ave (Residence)* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *28* years *1* months *14* days  
 Cause of Death *Peritonitis* Number of Burial Certificate  
 Certifying Physician *Dr. Rooney* Plate engraved *Name & State*  
 Clergyman *Rev. Chisolm* Lot or grave No. Section  
 Interment at *Powell* Cemetery  
 City *Olanids*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/8 White L. Skin</i>	<i>125.00</i>	<i>Feb 28</i>	<i>Cr by Check.</i>	<i>27.00</i>
Metallic Lining <i>No</i>		<i>Mar 6</i>	<i>Cr " Cash.</i>	<i>15.00</i>
Outside Box <i>Req.</i>		<i>Mar 23</i>	<i>Cr " Cash.</i>	<i>20.00</i>
Burial Robe <i>✓</i>		<i>Apr 3</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>	<i>Apr 17</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Carriages <i>1 Car.</i> at \$	<i>4.00</i>	<i>May 8</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Flowers <i>✓</i>		<i>May 29</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>	<i>June 19</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Death notices in <i>2</i> Papers		<i>July 10</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Outlay for lot <i>✓</i>		<i>Nov 8</i>	<i>Cr " Cash.</i>	<i>20.00</i>
Opening Grave <i>Exp Closing grave</i>	<i>5.00</i>	<i>Nov 20</i>	<i>Cr " Check.</i>	<i>20.00</i>
Lining Grave <i>✓</i>		<i>Nov 30</i>	<i>Cr " Cash.</i>	<i>12.00</i>
Shipping charges, prepaid				
Total amount of bill	<i>174.00</i>			<i>174.00</i>

REMARKS



# FUNERAL REGISTER

53

NO. *Wm J. C. Key (Winter Garden, Fla)* DATE *Feb 24<sup>th</sup> 1920*

Remains of *Wm James C. Key* Residence *Winter Garden*

Father's Name *Elva Key* Residence *North Carolina*

Mother's Name *Lunt Snow* How Secured *Mr T. M. Marsh Winter Garden*

Charged to *Wm James C. Key (Wife)* Shipped to *Buried in Oakland*

Date of Funeral *Feb 25<sup>th</sup> 1920* Date of Death *Feb 24<sup>th</sup> 1:30 A.M.*

Place of Death *A. G. Hospital* Single or Married *Married*

Occupation of Deceased *Farming* Age *41* years *27* months  days

Cause of Death *Pneumonia Influenza* Number of Burial Certificate




Certifying Physician *Lt. Edwards* Plate engraved *At Rest*

Clergyman *At Winter Garden* Lot or grave No.  Section

Interment at *Oakland* Cemetery

City *Oakland*

State *Florida*

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Blk Cufe. Oct 3 P. Toh. 2:50.00</i>		<i>Mar 8</i>	<i>Ex by Check.</i>	<i>177.10</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Black B. Suit</i>	<i>15.00</i>			
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>3 @ .70</i>	<i>2.10</i>			
<i>Delivery of body</i>	<i>12.50</i>			
<i>Underwear &amp; Socks.</i>	<i>2.50</i>			
Total amount of bill	<i>177.10</i>			<i>177.10</i>

REMARKS



## FUNERAL REGISTER

NO *M. H. Crawford* DATE *1920*  
*of death Feb 24th*  
 Remains of *M. H. Crawford* Residence *Altamont, Fla.*  
 Father's Name *H. Crawford* Residence *Altamont, Fla.*  
 Mother's Name *Mary M. Daniel (Crawford)* How Secured *Father.*  
 Charged to *M. H. Crawford (Father)* Shipped to *Buried at Altamont*  
 Date of Funeral *Feb 25th 1920* Date of Death *Feb 24th 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased *Labor by day* Age *22* years *11* months *21* days  
 Cause of Death *Influenza* Number of Burial Certificate  
 Certifying Physician *Had no doctor.* Plate engraved *At Rest*  
 Clergyman *At Wood Bridge* Lot or grave No. Section  
 Interment at *Wood Bridge Cemetery*  
 City *Wood Bridge N. of Maitland*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/9 Coffin &amp; Box.</i>	<i>95.00</i>	<i>Feb 24</i>	<i>Gr. by Cash.</i>	<i>10.00</i>
Metallic Lining		<i>Mar 6</i>	<i>Gr. by Cash.</i>	<i>20.00</i>
Outside Box		<i>Mar 27</i>	<i>Gr. by Cash.</i>	<i>7.50</i>
Burial Robe		<i>Apr 30</i>	<i>Gr. by Cash.</i>	<i>7.50</i>
Embalming and Attendance		<i>June 26</i>	<i>Gr. by Cash.</i>	<i>5.00</i>
Carriages <i>Rel of Casket at \$</i>	<i>15.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>550.00</i>			<i>50.00</i>

## REMARKS

*Sh. Anderson will pay \$20.00.*  
*H. Crawford will pay 7<sup>50</sup> for month.*



## FUNERAL REGISTER

NO. *Mr Harry Chase.* DATE *of Death Feb 24<sup>th</sup> 1920*

Remains of *Mrs Augusta Chase* Residence *2 miles N. of Apopka*

Father's Name *Andrew Chase* Residence *Germany*

Mother's Name *Leont Strow* How Secured *Estate*

Charged to *Mr Harry Chase (Mother)* Shipped to *Buried at Apopka*

Date of Funeral *Feb 26<sup>th</sup> 10 A.M. 1920* Date of Death *Feb 24<sup>th</sup> 7:30 P.M.*

Place of Death *Residence* Single or Married *Single*

Occupation of Deceased *At Home* Age *78* years *—* months *—* days

Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_

Certifying Physician *Dr. Carroll* Plate engraved *At Rest*




Clergyman *At Apopka* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

Interment at *Apopka* Cemetery \_\_\_\_\_

City *Apopka*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>57 Blk. B. Co Oct 30<sup>th</sup> 150.00</i>	<i>Apr 12</i>	<i>En by Check</i>	<i>222.50</i>
Metallic Lining	<i>✓</i>			
Outside Box	<i>Reg</i>			
Burial Robe	<i>Black Robe.</i>	<i>12.50</i>		
Embalming and Attendance	<i>Emb</i>	<i>35.00</i>		
Carriages	<i>at \$</i>			
Flowers				
Hearse	<i>Auto Funeral Car.</i>	<i>20.00</i>		
Death notices in	<i>2</i> Papers			
Outlay for lot	<i>✓</i>			
Opening Grave	<i>End Closing Grave</i>	<i>5.00</i>		
Lining Grave	<i>✓</i>			
Shipping charges, prepaid	<i>✓</i>			
Total amount of bill	<i>222.50</i>			<i>222.50</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr Rolla Reed (Sanford, Fla.)* DATE *Feb 25<sup>th</sup> 1920*  
 Remains of *Mater Ray Reed,* Residence *Sanford, Fla.*  
 Father's Name *Rolla Reed* Residence *Sanford, Fla.*  
 Mother's Name *Ruby Wright (Reed)* How Secured *Father*  
 Charged to *Mr Rolla Reed (Father)* Shipped to *Buried at Orlando,*  
 Date of Funeral *Feb 26<sup>th</sup> 1920 2:30 P.M.* Date of Death *Feb 25<sup>th</sup> 1920*  
 Place of Death *Residence.* Single or Married *Single*  
 Occupation of Deceased *✓* Age *✓* years *18* months *✓* days  
 Cause of Death *Sh. & Marshall* Number of Burial Certificate  
 Certifying Physician *Influenza & Pneumonia* Plate engraved *At Rest*  
 Clergyman *Rev Adcock.* Lot or grave No. Section  
 Interment at *Patrick* Cemetery  
 City *Orlando*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W.L. Skin.</i>	30.00	Feb 26	Cr by Check.	20.00
Metallic Lining <i>✓</i>		Mar 9	Cr .. Check	20.00
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Cauto.</i> at \$	5.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Exp Closing grave</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	40.00			40.00

REMARKS



## FUNERAL REGISTER

NO. *Estate Wm E. Gale (Buffalo N.Y.)* DATE *Feb 29<sup>th</sup> 1920*

Remains of *William E. Gale.* Residence *Buffalo New York,*

Father's Name *Robert L. Gale.* Residence *England*

Mother's Name *Mary E. Ratcliff (Gale)* How Secured *Estate*

Charged to *Mrs W. E. (Anna) Gale (Wife)* Shipped to *Buffalo, N.Y.*

Date of Funeral *March 1920* Date of Death *Feb 29<sup>th</sup> 9:30 a.m.*

Place of Death *407 Palmer St Orlando* Single or Married *Married*

Occupation of Deceased *Grocer Merchant (Retired)* Age *67* years *11* months *29* days

Cause of Death *Cardiac Asthma* Number of Burial Certificate

Certifying Physician *Dr. W. C. Person.* Plate engraved



Clergyman *Destinacion* Lot or grave No. Section

Interment at *Destinacion* Cemetery

City *Buffalo,*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 B. Co State</i>	<i>175.00</i>	<i>Feb 29</i>	<i>Tr by Check</i>	<i>200.00</i>
Metallic Lining <i>No</i>			<i>Ex .. cash</i>	<i>20.00</i>
Outside Box <i>Key</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>Shaving</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>C. Wagon (2)</i>	<i>10.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>220.00</i>			<i>220.00</i>


REMARKS

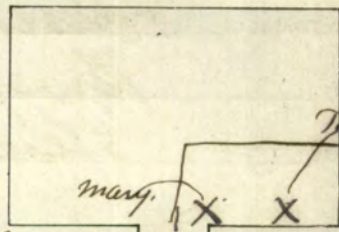


## FUNERAL REGISTER

NO. *Mary G. Brainard (Slaughter)* DATE *Feb 21<sup>st</sup> 1920*  
 Remains of *Mr Thomas H. Pugh* Residence *Spokane, Wash.*  
 Father's Name *Not known* Residence *Not known*  
 Mother's Name *Not known* How Secured *Mary G. Brainard*  
 Charged to *Mary G. Brainard* Shipped to *Oilands from Spokane Wash.*  
 Date of Funeral *Feb 1920* Date of Death *Feb 21<sup>st</sup> 1920*  
 Place of Death *Residence, Spokane Wash* Single or Married *Widower*  
 Occupation of Deceased \_\_\_\_\_ Age *78* years months days  
 Cause of Death *Pneumonia* Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *At Spokane, Wash* Plate engraved \_\_\_\_\_  
 Clergyman *at Spokane Washington* Lot or grave No. *S.W. 1/4 220* Section *14*  
 Interment at *Greenwood Cemetery*  
 City *Oilands*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.



*Mail bill to Hazel Jager Undertaking Co Spokane Wash.*

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket		<i>May 17</i>	<i>Cr by Check</i>	<i>68.52</i>
Metallic Lining				
Outside Box	<i>New Outside box</i>	<i>10.00</i>		
Burial Robe				
Embalming and Attendance				
Carriages	<i>C. Wagon</i> at \$	<i>5.00</i>		
Flowers	<i>C. Wagon 3/4</i>	<i>10.00</i>		
Hearse	<i>Personal Service</i>	<i>10.00</i>		
Death notices in	<i>2</i> Papers			
Outlay for lot	<i>Burial Lot</i>	<i>12.00</i>		
Opening Grave	<i>Excavating 2 graves</i>	<i>10.00</i>		
Lining Grave				
Shipping charges, prepaid				
<i>Terry Engraving letters on Monument</i>		<i>9.50</i>		
<i>Telegram to Spokane</i>		<i>2.02</i>		
Total amount of bill		<i>68.52</i>		<i>68.52</i>

## REMARKS

*Lied in Spokane, Wash. & was shipped to Oilands, Fla by express Feb 28<sup>th</sup> 1920.*  
*Mrs Pugh who died in May - 1911, was removed from single grave to said lot, as in drawing above.*



## FUNERAL REGISTER

1920

NO. *M. Albert Hodges, Conway, Fla.* DATE *Feb 29<sup>th</sup> 1920*

Remains of *Miss Viola Hodges* Residence *Conway, Fla.*

Father's Name *Albert Hodges* Residence *Conway, Fla.*

Mother's Name *Ida Wolmarch (Hodges)* How Secured *Father*

Charged to *Albert Hodges (Father)* Shipped to *Funeral at Conway*

Date of Funeral *March 1<sup>st</sup> 1920 4 P.M.* Date of Death *Feb 29<sup>th</sup> 1920*

Place of Death *A. G. Hospital* Single or Married *Single*

Occupation of Deceased *At Home* Age *15* years *9* months *26* days

Cause of Death *Gangrene, Following Influenza* Number of Burial Certificate *68*

Certifying Physician *Dr. Christ* Plate engraved *At Rest*




Clergyman *Rev. E. C. Christ (Seventh Day Adventist)* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

Interment at *Conway* Cemetery \_\_\_\_\_

City *Conway*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>By Hwy. Co. Feb 30<sup>th</sup></i>	90.00	Mar 2	Cr by Check.	143.75
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>White Dress.</i>	9.00			
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>Hel. Top to Cemetery</i>	5.00			
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Under wear &amp; Hore</i>	4.75			
Shipping charges, prepaid				
Total amount of bill	143.75			143.75



REMARKS



## FUNERAL REGISTER

NO. *Estate Albert H. Turner, Townsend Mass* DATE *1920 Mar 2nd*  
 Remains of *Mr Albert Davis Turner* Residence *Townsend Mass*  
 Father's Name *Albert Turner* Residence *Mass*  
 Mother's Name *Elizabeth Proctor Turner* How Secured *Estate*  
 Charged to *Mrs Susie M. Turner (Wife)* Shipped to *Townsend Mass*  
 Date of Funeral *March 3rd 1920* Date of Death *March 2nd 1920*  
 Place of Death *2 Miles South of Orlando (Cattle Road)* Single or Married *Married*  
 Occupation of Deceased *Farmer Retired* Age *76* years *2* months *26* days  
 Cause of Death *Paralysis of Artery* Number of Burial Certificate  
 Certifying Physician *Dr. Porter* Plate engraved  
 Clergyman *Rev Cooper* Lot or grave No. Section  
 Interment at *Destinatin* Cemetery  
 City *Townsend*  
 State *Mass*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 G. B. Co Oct 07.</i>	175.00	Apr 12	Cr by Check.	260.00
Metallic Lining				
Outside Box <i>Reg Lined</i>	35.00			
Burial Robe <i>Shawm</i>	5.00			
Embalming and Attendance <i>Emb</i>	30.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers <i>More today to Station</i>	5.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Preacher.</i>	5.00			
Total amount of bill	260.00			260.00




REMARKS



## FUNERAL REGISTER

NO. *Estate Fredric Bill, Groton Conn* DATE *March 2<sup>nd</sup> 1920*  
 Remains of *Mr Fredric Bill* Residence *Groton, Conn.*  
 Father's Name *Gordon Bill* Residence *Conn.*  
 Mother's Name *Lucia Avington (Bill)* How Secured *Estate*  
 Charged to *Mrs Fredric Bill (Wife)* Shipped to *New London, Conn.*  
 Date of Funeral *March 1920* Date of Death *March 2<sup>nd</sup> 1920*  
 Place of Death *Virginia Inn, Winter Park.* Single or Married *Married*  
 Occupation of Deceased *Merchant (Retired)* Age *86* years *5* months *21* days  
 Cause of Death *Arterial Sclerosis* Number of Burial Certificate  
 Certifying Physician *Dr. Hotard* Plate engraved  
 Clergyman *Destinations* Lot or grave No. Section  
 Interment at *Destinations* Cemetery  
 City *Groton*  
 State *Conn.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray B. Co. R. Co. State</i>	<i>575.00</i>	<i>Mar 3</i>	<i>Cr by Check.</i>	<i>910.09</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Oak Shipping Case</i>	<i>105.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon.</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Delivery of body to Station</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave	<i>1.95</i>			
Lining Grave <i>Funeral transferred in N.Y. City</i>				
Shipping charges, prepaid				
<i>R.R. Tickets to New London</i>	<i>97.67</i>			
<i>Conn. &amp; Pullman</i>				
<i>Telegrams.</i>	<i>8.73</i>			
<i>Express on body.</i>	<i>81.74</i>			
Total amount of bill	<i>910.09</i>			<i>910.09</i>




REMARKS

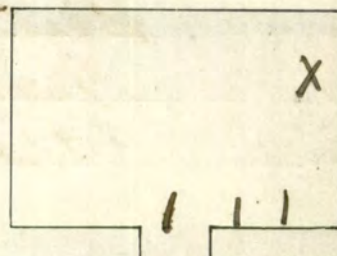


## FUNERAL REGISTER

NO. *Estate J. S. Bailey, Dublin, Ga.* DATE *Feb 28<sup>th</sup> 1920*  
 Remains of *Mr J. S. Bailey* Residence *Dublin, Ga.*  
 Father's Name *Leont Know* Residence *Leont Know*  
 Mother's Name *Leont Know* How Secured *Estate*  
 Charged to *Mr J. S. Bailey (Wife)* Shipped to *Orlando from Waycross*  
 Date of Funeral *March 2<sup>nd</sup> 1920 12 P.M.* Date of Death *Feb 28<sup>th</sup> 1920 8:10 A.M.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased \_\_\_\_\_ Age *71* years months days  
 Cause of Death *Pneumonia* Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Sidney Walker (Dublin, Ga.)* Plate engraved \_\_\_\_\_  
 Clergyman *Rev. Cooper Methodist* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey B. Co.</i>		<i>Mar 18</i>	<i>Cr by Check.</i>	<i>20.00</i>
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon</i> at \$ <i>5.00</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing grave.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>

REMARKS



## FUNERAL REGISTER

NO. *602 Paramore* *Bobie M. Collingh* *Orlando, Fla* DATE *of death March 1st 1920*

Remains of *Julia M. Clair (Col)* Residence *Narcossee, Fla.*

Father's Name *Leut Know* Residence *Leut Know*

Mother's Name *Leut Know* How Secured *Mother & Father-in-law*

Charged to *Bobie M. Collingh* *Mrs. Piers* Shipped to *Buried at Narcossee*

Date of Funeral *March 3rd 1920* Date of Death *March 1st 1920 6 PM*

Place of Death *Residence* Single or Married *Married*

Occupation of Deceased *At Home* Age *16* years months *12* days

Cause of Death *Purpura Septicemia* Number of Burial Certificate

Certifying Physician *Dr. Callahan* Plate engraved *At Rest*


Clergyman *at Narcossee* Lot or grave No. Section

Interment at *Restoration* Cemetery

City *Narcossee*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Grey Cope Oct 3 P. P. H.</i>	<i>115.00</i>	<i>Mar 2</i>	<i>Cr by Cash.</i>	<i>25.00</i>
Metallic Lining		<i>Mar 27</i>	<i>Cr by Cash.</i>	<i>15.00</i>
Outside Box <i>Reg</i>		<i>May 3</i>	<i>Cr " Check.</i>	<i>25.00</i>
Burial Robe <i>✓</i>		<i>May 31</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Embalming and Attendance <i>✓</i>		<i>June 9</i>	<i>Cr " Cash.</i>	<i>10.00</i>
Carriages <i>at \$</i>		<i>July 7</i>	<i>Cr " Check.</i>	<i>10.00</i>
Flowers		<i>Sept 14</i>	<i>Cr " Cash.</i>	<i>20.00</i>
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>115.00</i>			<i>115.00</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr Robert H. Stent (Clear Lake Islands)* DATE *March 4<sup>th</sup> 1920*  
 Remains of *Miss Roberta H. Stent*, Residence *Clear Lake Islands, Fla*  
 Father's Name *Robert H. Stent*, Residence *Clear Lake, Islands*  
 Mother's Name *Melinda Tucker Stent*, How Secured *Father*  
 Charged to *Robert H. Stent Father* Shipped to *Buried in Islands*  
 Date of Funeral *March 6<sup>th</sup> 1920 2 P.M.* Date of Death *March 4<sup>th</sup> 1920 2 P.M.*  
 Place of Death *U. G. Hospital* Single or Married *Single*  
 Occupation of Deceased *At Home* Age *6* years *7* months *23* days  
 Cause of Death *Gastric Intestinal* Number of Burial Certificate  
 Certifying Physician *Dr. Edwards* Plate engraved *Our Darling*  
 Clergyman *Rev M. E. Connell* Lot or grave No. *100* Section *L*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/10 W. Plush Velv. 135.00</i>	<i>135.00</i>	<i>Mar 6</i>	<i>By B. Lot.</i>	<i>65.00</i>
Metallic Lining <i>Yes.</i>		<i>Apr 10</i>	<i>By Check.</i>	<i>169.00</i>
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	<i>25.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Towing Car.</i>	<i>4.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L Lot 100.</i>	<i>65.00</i>			
Opening Grave <i>Exp Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>234.00</i>			<i>234.00</i>

REMARKS






## FUNERAL REGISTER

NO. *Mr. C. O. Roe & Co. Clearmont Fla.* DATE *of death*

Remains of *Miss Evelyn Townsere* Residence *Clearmont, Fla.*  
 Father's Name *Hunt Know* Residence *Hunt Know*  
 Mother's Name *Hunt Know* How Secured *Mr Roe*  
 Charged to *C. O. Roe & Co.* Shipped to *Buried 40 miles from Clearmont*  
 Date of Funeral *March 6<sup>th</sup> 1920* Date of Death *March 5<sup>th</sup> 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased *At Home* Age *24* years months days  
 Cause of Death Number of Burial Certificate  
 Certifying Physician *Dr. at Clearmont* Plate engraved *At Rest*  
 Clergyman *At Clearmont* Lot or grave No. Section  
 Interment at \_\_\_\_\_ Cemetery  
 City \_\_\_\_\_  
 State \_\_\_\_\_

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 White Plush</i>		<i>Mar 15</i>	<i>Cr. by check</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Embalming</i>	<i>30.00</i>			
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>30.00</i>			<i>30.00</i>

REMARKS

*Embalmed body for Mrs Roe.*






## FUNERAL REGISTER

NO. *1920*  
*Mrs. Nina W. Wright (Slaughter) Sidney Ohio*  
*C. E. Carlson, St. Cloud, Fla. DATE Mar 5<sup>th</sup>*

Remains of *Mr Henry V. Wilson*, Residence *Sidney, Ohio*,  
 Father's Name *H. J. Wilson*, Residence *St. Cloud, Fla.*  
 Mother's Name *Mr. Know*, How Secured *M. Carlson*,  
 Charged to *C. E. Carlson & Mrs. Nina W. Wright* Shipped to *Sidney, Ohio*,  
 Date of Funeral *March — 1920* Date of Death *March 5<sup>th</sup> 1:20 P.M.*  
 Place of Death *Fla. Sanitarium*, Single or Married *Widower*,  
 Occupation of Deceased *Retired*, Age *78* years *3* months *4* days  
 Cause of Death *Mitral Stenosis & Regurgitation* Number of Burial Certificate *79*  
 Certifying Physician *Dr. J. A. Pines*, Plate engraved *Name & Plate*  
 Clergyman *At Sidney*, Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Destination* Cemetery  
 City *Sidney*  
 State *Ohio*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Cloth S. H. Cab</i>	<i>235.50</i>	<i>Mar 10</i>	<i>En by check.</i>	<i>299.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg</i>	<i>10.00</i>			
Burial Robe <i>Grey B. Suit</i>	<i>12.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Engraving Name Plate</i>	<i>3.50</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Underwear</i>	<i>2.50</i>			
Shipping charges, prepaid <i>Socks</i>	<i>50</i>			
Total amount of bill	<i>299.00</i>			<i>299.00</i>

REMARKS



## FUNERAL REGISTER

1920

NO. *Mrs Sarah Jeffery 2172 Navy Ave Detroit Mich* DATE *March 5<sup>th</sup>*

Remains of *Miss Edna Clare Rankin* Residence *Detroit Mich*

Father's Name *Wm T. Rankin* Residence *Canada*

Mother's Name *Sarah Stevens, Jeffery* How Secured *Insurance & Property*

Charged to *Mrs Sarah Jeffery (Mother)* Shipped to *Chatham, Ontario Canada*

Date of Funeral *March 1920* Date of Death *March 5<sup>th</sup> 1920 5:30 PM*

Place of Death *511 S. Hughes St. (Mrs Rausch)* Single or Married *Single*

Occupation of Deceased *At home* Age *15* years months days

Cause of Death *Neuritis* Number of Burial Certificate

Certifying Physician *Dr. M. E. Gray* Plate engraved




Clergyman *At Chatham* Lot or grave No. Section

Interment at *Restinaton* Cemetery

City *Chatham*

State *Ontario, Canada*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>Grey Plush Oct 0. 275.00</i>	<i>Mar 6</i>	<i>Tr by Cash.</i>	<i>275.00</i>
Metallic Lining	<i>Yes</i>	<i>" 6</i>	<i>Tr " L. Bond</i>	<i>50.00</i>
Outside Box	<i>Reg.</i>			
Burial Robe	<i>White Silk Dress. 27.50</i>			
Embalming and Attendance	<i>Emb. 30.00</i>			
Carriages	<i>C. Wagon 2 at \$ 5.00 10.00</i>			
Flowers				
Hearse				
Death notices in	<i>2</i>			
Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegram &amp; Home</i>	<i>1.00</i>			
Total amount of bill	<i>343.50</i>			<i>343.50</i>


REMARKS



## FUNERAL REGISTER

NO *Estate of Benjamin Hildreth* *Wheeling W. Virginia* 1920  
 DATE *March 5th*  
 Remains of *Benjamin Hildreth* Residence *Wheeling W. Virginia*  
 Father's Name *Eugene A. Hildreth* Residence *West Virginia*  
 Mother's Name *Susan L. M. Machon (Hildreth)* How Secured *Estate*  
 Charged to *Mrs Benjamin Hildreth Wfe* Shipped to *Wheeling W. Virginia*  
 Date of Funeral *March - 1920* Date of Death *March 5th 7:30 P.M.*  
 Place of Death *Seminole Inn Winter Park* Single or Married *Married*  
 Occupation of Deceased *Retired* Age *66* years months days  
 Cause of Death *Acute Myocarditis* Number of Burial Certificate  
 Certifying Physician *Dr. Hotard* Plate engraved  
 Clergyman *At Destination* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Wheeling*  
 State *W. Virginia*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey B.C. R. Co. St. 5 0.00</i>	<i>5 0.00</i>	<i>Mar 6</i>	<i>Gr by Check.</i>	<i>963.62</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Oak Shipping Case</i>	<i>110.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>R.R. Tickets to Wheeling W. Va.</i>	<i>63.62</i>			
Total amount of bill	<i>963.62</i>			<i>963.62</i>




REMARKS

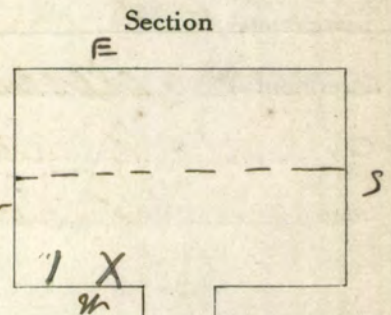


## FUNERAL REGISTER

NO. *Jas. A. Jaillette, Jacksonville Fla.* DATE *1920 Mar 4<sup>th</sup>*  
 Remains of *Mrs Lee Jaillette.* Residence *Jacksonville, Fla.*  
 Father's Name *Don't know* Residence *Don't know*  
 Mother's Name *Don't know* How Secured *Jas. A. Jaillette*  
 Charged to *Jas. A. Jaillette* Shipped to *Orlando from Jas. Fla.*  
 Date of Funeral *March 6<sup>th</sup> 94 M. 1920* Date of Death *Mar 4<sup>th</sup> 1920*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *40* years months days  
 Cause of Death *Auto Intoxication - acute* Number of Burial Certificate  
 Certifying Physician *at Jacksonville Fla.* Plate engraved  
 Clergyman Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Mar 6</i>	<i>by Cash</i>	<i>25.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec 14 W 1/2 Lot 239</i>				
Opening Grave <i>and Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

## REMARKS


*Was Shipped to Orlando on train  
 #83 Mar 6<sup>th</sup> 1920 by Moulton & Kyle.*

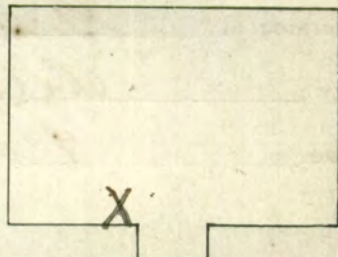


## FUNERAL REGISTER

NO. *Mary A. Clark* *Orlando, Fla* *1920* DATE *March 10<sup>th</sup>*  
 Remains of *Mrs M. D. Clark* Residence *305 E. Livingston Ave. - Orlando*  
 Father's Name *McLewie Clark* Residence *Not known*  
 Mother's Name *Mary A. Clark* How Secured *Estate*  
 Charged to *Mary A. Clark (Mother)* Shipped to *Buried in Orlando*  
 Date of Funeral *March 13<sup>th</sup> 1920 Sat. 2:30* Date of Death *March 10<sup>th</sup> 8 A.M. 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased *Salesman Produce* Age *56* years months days  
 Cause of Death *Central Hemorrhage (La Grippe)* Number of Burial Certificate *#81*  
 Certifying Physician *Dr. Edwards* Plate engraved  
 Clergyman *Rev M. C. Connell* Lot or grave No. *#98* Section *L*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Guy B. Co. Oct 3 P.T.</i>	<i>150.00</i>	<i>May 6</i>	<i>Cr by Cash</i>	<i>280.00</i>
Metallic Lining <i>No</i>			<i>Cr .. Lis</i>	<i>.50</i>
Outside Box <i>Req</i>				
Burial Robe <i>—</i>				
Embalming and Attendance <i>Emb.</i>	<i>90.00</i>			
Carriages <i>3 Amers at \$0.50</i>	<i>10.50</i>			
Flowers <i>C. Wagon</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>See L. Lot 98</i>	<i>65.00</i>			
Opening Grave <i>Ent Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>280.50</i>			<i>280.50</i>

REMARKS



## FUNERAL REGISTER

1920

NO. *H. M. Kattg, Kissimmee, Fla.* DATE *March 12<sup>th</sup>*

Remains of *Mrs W. R. Kelley.* Residence *Kissimmee, Fla.*

Father's Name *Don't know.* Residence *Don't know.*

Mother's Name *Don't know.* How Secured *Mrs H. M. Kattg.*

Charged to *H. M. Kattg (Kissimmee)* Shipped to *Buried in Pauper Row.*

Date of Funeral *Mar 12<sup>th</sup> 1920* Date of Death *Mar 12<sup>th</sup> 9:30/1920*

Place of Death *O. S. Hospital* Single or Married

Occupation of Deceased *at home.* Age *55* years months days

Cause of Death *Pallegra.* Number of Burial Certificate

Certifying Physician *Dr. Beardsall.* Plate engraved

Clergyman *Not Any.* Lot or grave No. Section

Interment at *Greenwood.* Cemetery

City *Orlando.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>o/g Coffin.</i>	<i>8.50</i>	<i>May 8</i>	<i>En by Check.</i>	<i>8.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>8.50</i>			<i>8.50</i>

REMARKS



## FUNERAL REGISTER

NO. *Jay W. Reeder,* DATE *off death Mar 12<sup>th</sup> 1920*  
 Remains of *Elizabeth, Reeder,* Residence *Eldora Springs, Mo.*  
 Father's Name *Nelson Trimble,* Residence *Kentucky.*  
 Mother's Name *Heneretta Reed,* How Secured *Son.*  
 Charged to *Jay W. Reeder,* Shipped to *Eldora Springs Mo, 1920*  
 Date of Funeral *Mar 13<sup>th</sup> 1920 4 P.M.* Date of Death *Mar 12<sup>th</sup> - 2 P.M.*  
 Place of Death *301 E. Anderson St.* Single or Married *Widow.*  
 Occupation of Deceased *At Home.* Age *78* years *4* months *15* days  
 Cause of Death *Intestinal (Influenza),* Number of Burial Certificate *# 82*  
 Certifying Physician *David C. Roney.* Plate engraved  
 Clergyman *Rev Cooper.* Lot or grave No. Section  
 Interment at *Restoration, Cemetery*  
 City *Eldora Springs*  
 State *Missouri.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>by Guy B. Co R. Co St.</i>	<i>190.00</i>	<i>Mar 16</i>	<i>Cr. by check.</i>	<i>200.00</i>
Metallic Lining <i>no</i>		<i>May 5</i>	<i>Cr. " "</i>	<i>40.00</i>
Outside Box <i>Rey.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>240.00</i>			<i>240.00</i>

REMARKS



# FUNERAL REGISTER

73

NO. *Mr W. W. Wallace Windermere*, DATE *1920 Mar 14<sup>th</sup>*

Remains of *Infant of W. W. Wallace* Residence *Windermere*

Father's Name *W. W. Wallace*, Residence *Windermere*

Mother's Name *Mrs W. W. Wallace* How Secured *Father*

Charged to *W. W. Wallace (Father)* Shipped to \_\_\_\_\_

Date of Funeral *✓* Date of Death *Mar 14<sup>th</sup> 1920*

Place of Death *Residence* Single or Married *Single*

Occupation of Deceased *✓* Age *✓* years *✓* months *10* days

Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate \_\_\_\_\_

Certifying Physician *Dr. Lawrence* Plate engraved *Our Darling*




Clergyman \_\_\_\_\_ Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

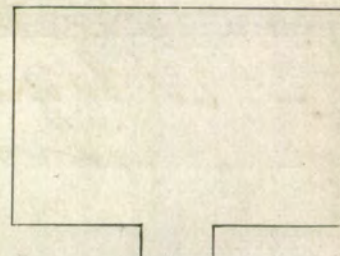
Interment at *Destination* Cemetery \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/10 W. Plush Act O.T.</i>	<i>21.00</i>	<i>June 24</i>	<i>Cr. by Cash.</i>	<i>138.48</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Lined</i>	<i>15.00</i>			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emo</i>	<i>15.00</i>			
Carriages <i>C Wagon</i> at \$	<i>2.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>✓</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R. R. Tickets</i>	<i>84.98</i>			
Total amount of bill	<i>138.48</i>			<i>138.48</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate of Patrick M. Trammel, Warren Ind* DATE *1920 March 14<sup>th</sup>*  
 Remains of *M Patrick M. Trammel.* Residence *Warren Ind*  
 Father's Name *Don't know* Residence *Don't know*  
 Mother's Name *Don't know.* How Secured *Estate*  
 Charged to *Estate* Shipped to *Warren, Ind*  
 Date of Funeral *March 1920* Date of Death *March 14<sup>th</sup>, 10 P.M.*  
 Place of Death *O.G. Hospital.* Single or Married *Single*  
 Occupation of Deceased *Don't know* Age *75* years months days  
 Cause of Death *Post Operative (Pneumonia)* Number of Burial Certificate  
 Certifying Physician *Dr. Ford.* Plate engraved *At Rest.*  
 Clergyman *At Destination.* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Warren.*  
 State *Ind.*

## CEMETERY CHART

Put in the diagram one mark like this § for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>40 Blk Casket Del 3 P.M.</i>	<i>125.00</i>	<i>Apr 17</i>	<i>Cr by Express Order</i>	<i>165.00</i>
Metallic Lining			<i>C.O.L. 308.35</i>	
Outside Box <i>Reg</i>			<i>Funeral Expense</i>	<i>165.00</i>
Burial Robe			<i>Dr. Ford.</i>	<i>121.00</i>
Embalming and Attendance <i>Emb</i>	<i>30.00</i>		<i>O.G.H.</i>	<i>22.35</i>
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>Express</i>				
Total amount of bill	<i>165.00</i>			<i>165.00</i>

## REMARKS

*Lied at O.G. Hospital. No relatives here. Body was shipped to H.C. Manning, Warren. - Ind Body was shipped C.O.L.*



FUNERAL REGISTER

NO. <sup>Son.</sup> Atto S. Jelner Ed Julia Jelner (Mother) DATE <sup>of receipt</sup> March 15<sup>th</sup> - 6 a.m.

Remains of Samuel Jelner Residence Lake Odessa Mich

Father's Name Anon Jelner Residence Penn.

Mother's Name I don't know How Secured Estate

Charged to Atto S. Jelner (Son) Shipped to Lake Odessa, Mich.

Date of Funeral March 1920 Date of Death March 15<sup>th</sup> 1920 6 a.m.

Place of Death 36 W. Church St Single or Married Married

Occupation of Deceased Merchant (Retired) Age 79 years months days

Cause of Death Abscess of Kidney Number of Burial Certificate # 83




Certifying Physician Dr. Ford Plate engraved Name & State

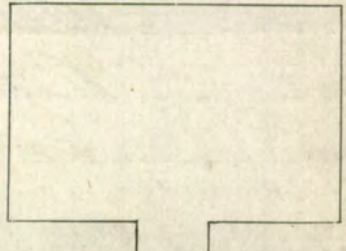
Clergyman At Lake Odessa Mich Lot or grave No. Section

Interment at Restoration Cemetery

City Lake Odessa

State Mich.

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>3/4 Blk. B. Co. State R. Co.</u>	<u>165.00</u>	<u>Mar 15</u>	<u>Pr by check</u>	<u>205.00</u>
Metallic Lining <u>No</u>				
Outside Box <u>Req.</u>				
Burial Robe <u>✓</u>				
Embalming and Attendance <u>Emb &amp; Shaving</u>	<u>30.00</u>			
Carriages <u>C. Wagon 2 at \$ 5.00</u>	<u>10.00</u>			
Flowers				
Hearse <u>✓</u>				
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<u>205.00</u>			<u>205.00</u>



REMARKS



## FUNERAL REGISTER

NO. *Mass. DATE* *Mar 15 1920*  
 Remains of *Miss Louise A. Tirrell.* Residence *Boston, Mass.*  
 Father's Name *William J. Tirrell.* Residence *Boston, Mass.*  
 Mother's Name *Eva May Tirrell* How Secured *Mother & Sister*  
 Charged to *Mrs Wm J. Tirrell (Mother)* Shipped to *Boston, Mass*  
 Date of Funeral *May 19 20* Date of Death *Mar 15 1920 6 P.M.*  
 Place of Death *C. G. Hospital* Single or ~~Married~~ *Single*  
 Occupation of Deceased *At Home* Age *34* years *1* months *12* days  
 Cause of Death *Typhoid Fever.* Number of Burial Certificate *# 86*  
 Certifying Physician *Lt. Beardall.* Plate engraved *Name & Date*  
 Clergyman *At Boston* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Boston*  
 State *Mass.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

*Sister (Mrs Wm Prole, 173 Brighton Ave Allston, Mass.)*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. G. &amp; Co. State</i>	<i>550.00</i>	<i>Mar 18</i>	<i>En. by check.</i>	<i>697.13</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Hel. body to Station</i>	<i>5.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>R. R. Tickets</i>	<i>107.13</i>			
Total amount of bill	<i>697.13</i>			<i>697.13</i>

## REMARKS

*The body was shipped To Boston Mass. for burial*



FUNERAL REGISTER

NO. *Mr Henry M. McMillin (Cleveland Ohio)*

DATE *Mar 15<sup>th</sup> 1920*

Remains of *Mrs Emma C. M. McMillin*

Residence *Cleveland, Ohio*

Father's Name *Amos North*

Residence *New York*

Mother's Name *Lester*

How Secured *Husband*

Charged to *Mr Henry E. McMillin*

Shipped to *Cleveland, Ohio*

Date of Funeral *March 1920*

Date of Death *March 15<sup>th</sup> 1920 9:30 P.M.*

Place of Death *406 N. Orange Ave.*

Single or Married *Married*

Occupation of Deceased *At Home*

Age *70* years *5* months *22* days

Cause of Death *Acute of the lungs*

Number of Burial Certificate *# 85*

Certifying Physician *Dr M. E. Ewan*

Plate engraved *Name & Date*

Clergyman *At Destination*




Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

Interment at *Destination* Cemetery

City *Cleveland*

State *Ohio*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6 1/2 Day Bldg S. H. Cap.</i>	<i>650.00</i>	<i>Mar 16</i>	<i>En. by Check.</i>	<i>690.00</i>
Metallic Lining <i>Yes</i>		<i>" 16</i>	<i>En " "</i>	<i>85.79</i>
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance	<i>30.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Lead to Station</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R. R. Tickets to Cleveland.</i>	<i>85.79</i>			
Total amount of bill	<i>775.79</i>			<i>775.79</i>

REMARKS



NO. *Mr Anna B. Sibley Cooperstown N.Y. of death Mar 18<sup>th</sup> 1920* DATE *18<sup>th</sup> 1920*

Remains of *Mr Ford W. Sibley* Residence *Cooperstown N.Y.*

Father's Name *Samuel Sibley* Residence *New York.*

Mother's Name *Nancy Frank (Sibley)* How Secured *Estate*

Charged to *Mr Anna B. Sibley Wife* Shipped to *Cooperstown N.Y.*

Date of Funeral *March 1920* Date of Death *Mar 18<sup>th</sup> 1920 10 a.m.*

Place of Death *C. G. Hospital.* Single or Married *Married.*

Occupation of Deceased *Merchant.* Age *33 years 10 months 14 days*

Cause of Death *Typhoid Fever.* Number of Burial Certificate

Certifying Physician *Dr. Edwards.* Plate engraved *Name & Date*




Clergyman *At Hestertown.* Lot or grave No. Section

Interment at *Hestertown Cemetery*

City *Cooperstown.*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Co. S. H. Cap.</i>	<i>250.00</i>	<i>Mar 19</i>	<i>to by Cash.</i>	<i>397.83</i>
Metallic Lining <i>✓</i>		<i>" 19</i>	<i>to by telegram</i>	<i>.82</i>
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon 2 at \$5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Telegram <i>4x baggage</i>	<i>.82</i>			
R.R. Tickets	<i>107.83</i>			
Total amount of bill	<i>398.65</i>			<i>398.65</i>

REMARKS






## FUNERAL REGISTER

NO. *Estate of Albert S. Campbell* *Rochester* DATE *March 18<sup>th</sup> 1920*

Remains of *Mr Albert S. Campbell*, Residence *Rochester New York*,  
 Father's Name *Cont Know Geo. G. Campbell*, Residence *Cont Know*,  
 Mother's Name *Cont Know Eliza Campbell*, How Secured *A.B.T. (Geo Nolan)*  
 Charged to *Estate*, Shipped to *Rochester N.Y.*  
 Date of Funeral *March 1920*, Date of Death *March 18<sup>th</sup> 1920*  
 Place of Death *Fila. Sanitarium*, Single or Married *Married*  
 Occupation of Deceased *Bookkeeper*, Age *57* years *2* months *17* days  
 Cause of Death *Suicide (hanged in Lake at Sant)*, Number of Burial Certificate  
 Certifying Physician *Dr. Pines*, Plate engraved  
 Clergyman *At Destination*, Lot or grave No. Section  
 Interment at *Destination*, Cemetery  
 City *Rochester*  
 State *New York*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/Blk. Cufe Oct 31. 1919.</i>	125.00			
Metallic Lining <i>No</i>		<i>Mar 25<sup>th</sup> by L.L.</i>		28.64
Outside Box <i>Reg</i>		<i>April 6<sup>th</sup> by Express Ch.</i>		150.00
Burial Robe <i>Blk Robe.</i>	5.50			
Embalming and Attendance <i>Emb &amp; Shaving</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>2 Telegrams</i> <sup>82</sup>	1.64			
<i>Underwear &amp; Socks.</i>	1.50			
Total amount of bill	178.64			178.64

## REMARKS

*Body shipped to Ingmire & Thompson (Undertakers) March 20<sup>th</sup> 1920 by Express C.O.D. Rochester, New York. The Will stated, that body was to be cremated. The account was paid by sister (Mrs Flora E. Fay) 114 Glendale Park, Rochester, N.Y.*



## FUNERAL REGISTER

NO. *Frank Hyer, Maitland, Fla.* DATE *1920 Mar 19<sup>th</sup>*  
 Remains of *Vera M. Ellland.* Residence *Mulbury, Fla.*  
 Father's Name *Frank Hyer.* Residence *Orlando, Fla.*  
 Mother's Name *Mary Lavis (Hyer)* How Secured *Father*  
 Charged to *Frank Hyer (Father)* Shipped to *Fort Mead, Fla.*  
 Date of Funeral *March 21<sup>st</sup> 1920* Date of Death *March 18<sup>th</sup> 1920 6 P.M.*  
 Place of Death *U. G. Hospital* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *28* years *2* months *26* days  
 Cause of Death *Cerebral Syphilis.* Number of Burial Certificate  
 Certifying Physician *Dr. M. Ewan.* Plate engraved *at Rest*  
 Clergyman *At Destination.* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Fort Mead*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Hyey Life Oct 30.7.</i>	<i>125.00</i>	<i>May 8</i>	<i>Cr by check.</i>	<i>35.25</i>
Metallic Lining <i>no</i>		<i>Nov 22</i>	<i>Cr by check.</i>	<i>50.00</i>
Outside Box <i>Req</i>		<i>July 1</i>	<i>Cr by 12 Cement posts</i>	<i>18.00</i>
Burial Robe <i>White Sherr.</i>	<i>15.00</i>	<i>Apr 15 1924</i>	<i>Cr by check.</i>	<i>50.00</i>
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>		<i>Note</i>	<i>3475</i>
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Underwear &amp; 1 line</i>	<i>2.50</i>			
Lining Grave				
Shipping charges, prepaid				
<i>(2) Tickets Fort Mead.</i>	<i>5.50</i>			
Total amount of bill	<i>188.00</i>			<i>188.00</i>

REMARKS



# FUNERAL REGISTER

NO. *Estate James B.T. Tupper* *Washing D.C.* DATE *1920*  
*Mar 19th*  
Remains of *James B.T. Tupper* Residence *Washington D.C.*  
Father's Name *Martyr Tupper* Residence *Mass.*  
Mother's Name *Percy Peck Tupper* How Secured *Estate*  
Charged to *Estate (Sarah A. Tupper (wife)* Shipped to *Washington D.C.*  
Date of Funeral *Sept. 11th* Date of Death *Mar 19th 1920 11:00 A.M.*  
Place of Death *424 S. He Lane St* Single or Married *Married*  
Occupation of Deceased *Master. Kept Wash (Del.)* Age *80* years *4* months *11* days  
Cause of Death *Diabetic Intestinal* Number of Burial Certificate  
Certifying Physician *Dr. W. E. Evans* Plate engraved *Name & State*  
Clergyman *Destinatin* Lot or grave No. Section  
Interment at *Destinatin* Cemetery  
City *Washington*  
State *D.C.*

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Blk. B.C. R.C. State</i>				
<i>4 Blk. Casket</i>	<i>350.00</i>	<i>May 27</i>	<i>Cr by Check.</i>	<i>400.82</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse <i>Moving body to Station</i>	<i>5.00</i>			
Death notices in <i>2.</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegrams.</i>	<i>.82</i>			
Total amount of bill	<i>400.82</i>			<i>400.82</i>


REMARKS

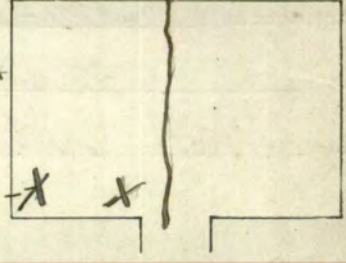


## FUNERAL REGISTER

NO. *Mr M. M. Groh. 408 E. South St* DATE *March 23<sup>rd</sup> 1920*  
 Remains of *Mr Agness Elmina Lewis* Residence *408 E. South St.*  
 Father's Name *Lynn Griffin* Residence *New York*  
 Mother's Name *Clara Conran (Griffin)* How Secured *Estate*  
 Charged to *Mr M. M. Groh.* Shipped to *Buried in Orlando 4:30 a.m.*  
 Date of Funeral *March 1920* Date of Death *March 23<sup>rd</sup> 1920*  
 Place of Death *Residence* Single or Married *Widow*  
 Occupation of Deceased *At Home.* Age *72* years *1* months *25* days  
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate  
 Certifying Physician *Dr. Beardall.* Plate engraved *Mother.*  
 Clergyman *Rev M. E. Connell.* Lot or grave No. *83 1/2* Section *L.*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*  
 address *Bunker Va*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =

*Mr Lewis* --- 

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Reg. B. Co. State Full cap.</i>	<i>225.00</i>	<i>Mar 26</i>	<i>Cr by Cash.</i>	<i>324.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>2 Autos at \$3.50</i>	<i>7.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2.</i> Papers				
Outlay for lot <i>83 1/2 L.</i>	<i>32.50</i>			
Opening Grave & Closing Grave	<i>5.00</i>			
Lining Grave <i>New box for Elmina M. Lewis</i>	<i>5.00</i>			
Shipping charges, prepaid				
Moving body of Mr Lewis	<i>5.00</i>			
Ambulance.	<i>5.00</i>			
Total amount of bill	<i>324.50</i>			<i>324.50</i>

## REMARKS

*Disinterred Mr Lewis from G. A. R. Circle to Lot 83 1/2 Sec L.*



# FUNERAL REGISTER

83

NO. *Mrs John C. Ley, Tampa, Fla.* DATE *1920* *March 22nd*

Remains of *Mrs John C. Ley.* Residence *Tampa, Fla.*

Father's Name *Rev J. B. Ley.* Residence *Orlando, Fla.*

Mother's Name *Mrs Ley.* How Secured *Wife*

Charged to *Mrs John C. Ley.* Shipped to *Orlando from Tampa.*

Date of Funeral *Mar 23rd 1920 3:30 P.M.* Date of Death *Mar 22nd 1920*

Place of Death *Residence.* Single or Married *Married*

Occupation of Deceased *Office Work.* Age \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Cause of Death *Pneumonia.* Number of Burial Certificate \_\_\_\_\_

Certifying Physician *At Tampa.* Plate engraved *Name & Seal.*




Clergyman *Rev Cooper.* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

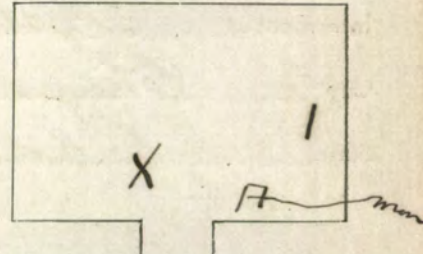
Interment at *Greenwood Cemetery*

City *Orlando*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey Plush Eliptic</i>		<i>Apr 27</i>	<i>61 by Check.</i>	<i>25.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers <i>Personal Service</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>El Closing Grave.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

## REMARKS

*Lied in Tampa, Fla Mar 22nd 1920 and was shipped by Reed Undertaker to Orlando Mar 23rd for burial. Was shipped on Tampa Special 3:30 P.M.*






## FUNERAL REGISTER

NO. *Rev. C. A. Vincent, Winter Park, Fla.* DATE *1920*  
*of death Mar. 26<sup>th</sup>*

Remains of *Lurancy A. Vincent.* Residence *Winter Park, Fla.*  
 Father's Name *Abdiah Bonney.* Residence *New York.*  
 Mother's Name *Freda Drake (Bonney)* How Secured *Scr.*  
 Charged to *Rev C. A. Vincent (Son)* Shipped to *Chagrin Falls, Ohio.*  
 Date of Funeral *March 26<sup>th</sup> 1920 11 a.m.* Date of Death *Mar 26<sup>th</sup> 1920 10 a.m.*  
 Place of Death *Residence.* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *87* years *3* months *20* days  
 Cause of Death *Senility.* Number of Burial Certificate  
 Certifying Physician *Lt. Pines.* Plate engraved *Name & State*  
 Clergyman *At Winter Park.* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Chagrin Falls.*  
 State *Ohio.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3 Hay B. Co. Del. O.T.</i>	<i>190.00</i>	<i>Apr 10</i>	<i>Ca by Check</i>	<i>294.20</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	<i>30.00</i>			
Carriages <i>2 Trips</i> <i>at \$7.50</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express on body.</i>	<i>63.38</i>			
<i>Telegram to Chagrin Falls, O.</i>	<i>83</i>			
Total amount of bill	<i>294.20</i>			<i>294.20</i>

REMARKS



## FUNERAL REGISTER

NO. *Infant of Mr & Mrs H. A. Stone, Orlando, Fla.* DATE *1920 Mar 25<sup>th</sup>*

Remains of *Infant.* Residence *Orlando, Fla.*

Father's Name *Mr H. A. Stone.* Residence *Orlando.*

Mother's Name *Mamie West (Stone)* How Secured *Father.*

Charged to *Mr H. A. Stone.* Shipped to *Buried at Apopka.*

Date of Funeral *March 26<sup>th</sup> 1920* Date of Death *March*

Place of Death *O. G. Hospital.* Single or Married *Single*

Occupation of Deceased *✓* Age *years* months *3 hrs* days

Cause of Death *Still Born* Number of Burial Certificate

Certifying Physician *Dr. Beardsall.* Plate engraved




Clergyman *Rev E. Lee Smith.* Lot or grave No. Section

Interment at *Apopka.* Cemetery

City *Apopka.*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/6 White H. Made.</i>	<i>12.50</i>	<i>Mar 27</i>	<i>Pr by Check.</i>	<i>20.00</i>
Metallic Lining <i>no</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Auto.</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>Exp Closing Grave,</i>	<i>2.50</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>




REMARKS



## FUNERAL REGISTER

NO *M. F. J. Niemeyer (Longwood, Fla.)* DATE *1920 March 26<sup>th</sup>*  
 Remains of *Mr. Joshua B. Clouser.* Residence *Longwood, Fla.*  
 Father's Name *Wm. Know* Residence *Wm. Know*  
 Mother's Name *Wm. Know* How Secured *Estate.*  
 Charged to *F. J. Niemeyer (Son-in-law)* Shipped to *Buried at Longwood Fla.*  
 Date of Funeral *Mar 27<sup>th</sup> 1920 10 a.m.* Date of Death *Mar 26<sup>th</sup> 1920 1:45 p.m.*  
 Place of Death *Residence.* Single or Married *Widower*  
 Occupation of Deceased *Carpenter (Retired)* Age *82* years *4* months *3* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *H. E. Hurt* Plate engraved *At Rest*  
 Clergyman *At Longwood* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Longwood.* Cemetery \_\_\_\_\_  
 City *Longwood.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Blk Cufe 0.387.</i>	<i>100.00</i>	<i>April 19</i>	<i>Cr by Check.</i>	<i>115.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages _____ at \$ _____				
Flowers _____				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot _____				
Opening Grave _____				
Lining Grave _____				
Shipping charges, prepaid _____				
Total amount of bill	<i>115.00</i>			<i>115.00</i>

REMARKS



## FUNERAL REGISTER

1920

NO. *S. J. Yates, Orlando, Fla.* DATE *Mar 27<sup>th</sup>*

Remains of *Eunice May Robinson,* Residence *Orlando, Fla.*

Father's Name *Clarence Robinson* Residence *Orlando.*

Mother's Name *Lernie M. Yates,* How Secured *Grandfather*

Charged to *Wm S. J. Yates, (Grandfather)* Shipped to *Buried at Orlando,*

Date of Funeral *March 29<sup>th</sup> 1920 2:30 P.M.* Date of Death *March 27<sup>th</sup> 5:30 P.M.*

Place of Death *Residence* Single or Married *Single*

Occupation of Deceased *✓* Age *1* years *1* months  days

Cause of Death *Dysentery,* Number of Burial Certificate

Certifying Physician *Dr. Callahan,* Plate engraved *Our Darling*

Clergyman *Dr. Adcock,* Lot or grave No.  Section

Interment at *Powell,* Cemetery




City *Orlando.*

State *Florida.*

CEMETERY CHART

Put in the diagram one mark like this **||** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7/8 White Lambkin.</i>	30.00	Mar 27	E <sub>1</sub> by Cash.	10.00
Metallic Lining ✓		" 29	E <sub>1</sub> .. Cash.	25.00
Outside Box <i>Reg.</i>		Oct 6	Ev " Cash.	5.00
Burial Robe ✓			<i>Lis</i>	2.00
Embalming and Attendance <i>Care of body</i>	5.00			
Carriages <i>Auto</i> at \$	5.00			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Shells + Hose.</i>	2.00			
Shipping charges, prepaid				
Total amount of bill	42.00			42.00




REMARKS



## FUNERAL REGISTER

NO. *Mr. W. H. Newton, Hartford W. Vir.* DATE *1920 March 28<sup>th</sup>*  
 Remains of *Mrs. Jennie M. Newton.* Residence *Hartford W. Vir.*  
 Father's Name *Geo W. Mossbank.* Residence *Conn.*  
 Mother's Name *Elizabeth Healy Mossbank.* How Secured *Estate*  
 Charged to *Mr. W. H. Newton (Son.)* Shipped to *Hartford W. Virginia*  
 Date of Funeral *March - 1920* Date of Death *March 28<sup>th</sup> - 1920*  
 Place of Death *San Juan Hotel.* Single or Married, *Widow.*  
 Occupation of Deceased *At Home.* Age *77* years *8* months *1* days  
 Cause of Death *Acute Nephritis.* Number of Burial Certificate *98*  
 Certifying Physician *Dr. Neal.* Plate engraved *Name*  
 Clergyman *At Hartford* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Hartford*  
 State *W. Virginia.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/3 Blk. B.C. S. H. Co.</i>	<i>550.00</i>	<i>Mar 29</i>	<i>Cr by Check.</i>	<i>724.05</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon</i>	<i>at \$ 5.00</i>	<i>10.00</i>		
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave				
Shipping charges, prepaid				
<i>R. R. Tickets &amp; Pullman</i>	<i>130.22</i>			
<i>Telegrams.</i>	<i>3.83</i>			
Total amount of bill	<i>724.05</i>			<i>724.05</i>

REMARKS






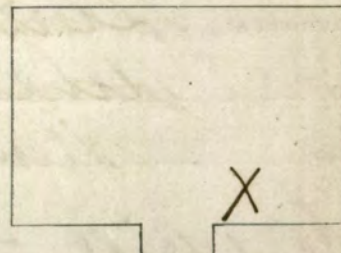
# FUNERAL REGISTER

89

NO. *Mr Belton Long 109 High St.* DATE *1920 of death Mar 29<sup>th</sup>*  
 Remains of *Mrs Amanda Long.* Residence *109 High St.*  
 Father's Name *David R. Wood.* Residence *Not known.*  
 Mother's Name *Leont Snow.* How Secured *See*  
 Charged to *Mr Belton Long.* Shipped to *Buried in Orlando.*  
 Date of Funeral *March Apr 3* Date of Death *March 29<sup>th</sup> 8:30 P.M.*  
 Place of Death *O. G. Hospital* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *69* years *8* months *21* days  
 Cause of Death *Cancer of Stomach.* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved, *At Rest*  
 Clergyman *Rev. Adcock.* Lot or grave No. *6* Section *E S W 1/4*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



AMOUNT

DATE

PAYMENTS

AMOUNT

Coffin or Casket	<i>Grey B. Clo Oct 3 P. Top. 165.00</i>	<i>Apr 5</i>	<i>By Cash</i>	<i>248.50</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Reg</i>			
Burial Robe	<i>Grey Silk Robe.</i>	<i>19.00</i>		
Embalming and Attendance	<i>Emb.</i>	<i>25.00</i>		
Carriages	<i>2 Autos at \$ 3.50</i>	<i>7.00</i>		
Flowers	<i>2 auto 1/3</i>	<i>6.00</i>		
Hearse	<i>Auto Funeral Car.</i>	<i>15.00</i>		
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Ext on Franklin Co</i>	<i>150</i>		
Opening Grave	<i>Ex Closing grave.</i>	<i>5.00</i>		
Lining Grave	<i>C. Wagon.</i>	<i>5.00</i>		
Shipping charges, prepaid				

Total amount of bill

*248.50*

*248.50*


REMARKS



## FUNERAL REGISTER

NO. *718-16 St* *1920*  
*Estate Emily Walker Herr, Ashland, Ky. Death May 30th*  
 Remains of *Mrs Emily Walker, Herr.* Residence *Ashland, Ky.*  
 Father's Name *Don't Know* Residence *Don't Know.*  
 Mother's Name *Don't Know* How Secured *Estate.*  
 Charged to *Estate of Mrs Emily W. Herr.* Shipped to *Ashland, Ky.*  
 Date of Funeral *April 1920* Date of Death *March 30th - 2:30 a.m.*  
 Place of Death *Fila. Sanitarium.* Single or Married *Widow.*  
 Occupation of Deceased *Social Worker.* Age *50?* years months days  
 Cause of Death *Cholelithiasis (Gall Stones)* Number of Burial Certificate *105*  
 Certifying Physician *Dr. J. A. Pines.* Plate engraved *At Rest*  
 Clergyman *At Destination* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Ashland.*  
 State *Kentucky.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

*Send Bill to G. A. Nash, Ashland, Ky.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey, B Clo Oct 3 P.P.</i>	175.00	June 25	Cr by Check.	175.00
Metallic Lining <i>No</i>		" 25	Cr " Lis.	40.00
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	30.00			
Carriages <i>C. Wagon at \$ 3.00</i>	10.00			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	215.00			215.00

## REMARKS

*Died at Fila. Sanitarium. No Relative here  
 and no way of obtaining information. Body shipped to  
 Ashland Ky. for burial.*



# FUNERAL REGISTER

91

NO. *Estate of Herbert S. Murray, Glenns Fall, New York* DATE *1920 March 29<sup>th</sup>*

Remains of *Mr Herbert S. Murray* Residence *Glenns Fall N.Y.*

Father's Name *Philemon Murry* Residence *New York*

Mother's Name *Mahayla Reynolds (Murry)* How Secured *Estate*

Charged to *Estate* Shipped to *Glenns Fall N.Y.*

Date of Funeral *March 30<sup>th</sup> 1920 4 P.M.* Date of Death *March 29<sup>th</sup> 12:30 P.M.*

Place of Death *503 Le Rancy St.* Single or Married *Married*

Occupation of Deceased *Contractor & Builder* Age *59* years *1* months *1* days

Cause of Death *Acute Indigestion* Number of Burial Certificate

Certifying Physician *Dr. Edwards* Plate engraved *Name & State*



Clergyman *Rev Cooper* Lot or grave No. Section

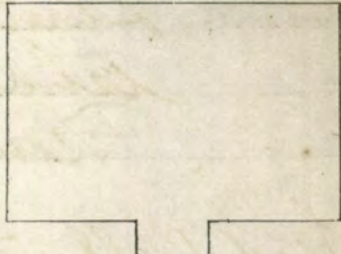
Interment at *Restinasion Cemetery*

City *Glenns Fall*

State *New York*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey B. Co. Oct N. Cap.</i>	<i>350.00</i>	<i>Apr 24</i>	<i>By check.</i>	<i>346.54</i>
Metallic Lining <i>Yes</i>		<i>July 27</i>	<i>By check.</i>	<i>218.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>Blk Burial Suit</i>	<i>18.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R. R. Tickets</i>	<i>146.54</i>			
Total amount of bill	<i>564.54</i>			<i>564.54</i>


REMARKS



## FUNERAL REGISTER

NO. *Mr. Francis M. Story* *Chuluota, Fla.* *DATE* *Mar 31<sup>st</sup> 1920*  
 Remains of *Mr Francis Marion Story* Residence *Chuluota, Fla.*  
 Father's Name *James Story* Residence *Georgia*  
 Mother's Name *Eliza Hurst (Story)* How Secured *J. M. Allen & Estate*  
 Charged to *Mrs Francis M. Story* Shipped to *Buried at Chuluota, Fla.*  
 Date of Funeral *April 1<sup>st</sup> 1920 4 P.M.* Date of Death *Mar 31<sup>st</sup> 10 a.m.*  
 Place of Death *E. Central Ave, Orlando* Single or Married *Married*  
 Occupation of Deceased *Farming* Age *65* years *6* months *20* days  
 Cause of Death *Renal Dropsy* Number of Burial Certificate  
 Certifying Physician *Lt. Christ* Plate engraved  
 Clergyman *From Sanford (Thompson)* Lot or grave No. Section  
 Interment at *Chuluota* Cemetery  
 City *Chuluota*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>% Blk Ref. Oct 38% 100.00</i>	<i>100.00</i>	<i>Apr 10</i>	<i>Cr by check</i>	<i>140.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>15.00</i>			
Carriages at \$				
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>25.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>140.00</i>			<i>140.00</i>

REMARKS



# FUNERAL REGISTER

NO. *Mr W. R. Clark (Son)* 402 W. Colonial <sup>1920</sup> DATE *March 31st*

Remains of *Mrs Mary A. Slack* Residence *402 W. Colonial*

Father's Name *Mr Henry Williams* Residence *England*

Mother's Name *Mary Jane Smith (Williams)* How Secured *Estate*

Charged to *Mr W. R. Clark* Shipped to *Buried in Orlando*

Date of Funeral *3:30 P.M. Apr 2nd 1920* Date of Death *March 31st 1920 1 P.M.*

Place of Death *Residence* Single or Married *Widow*

Occupation of Deceased *At Home* Age *76* years *2* months *11* days *Jan 20th 1844*

Cause of Death *Nephritis (Chronic)* Number of Burial Certificate

Certifying Physician *Lt. M. E. Ewan* Plate engraved

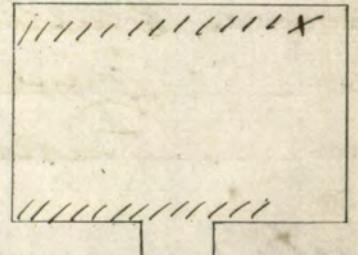
Clergyman *Rev. Adcock* Lot or grave No. Section

Interment at *Greenwood Cemetery*

City *Orlando*

State *Fla.*

*Single Grave*  
*from over on*  
 25 CEMETERY CHART  
 Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/8 13th. B. Clo. Oct. Co. T.</i>	<i>150.00</i>	<i>May 8</i>	<i>En by check</i>	<i>198.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages at \$				
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>East View #15 Single</i>	<i>3.00</i>			
Opening Grave <i>and closing Grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>198.00</i>			<i>198.00</i>



REMARKS

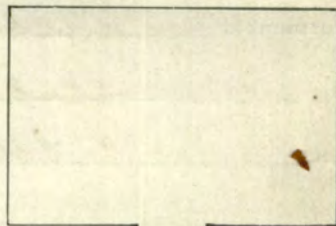


## FUNERAL REGISTER

NO. *Minneapolis, Minnesota.* *1920*  
*Estate Mrs Margaret M. Kee, C. Portland* DATE *of death April 1st*  
 Remains of *Mrs Margaret M. Kee Cochran Portland* Residence *Minneapolis, Minnesota.*  
 Father's Name *Wm M. Kee.* Residence *Greensburg Penn.*  
 Mother's Name *Nancy Glass (M. Kee)* How Secured *Estate & Sister*  
 Charged to *Estate (Mrs O. J. Evans Sister)* Shipped to *Minneapolis, Minnesota.*  
 Date of Funeral *April 1920* Date of Death *April 1st 1920*  
 Place of Death *Will-lla Hotel.* Single or Married *Widow*  
 Occupation of Deceased *Principle of Public School.* Age *76* years *7* months *17* days  
 Cause of Death *Liabiliz.* Number of Burial Certificate *109*  
 Certifying Physician *Dr. Edwards.* Plate engraved *Name & Date.*  
 Clergyman *At Destination.* Lot or grave No. *100* Section  
 Interment at *Destination Cemetery*  
 City *Minneapolis.*  
 State *Minnesota.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus .



*Sister Mrs O. J. Evans, Minneapolis, Minnesota.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Guy Cupl. 3 P.T.</i>	<i>125.00</i>	<i>Apr 7</i>	<i>By cash.</i>	<i>165.00</i>
Metallic Lining <i>no</i>				
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>165.00</i>			<i>165.00</i>




REMARKS

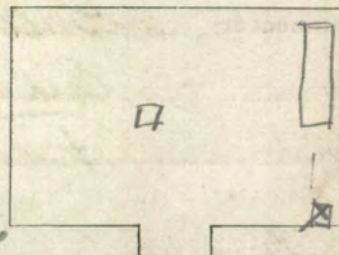


## FUNERAL REGISTER

NO. *Mr Weeks, Jacksonville, Fla* DATE *of death Apr 12<sup>th</sup> 1920*  
 Remains of *Infant of Mr & Mrs Weeks.* Residence *Jacksonville, Fla*  
 Father's Name *Mr Weeks* Residence *Jacksonville Fla*  
 Mother's Name *Mrs Larison Weeks.* How Secured *A.W. Larison.*  
 Charged to *A.W. Larison (Grandfather)* Shipped to *Orlando from Jax.*  
 Date of Funeral *Apr 12<sup>th</sup> 10 A.M. Sat. 1920* Date of Death *April 12<sup>th</sup> 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased ☒ Age ☒ years ☒ months ☒ days  
 Cause of Death *Still Born.* Number of Burial Certificate  
 Certifying Physician *at Jacksonville* Plate engraved  
 Clergyman *Rev Adcock* Lot or grave No. *73* Section *2*  
 Interment at *Greenwood* Cemetery  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket				
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Towing Car.</i> at \$	4.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>and Closing Grave</i>	4.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	8.00			8.00


REMARKS

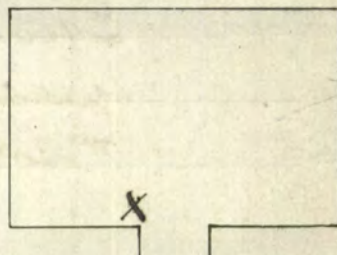


## FUNERAL REGISTER

NO. *Mr R. M. Bennett* *208 W. Church St* *Albando* *1920* DATE *April 3rd*  
 Remains of *Mrs Lulu B. Bennett* Residence *208 W. Church St City*  
 Father's Name *Mr Willard* Residence *Georgia*  
 Mother's Name *Lost* How Secured *Husband*  
 Charged to *Mr R. M. Bennett (Husband)* Shipped to *Buried in Albando*  
 Date of Funeral *April 4<sup>th</sup> 1920* Date of Death *April 3rd 1920 4:30 a.m.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *56* years months days  
 Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate  
 Certifying Physician *Dr. Childs* Plate engraved *At Rest*  
 Clergyman *Rev. Adcock* Lot or grave No. *221* Section *n. Side A*  
 Interment at *Greenwood* Cemetery  
 City *Albando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. G. Cape Oct 30 P. Top.</i>	<i>125.00</i>	<i>Apr 8</i>	<i>Cr by Check.</i>	<i>50.00</i>
Metallic Lining		<i>July 1</i>	<i>Cr .. cash.</i>	<i>20.00</i>
Outside Box <i>Reg</i>		<i>Aug 16</i>	<i>Cr .. Cash.</i>	<i>20.00</i>
Burial Robe <i>White Silk.</i>	<i>20.00</i>	<i>Oct 4</i>	<i>Cr .. Cash.</i>	<i>20.00</i>
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>	<i>Nov 29</i>	<i>Cr .. Cash.</i>	<i>20.00</i>
Carriages <i>3 Autos at \$ 5.50</i>	<i>10.50</i>	<i>Feb 23</i>	<i>Cr .. Cash.</i>	<i>20.00</i>
Flowers		<i>Apr 21</i>	<i>Cr .. Cash.</i>	<i>15.00</i>
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>	<i>Feb 13</i>	<i>Cr .. Cash.</i>	<i>20.00</i>
Death notices in <i>2</i> Papers		<i>Jan 6</i>	<i>Cr .. Check</i>	<i>55.50</i>
Outlay for lot <i>#221 Sec A.</i>	<i>40.00</i>			
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>240.50</i>			<i>240.50</i>

REMARKS

8

5



# FUNERAL REGISTER

NO *Estate Wm. J. Crickfield, Orlando Fla.* *R. F. 10.* DATE *April 5<sup>th</sup> 1920*

Remains of *Wm. J. Crickfield.* Residence *Orlando, Fla.*

Father's Name *Lt. Know.* Residence *Lt. Know.*

Mother's Name *Lt. Know.* How Secured *Estate*

Charged to *Mrs. Marjorie Crickfield* Shipped to *Buried in Orlando,*

Date of Funeral *April 5<sup>th</sup> 3 P.M. 1920* Date of Death *April 5<sup>th</sup> 1920 2 a.m.*

Place of Death *Residence* Single or Married *Married*

Occupation of Deceased *Baptist Church Minister (Retired)* Age *81* years *6* months *24* days

Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_

Certifying Physician *Lt. Christ* Plate engraved *At Rest,*




Clergyman *Rev. Holmes (Baptist)* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_

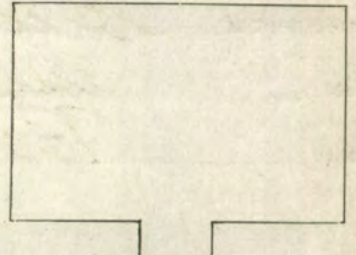
Interment at *Greenwood Cemetery*

City *Orlando,*

State *Fla.*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Varnished Coffin &amp; Box</i>	<i>75.00</i>	<i>Apr 9</i>	<i>Cr. by Cash.</i>	<i>25.00</i>
Metallic Lining <i>✓</i>		<i>June 28</i>	<i>Cr. .. Check.</i>	<i>65.00</i>
Outside Box <i>Reg</i>		<i>" 28</i>	<i>Cr. .. Dis.</i>	<i>10.00</i>
Burial Robe <i>Blk. B. Robe.</i>	<i>7.00</i>			
Embalming and Attendance				
Carriages _____ at \$ _____				
Flowers				
Hearse <i>Grey Car.</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave,</i>	<i>3.00</i>			
Opening Grave <i>Opening &amp; Closing,</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>100.00</i>			<i>100.00</i>


REMARKS

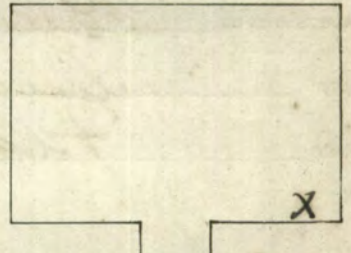


## FUNERAL REGISTER

NO. *J. H. Tresher 110 Grace St* 1920  
*Estate of John Fildes, 110 Grace St* DATE *of death April 8<sup>th</sup>*  
 Remains of *Mr John Fildes.* Residence *110 Grace St. Orlando*  
 Father's Name *John Fildes.* Residence *Maylan, Pa.*  
 Mother's Name *Anna Powell (Fildes)* How Secured *Estate*  
 Charged to *J. H. Tresher 110 Grace St* Shipped to *Buried in Orlando,*  
 Date of Funeral *April* Date of Death *April 8<sup>th</sup> - 5:30 P.M., 1920*  
 Place of Death *110 Grace St.* Single or Married *Widower*  
 Occupation of Deceased *Wife Retired.* Age *82 years 7 months 2 days*  
 Cause of Death *Cancer of Stomach* Number of Burial Certificate  
 Certifying Physician *Dr. Ford* Plate engraved *Name & Date*  
 Clergyman *Dr. Mc Connell.* Lot or grave No. *45* Section *L*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Blk B.C. R. Co. S.</i>	<i>190.00</i>	<i>Apr 14</i>	<i>Tr by Cash.</i>	<i>103.25</i>
Metallic Lining <i>No</i>		<i>May 17</i>	<i>Tr by Check</i>	<i>200.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#45 Sec L.</i>	<i>65.00</i>			
Opening Grave <i>in closing grave.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid <i>Shirt, 2.00, Collar, 2.50, Tie, 1.00</i>	<i>3.25</i>			
Total amount of bill	<i>303.25</i>			<i>303.25</i>

REMARKS.



## FUNERAL REGISTER

NO. *Chas. W. Clark, 802 Linder St.* DATE *1920 April 9<sup>th</sup>*

Remains of *Mrs. Martha Adeline Clark*, Residence *802 Linder St. Clear*

Father's Name *Cyers Hall*, Residence *N. Carolina*

Mother's Name *Mary Giler Hall*, How Secured *Husband*

Charged to *Mr. Chas. W. Clark*, Shipped to *Buried in Orlando*

Date of Funeral *April*, Date of Death *April 8<sup>th</sup> 1920 9:30<sup>am</sup>*

Place of Death *Residence*, Single or Married *Married*

Occupation of Deceased *At Home*, Age *48* years *1* months *10* days

Cause of Death *Cancer of Breast*, Number of Burial Certificate

Certifying Physician *Dr. Asentach*, Plate engraved




Clergyman *Captain Salvation Army*, Lot or grave No. Section

Interment at *Greenwood* Cemetery

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/6 Coffin &amp; Box</i>	<i>50.00</i>	<i>Apr 12</i>	<i>Tr by Cash</i>	<i>7.00</i>
Metallic Lining <i>✓</i>		<i>Apr 17</i>	<i>Tr " "</i>	<i>10.00</i>
Outside Box <i>Reg</i>		<i>Apr 24</i>	<i>Tr " "</i>	<i>20.00</i>
Burial Robe <i>Grey B. Robe</i>	<i>11.00</i>	<i>May 1</i>	<i>Tr " "</i>	<i>20.00</i>
Embalming and Attendance <i>Embalming</i>	<i>30.00</i>	<i>May 8</i>	<i>Tr " "</i>	<i>60.00</i>
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>	<i>May 8</i>	<i>Tr " Lis</i>	<i>.50</i>
Flowers				
Hearse <i>Grey Car</i>	<i>12.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	<i>3.00</i>			
Opening Grave <i>Ent Closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Underwear &amp; Hose</i>	<i>1.50</i>			
Total amount of bill	<i>117.50</i>			<i>117.50</i>

## REMARKS

*Wakes for city. Will pay by the week.*



## FUNERAL REGISTER

NO. *H.A. Owsheet & A. Schultz (Winter Park)* DATE *March 21 1920*  
 Remains of *John Steif (Col)* Residence *Winter Park, Fla*  
 Father's Name *Don't know* Residence *Don't know*  
 Mother's Name *Don't know* How Secured *Insurance*  
 Charged to *H.A. Owsheet & A. Schultz* Shipped to *Buried in Orlando*  
 Date of Funeral *April 10<sup>th</sup> 1920* Date of Death *April 9<sup>th</sup> 1920 2 P.M.*  
 Place of Death *C. G. Hospital* Single or Married *Single*  
 Occupation of Deceased *Labor* Age *48* years months days  
 Cause of Death *Acute Dislocation of Head* Number of Burial Certificate  
 Certifying Physician *Dr. M. E. Elroy* Plate engraved *at Rest*  
 Clergyman Lot or grave No. *S. 4<sup>th</sup> Sec* Section  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Coffin &amp; 1/2 box</i>	35.00	Apr 21	Tr by Check.	41.80
Metallic Lining			Tr .. cash	11.20
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon (2) at \$5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot <i>Single Grave Col</i>	3.00			
Opening Grave <i>&amp; Closing grave</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	53.00			453.00

REMARKS *Had no people. Had a small insurance. Owsheet & Schultz will pay same.*



## FUNERAL REGISTER

NO. *Estate of Mrs Helen B. Butts* DATE *April 12<sup>th</sup> 1920*

Remains of *Mrs Helen B. Butts* Residence *Cleveland Ohio*

Father's Name *Mr Butts* Residence *Conn.*

Mother's Name *Not Known* How Secured *Estate*

Charged to *Mr Frederick Metcalf* <sup>son-in-law</sup> Shipped to *Providence Rhode Island*

Date of Funeral *April 1920* Date of Death *April 12<sup>th</sup> 1920 2 P.M.*

Place of Death *Penham Cottage, Winter Park* Single or Married *Widow*

Occupation of Deceased *At Home* Age *74* years *6* months  days

Cause of Death  Number of Burial Certificate

Certifying Physician *Dr. Hotard* Plate engraved *Name & State*


Clergyman  Lot or grave No.  Section

Interment at *Destinarian Cemetery*

City *Providence*

State *Rhode Island*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Co R. Co. State</i>	<i>550.00</i>	<i>Apr 16</i>	<i>Cr. by check</i>	<i>550.00</i>
Metallic Lining <i>Yes</i>		<i>Apr 16</i>	<i>Cr. " Cash</i>	<i>194.10</i>
Outside Box				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid				
<i>Moving body to Station</i>	<i>5.00</i>			
<i>R. R. Tickets &amp; Reservations to Cleveland Ohio.</i>	<i>134.10</i>			
Total amount of bill	<i>744.10</i>			<i>744.10</i>

REMARKS



## FUNERAL REGISTER

NO *Estate of A. Rasmussen, Mapleton Iowa* DATE *1920 Apr 16<sup>th</sup>*  
 Remains of *Mr. A. Rasmussen* Residence *Mapleton, Iowa*  
 Father's Name Residence  
 Mother's Name How Secured *Estate*  
 Charged to *Estate A. R. State Bank Mapleton Iowa* Shipped to *Mapleton, Iowa*  
 Date of Funeral *April - 1920* Date of Death *April 16<sup>th</sup> - 1920 P.M.*  
 Place of Death *O. G. Hospital* Single or Married  
 Occupation of Deceased *Merchant* Age *48* years months days  
 Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate  
 Certifying Physician *Lt. Person* Plate engraved  
 Clergyman *At Destination* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Mapleton*  
 State *Iowa*

## CEMETERY CHART

Put in the diagram one mark like this **||** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>W. B. Co. S. H. C. 345.00</i>	<i>April 24</i>	<i>Tr by Express Order</i>	<i>390.00</i>
Metallic Lining	<i>Yes</i>	<i>" 24</i>	<i>Tr Telegram</i>	<i>3.88</i>
Outside Box	<i>Req</i>			
Burial Robe				
Embalming and Attendance	<i>Emb &amp; Shaving 35.00</i>			
Carriages	<i>C. Wagon (2) at \$ 5.00 10.00</i>			
Flowers				
Hearse	<i>✓</i>			
Death notices in	<i>2</i>	Papers		
Outlay for lot	<i>✓</i>			
Opening Grave	<i>✓</i>			
Lining Grave	<i>✓</i>			
Shipping charges, prepaid				
<i>Telegrams to Mapleton</i>	<i>3.88</i>			
Total amount of bill	<i>393.88</i>			<i>393.88</i>

REMARKS





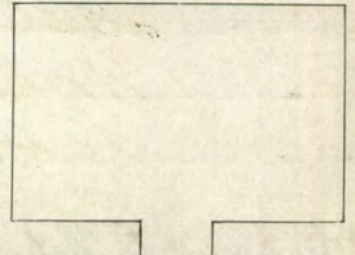
## FUNERAL REGISTER

NO. *Estate Mrs Ruth Anna Burdick, Norwich, Conn* DATE *of death Apr 17 1920*

Remains of *Mrs Ruth Anna Burdick* Residence *Norwich, Conn.*  
 Father's Name *Hiram Browning* Residence \_\_\_\_\_  
 Mother's Name *Prudence Barnes (Burdick)* How Secured *Estate*  
 Charged to *M. C. L. Swan (Son) 741* Shipped to *Norwich, Conn.*  
 Date of Funeral *April - 1920* Date of Death *April 17<sup>th</sup> 1920 6 a.m.*  
 Place of Death *Fla. Sanitarium* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *75* years months days  
 Cause of Death *Senility* Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. J. R. Pines* Plate engraved *Name & State*  
 Clergyman *At Destination* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Destination* Cemetery \_\_\_\_\_  
 City *Norwich*  
 State *Conn.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
--	--------	------	----------	--------

Coffin or Casket	<i>1/3 Grey B. Clo R. Co. State</i>	<i>600.00</i>	<i>May 3</i>	<i>By check</i>	<i>740.00</i>
Metallic Lining	<i>yes.</i>			<i>By " this</i>	<i>28</i>
Outside Box	<i>Req.</i>				
Burial Robe	<i>✓</i>				
Embalming and Attendance	<i>Emb</i>	<i>35.00</i>			
Carriages	<i>C. Wagon at \$ 3.00</i>	<i>10.00</i>			
Flowers					
Hearse					
Death notices in	<i>2</i>	<i>Papers</i>			
Outlay for lot					
Opening Grave		<i>1.47</i>			
Lining Grave	<i>Lace collar</i>	<i>1.25</i>			
Shipping charges, prepaid					
<i>2 R.R. Tickets</i>	<i>35.96</i>	<i>86.32</i>			
<i>2 Pullman to fare</i>	<i>1.62</i>	<i>3.24</i>			
<i>Storage on Trunks</i>		<i>1.50</i>			
<i>P. Post - Package</i>		<i>1.50</i>			
Total amount of bill		<i>740.28</i>			<i>740.28</i>

## REMARKS


*Shipped on train #82 April 18<sup>th</sup>. Billed  
 of son. Charged to C. L. Swan (admt)*



## FUNERAL REGISTER

NO. *Estate My John F. Leech Washington D.C.* DATE *1920 April 21*  
 Remains of *Mr John F. Leech.* Residence *Washington D.C.*  
 Father's Name *Richard T. Leech.* Residence *W Chester Pa.*  
 Mother's Name *Mary Barber (Leech.)* How Secured *Estate*  
 Charged to *Mrs J. F. Leech Wife* Shipped to *Washington D.C.*  
 Date of Funeral *April 1920* Date of Death *April 21 1920 11:30 a.m.*  
 Place of Death *310 E. Central Ave.* Single or Married *Married*  
 Occupation of Deceased *Broker (Retired)* Age *69* years months days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Edwards.* Plate engraved \_\_\_\_\_  
 Clergyman *Leen Glass* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Restoration Cemetery*  
 City *Washington*  
 State *D.C.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.



*Mail Statement to National Savings & Trust Co.*  
*Estate of Margaret Park Leech*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 G.B. Co. Oct 0. Top.</i>	<i>190.00</i>	<i>Apr 24</i>	<i>Co. by Cash.</i>	<i>65.61</i>
Metallic Lining <i>No</i>		<i>June 7</i>	<i>Mat. Savings &amp; Trust Co. Check.</i>	<i>230.00</i>
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon, 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>R.R. Tickets</i>	<i>65.61</i>			
Total amount of bill	<i>295.61</i>			<i>295.61</i>

REMARKS



## FUNERAL REGISTER

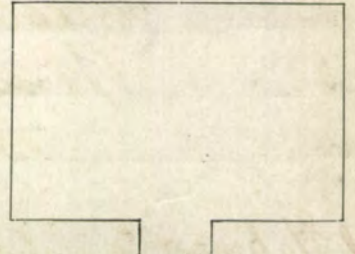
NO. *Estate Wm. S. Gufford, Plains Ga.* DATE *1920 April 22nd*

Remains of *Wm Wm S. Gufford.*  
 Father's Name *Wm Gufford.*  
 Mother's Name *Francis Porter (Gufford)*  
 Charged to *Joe Gufford (Brother)*  
 Date of Funeral *April — 1920*  
 Place of Death *Highland Ave, Atlanta*  
 Occupation of Deceased *Farmer.*  
 Cause of Death *Chronic Nephritis*  
 Certifying Physician *Dr. Hotard.*  
 Clergyman *Destination*  
 Interment at *Destination Cemetery*  
 City *Dublin.*  
 State *Georgia.*

Residence *Plains, Ga.*  
 Residence *N. C.*  
 How Secured *Estate*  
 Shipped to *Dublin, Ga.*  
 Date of Death *April 22nd 2:30 PM*  
 Single or Married *Single*  
 Age *64* years *8* months *10* days  
 Number of Burial Certificate  
 Plate engraved *At Rest.*  
 Lot or grave No. Section

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/9 B. Clo Act 3 P. Top</i>	<i>175.00</i>	<i>May 4</i>	<i>En by Light Draft.</i>	<i>232.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Rey</i>				
Burial Robe <i>Grey B. Suit</i>	<i>17.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>232.00</i>			<i>232.00</i>

REMARKS



NO. *Estate Benjamin John Self*

DATE *1920*  
*Hear 26 Apr 22nd*

Remains of *Mr Benjamin John Self.*

Residence *Formosa.*

Father's Name *Geo. W. Self.*

Residence *Columbia S.C.*

Mother's Name *Mary Self.*

How Secured *Estate & Son.*

Charged to *Horace Self (Son)*

Shipped to *Buried at Lake Howell*

Date of Funeral *April 23rd 10 a.m.*

Date of Death *April 22nd 12 a.m.*

Place of Death *Fla Sanitarium.*

Single or Married *Married*

Occupation of Deceased *Farmer.*

Age *75* years *10* months *16* days

Cause of Death *Senility Carcinoma of Stomach*

Number of Burial Certificate

Certifying Physician *Dr J. A. Pines.*

Plate engraved

Clergyman

Lot or grave No.




Section

Interment at *Lake Howell* Cemetery

City *Winter Park (Lake Howell)*

State *Fla.*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>5/9 Blk Cufe Oct 31st 100.00</i>	<i>May 3</i>	<i>Ex by check.</i>	<i>155.00</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Req</i>			
Burial Robe	<i>Grey B. Suit 10.00</i>			
Embalming and Attendance	<i>Emb. 25.00</i>			
Carriages	<i>C Wagon at \$ 5.00</i>			
Flowers	<i>✓</i>			
Hearse	<i>Funeral Auto Car. 15.00</i>			
Death notices in	<i>2</i> Papers			
Outlay for lot	<i>✓</i>			
Opening Grave	<i>✓</i>			
Lining Grave	<i>✓</i>			
Shipping charges, prepaid	<i>✓</i>			
Total amount of bill	<i>155.00</i>			<i>155.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Madison M. Barksdale* 406 E. Concord <sup>1920</sup> DATE *April 26<sup>th</sup>*

Remains of *Mr Madison F. Barksdale* Residence *406 E. Concord Ave*

Father's Name *Wm Barksdale* Residence *England*

Mother's Name *Leont Knowl* How Secured *Surv*

Charged to *Madison M. Barksdale (Son)* Shipped to *Buried in Orlando*

Date of Funeral *April 27<sup>th</sup> 1920 3 P.M.* Date of Death *April 26<sup>th</sup> 1920 10 A.M.*

Place of Death *Residence* Single or Married *Widower*

Occupation of Deceased *Farming (Retired)* Age *87* years *11* months *5* days

Cause of Death *Cardiac Asthma* Number of Burial Certificate

Certifying Physician *Lt. Person* Plate engraved

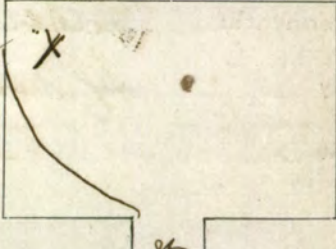
Clergyman *Rev. Adcock* Lot or grave No. *Confian* Section *E*

Interment at *Greenwood* Cemetery

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross; thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Oct. Hey B. Co. O. Fla.</i>	<i>190.00</i>	<i>May 15</i>	<i>En by check.</i>	<i>252.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Hey B. Suit</i>	<i>12.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>00.00</i>			
Flowers <i>✓ 1 Auto</i>	<i>3.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>252.00</i>			<i>252.00</i>

REMARKS



NO *Estate Mrs Nancy Mustard* 106 S. Rosland *of lead Apr 27* <sup>1920</sup> DATE

Remains of *Mrs Nancy Mustard.* Residence *106 S. Rosland Ave*

Father's Name *Wm Hall.* Residence *Sheldon Maine.*

Mother's Name *Hont Know.* How Secured *Estate + Daughter*

Charged to *Miss Jewella J. Mustard.* Shipped to *Forchester, Mass.*

Date of Funeral *April* 1920 Date of Death *April 27 1920 7 P.M.*

Place of Death *Residence.* Single or Married *Widow*

Occupation of Deceased *At Home.* Age *83* years *5* months ☒ days

Cause of Death *Angina Pectoris.* Number of Burial Certificate

Certifying Physician *Dr. McEwan.* Plate engraved




Clergyman *Dr. Badger.* Lot or grave No. Section

Interment at *Restimati Cemetery*

City *Forchester.*

State *Mass.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 G. B. Co. Oct 67.</i>	3.65.00	May 15	By check.	6.18.80
Metallic Lining <i>yes</i>				
Outside Box <i>Shipping Case</i>	110.00			
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <i>Emb</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers <input checked="" type="checkbox"/>				
Hearse <input checked="" type="checkbox"/>				
Death notices in <i>2</i> Papers				
Outlay for lot <input checked="" type="checkbox"/>				
Opening Grave <input checked="" type="checkbox"/>				
Lining Grave <input checked="" type="checkbox"/>				
Shipping charges, prepaid <i>R. R. Tickets</i>	98.80			
Total amount of bill	618.80			618.80

REMARKS



## FUNERAL REGISTER

NO. *Estate of Stanley Bernasiewicz 308 Magnolia* DATE *of death Apr 27<sup>th</sup> 1920*

Remains of *Mr Stanley Bernasiewicz.* Residence *Russia*

Father's Name *Don't Know* Residence *Russia*

Mother's Name *Don't Know* How Secured *Estate & Wife*

Charged to *Mrs Bertha Bernasiewicz.* Shipped to *Buried in Orlando*

Date of Funeral *April 30<sup>th</sup> 1920* Date of Death *April 27<sup>th</sup> 1920 8:30<sup>PM</sup>*

Place of Death *C. G. Hospital.* Single or Married *Married*

Occupation of Deceased *Butcher (Retired)* Age *52* years ☒ months *10* days

Cause of Death *Chronic Nephritis.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Ewan.* Plate engraved *At Rest.*

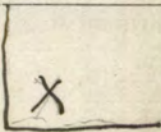
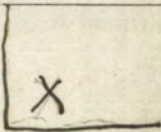
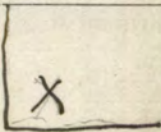
Clergyman *Father Fox.* Lot or grave No. *218 S.E. 1/4* Section *14.*

Interment at *Greenwood* Cemetery

City *Orlando*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .


	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy Rufe Oct 30. Top. 11</i>	<i>5.00</i>	<i>Apr 30</i>	<i>Ex by check</i>	<i>181.00</i>
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Reg</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>1 Auto</i> at \$	<i>3.50</i>			
Flowers <i>C. Wagon</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>S.E. 1/4 Lot 218 Sect 14</i>	<i>12.50</i>			
Opening Grave <i>Ent Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>181.00</i>			<i>181.00</i>

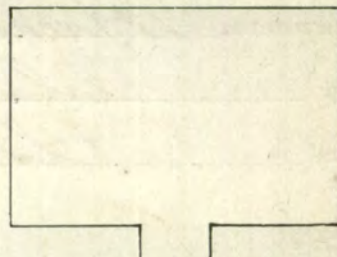
REMARKS



NO. *M Nathan Honck Orange Center* DATE *1920 April 28<sup>th</sup>*  
 Remains of *Mrs Joanna Honck.* Residence *Orange Center.*  
 Father's Name *Henry Hinderliter.* Residence *Pennsylvania*  
 Mother's Name *Lida Hinderliter.* How Secured *Husband + Insurance*  
 Charged to *M Nathan Honck & Mrs aa. Roman* Shipped to *Catawissa, Pa.*  
 Date of Funeral *May — 1920* Date of Death *April 28<sup>th</sup> 1920 2:30pm.*  
 Place of Death *C. G. Hospital.* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *63* years *5* months *16* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest*  
 Clergyman *At Destination.* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Destination.* Cemetery \_\_\_\_\_  
 City *Catawissa.*  
 State *Pa.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 G. Repe Oct 3 P.T.</i>	<i>125.00</i>	<i>Apr 29</i>	<i>En by Cash.</i>	<i>306.48</i>
Metallic Lining	<input checked="" type="checkbox"/>			
Outside Box	<i>Req</i>			
Burial Robe	<input checked="" type="checkbox"/>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers	<input checked="" type="checkbox"/>			
Hearse	<input checked="" type="checkbox"/>			
Death notices in <i>2</i> Papers				
Outlay for lot	<input checked="" type="checkbox"/>			
Opening Grave	<input checked="" type="checkbox"/>			
Lining Grave	<input checked="" type="checkbox"/>			
Shipping charges, prepaid				
<i>Ambulance.</i>	<i>25.00</i>			
<i>Underwear.</i>	<i>2.00</i>			
<i>R.R. Tickets Catawissa Pa.</i>	<i>114.48</i>			
Total amount of bill	<i>306.48</i>			<i>306.48</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr W. J. Hamrick Orlando Fla.* DATE *1920*  
 Remains of *Mr Samuel Hamerick.* Residence *1 mi N. W. of Mt Verd.*  
 Father's Name *Not known.* Residence *S. C.*  
 Mother's Name *Not known.* How Secured *Son.*  
 Charged to *Wm J. Hamerick (Son)* Shipped to *Buried West Apopka*  
 Date of Funeral *May 2nd 1920* Date of Death *May 1st 1920 8:10 a.m.*  
 Place of Death *Residence.* Single or Married *Married*  
 Occupation of Deceased *Farming* Age *71* years *3* months *25* days  
 Cause of Death *Cancer of Rectum.* Number of Burial Certificate  
 Certifying Physician *C. J. Marshall Surgeon* Plate engraved *At Rest*  
 Clergyman *Destination* Lot or grave No. Section  
 Interment at *W. Apopka.* Cemetery  
 City *Apopka*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6 1/2 Blk B. Clo S. H Cap</i>	<i>75.00</i>	<i>May 3</i>	<i>Tr by Check.</i>	<i>50.00</i>
Metallic Lining <i>✓</i>			<i>Tr by driving.</i>	<i>2.50</i>
Outside Box <i>Reg</i>		<i>Aug 29</i>	<i>Tr by Cash.</i>	<i>32.50</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Hel. Casket</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>85.00</i>			<i>85.00</i>

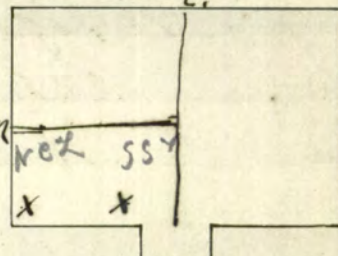
REMARKS



NO. *Mr Ed Leonard, Forest City* DATE *May 4<sup>th</sup> 1920*  
 Remains of *Mr S. S. Leonard* Residence *301 E. 1<sup>st</sup> St. Forest City*  
 Father's Name *Solomon L. Leonard* Residence *Gegrege*  
 Mother's Name *Don't know* How Secured *Son*  
 Charged to *Mr Ed Leonard (Son)* Shipped to *Buried in Orlando*  
 Date of Funeral *May 5<sup>th</sup> 1920 10 a.m.* Date of Death *May 4<sup>th</sup> 1920 7 a.m.*  
 Place of Death *O. G. Hospital* Single or Married *Widower*  
 Occupation of Deceased *Merchant (General Store)* Age *69* years *5* months *3* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. M. E. Ewan* Plate engraved *At Rest*  
 Clergyman *Rev. Cooper* Lot or grave No. *224* Section *N*  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



Phone 709  
 m Home

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/0 Grey Rep. Oct 31</i>	<i>115.00</i>	<i>May 11</i>	<i>En by Check</i>	<i>180.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Grey B. Suit</i>	<i>10.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>10.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Grey</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>N.W. 1/4 Sec 22 &amp; 23</i>	<i>12.50</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Moving body of Mr Leonard from single grave</i>	<i>10.00</i>			
Total amount of bill	<i>180.00</i>			<i>180.00</i>

REMARKS



# FUNERAL REGISTER

113

NO. *Estate Moses E. Bowen* DATE *of death May 4<sup>th</sup> 1920*

Remains of *Moses E. Bowen* Residence *Ellicottville, N.Y.*

Father's Name *Moses E. Bowen* Residence *Ellicottville N.Y.*

Mother's Name *Betsy Hopkins Bowen* How Secured *Estate*

Charged to *Robert G. Widrig* Shipped to *Ellicottville, N.Y.*

Date of Funeral *May 5<sup>th</sup> 1920 10 a.m.* Date of Death *May 4<sup>th</sup> 1920 8 a.m.*

Place of Death *Apopka* Single or Married *Widower*

Occupation of Deceased *Farmer* Age *76* years months days

Cause of Death *Cancer of Prostate Glands* Number of Burial Certificate

Certifying Physician *Dr. Carroll (Apopka)* Plate engraved *Name & Date*



Clergyman *At Apopka* Lot or grave No. Section

Interment at *Restoration Cemetery*

City *Ellicottville*

State *New York*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. B. Co. R. Co. S.</i>	350.00	May 5	En by check.	400.00
Metallic Lining <i>Yes</i>		May 14	En .. ..	94.61
Outside Box <i>Reg</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages at \$				
Flowers				
Hearse <i>Auto Hearse</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>R.R. Tickets &amp; Pullman</i>	94.61			
Total amount of bill	494.61			494.61

REMARKS



NO. *Estate Hannah B. Adams, Winter Park* DATE *May 2<sup>nd</sup> 1920*  
 Remains of *Mrs Hannah B. Adams*, Residence *Winter Park, Fla.*  
 Father's Name *Hunt Know*, Residence *Hunt Know*  
 Mother's Name *Hunt Know*, How Secured *Estate*  
 Charged to *Estate (Ed. F. Kezel)* <sup>Winter Park Fla.</sup> Shipped to *Denver, Colorado*  
 Date of Funeral *May 6<sup>th</sup> 1920 4:30 P.M.* Date of Death *May 2<sup>nd</sup> 1920*  
 Place of Death *Residence*, Single or Married *Widow*  
 Occupation of Deceased *At Home*, Age *65* years months days  
 Cause of Death *Cypolepsy*, Number of Burial Certificate  
 Certifying Physician *Judge Martin*, Plate engraved  
 Clergyman *At Winter Park*, Lot or grave No. Section  
 Interment at *Hesperian Cemetery*  
 City *Denver*  
 State *Colorado*

## CEMETERY CHART

Put in the diagram one mark like this § for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus —.

*Walley & Rollins, Denver, Colo. (Undertakers)*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Q. Grey B. Co. R. Co. S.</i>	<i>350.00</i>	<i>Sept 28</i>	<i>By check</i>	<i>547.36</i>
Metallic Lining <i>yes</i>		<i>" 28</i>	<i>By Telegrams</i>	<i>1.80</i>
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>50.00</i>			
Carriages <i>C. Wagon (2) at \$5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express An body to Denver, Colo.</i>	<i>122.43</i>			
<i>Telegrams Denver</i>	<i>1.89</i>			
Total amount of bill	<i>549.32</i>			<i>549.32</i>

*Mrs Helen Middlekauff  
1244 Josephine St.  
Denver, Colo.*

*mail statement to  
Mr & Mrs of  
Hesperian Park*

REMARKS *Was found dead in her home May 4<sup>th</sup> P.M. Fell from Breakfast table Sunday morning. Was found Tuesday on floor. Signed Judge Martin. Had no relatives at all. Lived all alone. No way of obtaining family history.*



# FUNERAL REGISTER

115

NO. *Mr Ed Cooper, Tampa, Fla.* DATE *of death May 7* 1920

Remains of *Marybelle Cooper.*

Residence *Tampa, Fla.*

Father's Name *Ed Cooper.*

Residence *Tampa, Fla.*

Mother's Name *Mrs Rey, Cooper.*

How Secured *Father.*

Charged to *Mr Ed Cooper.*

Shipped to *Orlando from Tampa*

Date of Funeral *May 8<sup>th</sup> 1920*

Date of Death *May 7<sup>th</sup> 1920*

Place of Death *Residence.*

Single or Married *Single*

Occupation of Deceased *✓*

Age *✓* years *✓* months *1* days

Cause of Death *Undevelopment.*

Number of Burial Certificate

Certifying Physician *at Tampa.*

Plate engraved

Clergyman *Rev. Cooper.*

Lot or grave No. *Rev. J. B. Rey* Section *Lot.*

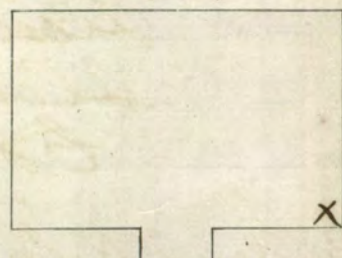
Interment at *Greenwood* Cemetery

City *Orlando.*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this *■* for every grave in it. Mark this burial with cross, thus *x*. Designate site of monument thus *-*.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/3 White Plush.</i>			<i>No Charge.</i>	
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Auto</i> at \$	<i>1.00</i>			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave <i>and Closing</i>	<i>2.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>00.00</i>			<i>0.06</i>

## REMARKS


*Lied in Tampa. Shipped to Orlando on Train #80 May 8<sup>th</sup> 1920. Arrangements in Charge of Frank Smith.*



## FUNERAL REGISTER

NO. *Estate Chester Lee Wofford, Fair Villa, Fla., 1920*  
 Remains of *Chester Lee Wofford, Orlando, Fla., DATE May 12<sup>th</sup> 1920*  
 Father's Name *John Wofford, Fair Villa, Fla.* Residence *Orlando, Fla.*  
 Mother's Name *Caroline Robinson Wofford* Residence *Tennessee.*  
 Charged to *Estate of Walter Wofford* How Secured *Estate*  
 Date of Funeral *May 14<sup>th</sup> 3:30 4 P.M.* Shipped to *Buried Orlando, 1920*  
 Date of Death *May 12<sup>th</sup> 4 P.M.*  
 Place of Death *Residence.* Single or Married *Married*  
 Occupation of Deceased *Farmer.* Age *57* years *6* months *3* days  
 Cause of Death *Cancer of Stomach & Liver.* Number of Burial Certificate  
 Certifying Physician *Dr. Childs.* Plate engraved *At Rest. Name & Date*  
 Clergyman *Rev. Cooper.* Lot or grave No. Section  
 Interment at *Patrick* Cemetery  
 City *Orlando.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy B. Co. Oct. 05.</i>	<i>25.00</i>	<i>May 19</i>	<i>By check.</i>	<i>363.00</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk. B. Suit.</i>	<i>33.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>3 Autos at \$6.50</i>	<i>19.50</i>			
Flowers <i>C. Wagon.</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Leel of top</i>	<i>3.50</i>			
Opening Grave				
Lining Grave <i>Shaving &amp; Fathing</i>	<i>5.00</i>			
Shipping charges, prepaid <i>U. Suit, Socks</i>	<i>2.00</i>			
Total amount of bill	<i>363.00</i>			<i>363.00</i>

REMARKS



# FUNERAL REGISTER

NO. *Estate Frank Bartels, Gotha, Fla.* DATE *May 12<sup>th</sup> 1920*

Remains of *M. Frank Barthels.* Residence *Gotha, Fla.*

Father's Name *M. Barthels.* Residence *Germany.*

Mother's Name *Mrs. Barthels.* How Secured *Estate & Wife*

Charged to *Mrs. Emma Bartels (Wife)* Shipped to *Buried at Gotha, Fla.*

Date of Funeral *May 14<sup>th</sup> 1920 3:30 P.M.* Date of Death *May 12<sup>th</sup> 1920 9 P.M.*

Place of Death *U. S. Hospital.* Single or Married *Married*

Occupation of Deceased *Florist.* Age *62* years *7* months *2* days

Cause of Death *Concussion of Brain.* Number of Burial Certificate

Certifying Physician *Lt. Edwards.* Plate engraved *At Rest*




Clergyman *Rev. Geo. Trapp.* Lot or grave No. Section

Interment at *Gotha* Cemetery

City *Gotha*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Blk Cufe &amp; Box.</i>	100.00	<i>May 24 1921</i>	<i>Cr by check.</i>	100.00
Metallic Lining <i>No</i>		<i>July 6 1921</i>	<i>Cr by check.</i>	25.00
Outside Box <i>Req</i>		<i>1923</i>		
Burial Robe <i>Hel of top</i>	7.50	<i>June 2 1923</i>	<i>Cr by Ch</i>	50.00
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon at \$</i>	5.00		<i>Dis -</i>	12.75
Flowers <i>Floral Price.</i>	3.00			
Hearse <i>Guy Auto Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Bathing &amp; Shaving</i>	10.00			
Opening Grave <i>Shipping Grave.</i>	10.00			
Lining Grave <i>Auto</i>	7.50			
Shipping charges, prepaid				
<i>U. Suit 1.50</i>				
<i>Shoe 50</i>				
<i>collar 25</i>				
<i>shirt 2.50</i>				
<i>2 Photos 5.00</i>				
<i>pd by family</i>				
	47.50			
Total amount of bill	187.75			187.75

REMARKS



NO. *Mr Robert Summers, Orlando, Fla* DATE *1920*  
*May 13<sup>th</sup>*  
 Remains of *Infant of Mr + Mrs Robert Summers* Residence *Orlando, Fla.*  
 Father's Name *Robert Summers.* Residence *Orlando, Fla.*  
 Mother's Name *Anna Leckhart Summers.* How Secured *Father.*  
 Charged to *Robert Summers,* Shipped to *Buried in Orlando.*  
 Date of Funeral *May 13<sup>th</sup> 1920* Date of Death *May 13<sup>th</sup> 1920*  
 Place of Death *O. G. Hospital,* Single or Married *Single*  
 Occupation of Deceased *✓* Age *—* years *—* months *—* days  
 Cause of Death *Still Born.* Number of Burial Certificate  
 Certifying Physician *Lt. J. H. Childs.* Plate engraved  
 Clergyman *✓* Lot or grave No. *Stranger Row* Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/0 H. M.</i>	<i>10.00</i>	<i>June 5</i>	<i>Ex by Cash.</i>	<i>20.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>1 Auto</i> at \$	<i>4.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>1/2 lot Stranger Row.</i>	<i>3.00</i>			
Opening Grave <i>&amp; Closing.</i>	<i>3.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>

REMARKS



# FUNERAL REGISTER

119

1920

NO. Donald Cheney 18 Mark St. DATE of death, May 13<sup>th</sup> 1920

Remains of Mary M<sup>rs</sup> Cain Cheney. Residence Albando Fla.

Father's Name Donald Cheney. Residence Albando, Fla.

Mother's Name Fanny Robinson Cheney. How Secured Father.

Charged to Donald Cheney (Father) Shipped to Buried in Albando.

Date of Funeral May 14<sup>th</sup> 1920 Date of Death May 13<sup>th</sup> 1920

Place of Death Residence. Single or Married Single

Occupation of Deceased ✓ Age    years    months 7 days

Cause of Death Pneumonia. Number of Burial Certificate   

Certifying Physician Dr. Edwards. Plate engraved At Rest.

Clergyman Rev M<sup>rs</sup> Connell. Lot or grave No. 87 Section J

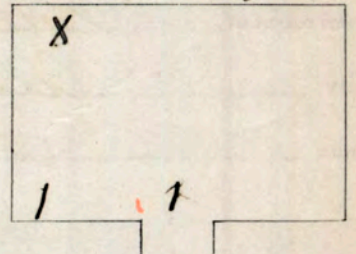
Interment at Greenwood, Cemetery

City Albando.

State Fla.

CEMETERY CHART

Put in the diagram one mark like this **+** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>7/8 White L. Skin.</u>	<u>27.50</u>	<u>Feb 12</u>	<u>Pr. by check.</u>	<u>37.50</u>
Metallic Lining <u>No</u>				
Outside Box <u>Reg</u>				
Burial Robe <u>✓</u>				
Embalming and Attendance <u>✓</u>				
Carriages <u>Auto Towing at \$</u>	<u>5.00</u>			
Flowers				
Hearse				
Death notices in <u>2, Papers</u>				
Outlay for lot <u>Lot 87 Sec f.</u>				
Opening Grave <u>Exc Closing.</u>	<u>5.00</u>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<u>37.50</u>			<u>37.50</u>



REMARKS

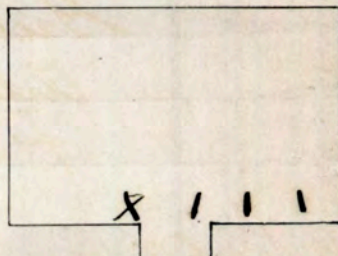


NO. *Estate Mrs Githa Anna Hull, Orlando, Fla* DATE *1920 May 14<sup>th</sup>*

Remains of *Mrs Githa Anna Hull*. Residence \_\_\_\_\_  
 Father's Name *David. R. Wood*. Residence *S. Carolina*.  
 Mother's Name *Antida Garrison Wood*. How Secured *Mrs Boner*.  
 Charged to *Mrs Cora Boner (Daughter)* Shipped to *Buried in Orlando*  
 Date of Funeral *May 16<sup>th</sup> 2 P.M. 1920* Date of Death *May 14<sup>th</sup> 2 a.m. 1920*  
 Place of Death *106 N. Orange Ave.* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *83* years *5* months *10* days  
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Lt. M. E. Ewan*. Plate engraved *Mother*  
 Clergyman *Rev. Cooper*. Lot or grave No. *78* Section *a*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo. 1/4 End</i>	<i>185.00</i>	<i>June 14</i>	<i>Pa. by Check.</i>	<i>291.30</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Grey B. Dress</i>	<i>27.50</i>			
Embalming and Attendance <i>Dressing</i>	<i>30.00</i>			
Carriages <i>4 Autos at \$5.00</i>	<i>20.00</i>			
Flowers <i>C. Wagon</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec a. Lot 78</i>				
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>N. Suit &amp; Home.</i>	<i>3.80</i>			
Total amount of bill	<i>291.30</i>			<i>291.30</i>

REMARKS



FUNERAL REGISTER

121

NO. *Mr J.A. Hamm, 712 Liv St. Orlando* DATE *of death May 14<sup>th</sup> 1920*

Remains of *Mary Sydnor Hamm.* Residence *712 Division St. City.*

Father's Name *Mr J.A. Hamm.* Residence *712 Division St. City*

Mother's Name *Elnor C. Havcraft Hamm.* How Secured *Father.*

Charged to *Mr. J. A. Hamm.* Shipped to *Buried in Orlando*

Date of Funeral *May. 15<sup>th</sup> 10 A.M.* Date of Death *May 14<sup>th</sup> 1920*

Place of Death *Residence.* Single or ~~Married~~ *Single*

Occupation of Deceased *at home* Age *years 2 months* days

Cause of Death *Bronchial Pneumonia* Number of Burial Certificate

Certifying Physician *Dr. Ford.* Plate engraved *at Rest*

Clergyman *Rev. Cooper.* Lot or grave No. *6* Section *C*

Interment at *Greenwood* Cemetery

City *Orlando*

State *Fla.*

CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus =.

**x**

*Mr Jacob. A. Hamm (301 N. Pleasant St. Gainesville, Fla. Isabel Yancy & Co.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/0 White L. Skin.</i>	22.50	May 23	Cr by Cash.	5.00
Metallic Lining <i>✓</i>		July 9	Cr " " "	1.00
Outside Box <i>Reg.</i>		" 18	Cr " " "	3.00
Burial Robe		Oct 18	Cr " P.O. Order	5.00
Embalming and Attendance <i>Emb.</i>	25.00	Feb 17 1921	Cr " P.O. Order	5.00
Carriages <i>1 Auto</i> at \$	3.50	Mar 28	Cr " P.O. Order	5.00
Flowers		Feb 13 1922	Cr " Cash.	5.00
Hearse <i>Towing Car.</i>	5.00	Feb 20	Cr " Cash.	2.00
Death notices in <i>2</i> Papers		Mar 21	Cr " Cash	5.00
Outlay for lot		May 3	Cr " Cash	3.00
Opening Grave <i>Exp Closing.</i>	5.00	Oct 23 1923	Cr " Cash	5.00
Lining Grave		Jan 27	Cr " Cash.	15.00
Shipping charges, prepaid				
Total amount of bill	61.00			61.00

REMARKS



## FUNERAL REGISTER

819 Palmetto St, Jax Fla

1920

NO.

Barney Johnson (Col) Jax. Fla. DATE of Death May 14

Remains of

Ray Pipher (Col.)

Residence

Orlando

Father's Name

Mr. Pipher

Residence

Jax.

Mother's Name

Mrs Pipher Johnson

How Secured

Step-Father.

Charged to

Barney Johnson.

Shipped to

Buried in Orlando.

Date of Funeral

May 17<sup>th</sup> 1920 11 P.M.

Date of Death

May 14<sup>th</sup> 1920 5 P.M.

Place of Death

O. G. Hospital.

Single or Married

Single

Occupation of Deceased

Laborer.

Age 27 years

months

days

Cause of Death

Shot in Right hip by Policeman

Number of Burial Certificate

Certifying Physician

Dr. Christ

Plate engraved

At Rest

Clergyman

Col.

Lot or grave No.

Section

Interment at

Greenwood Cemetery




City

Orlando

State

Fla.

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	35.00	May 27	By Check	55.00
Metallic Lining	No	Oct 19	By P.O. Order.	10.00
Outside Box	Reg	Nov 2	By P.O. Order.	5.00
Burial Robe	✓	Dec 14	By P.O. Order.	25.00
Embalming and Attendance	Emb., 30.00			
Carriages	C. Wagon at \$ 5.00			
Flowers	Auto. 5.00			
Hearse	Grey Car. 12.00			
Death notices in	2 Papers			
Outlay for lot	Col. 3.00			
Opening Grave	and Closing 5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	95.00			95.00

REMARKS

June 11-20 address  
2434 Fifth ave  
Pittsburg Pa



# FUNERAL REGISTER

123

NO. *Mr & Mrs King Parrott. 308 W. Pine St.* DATE *May 16<sup>th</sup> 1920*

Remains of *Infant of Mr & Mrs H. Parrott* Residence *308 W. Pine St. City*

Father's Name *King Parrott.* Residence *308 W. Pine St. City*

Mother's Name *Mrs King Parrott.* How Secured *Father.*

Charged to *King Parrott.* Shipped to *Buried in Orlando.*

Date of Funeral *May 16<sup>th</sup> 1920* Date of Death *May 15<sup>th</sup> 11:30 Am.*

Place of Death *308 W. Pine St.* Single or ~~Married~~ *Single*

Occupation of Deceased *✓* Age *✓* years *✓* months *✓* days

Cause of Death *Still born.* Number of Burial Certificate

Certifying Physician *Dr. Beardsall* Plate engraved *At Rest*




Clergyman *✓* Lot or grave No. Section

Interment at *Greenwood Cemetery*

City *Orlando*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2014 M.</i>	<i>10.00</i>	<i>May 17</i>	<i>By check.</i>	<i>17.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Auto</i> at \$	<i>2.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>✓</i> Papers				
Outlay for lot <i>Single Grave</i>	<i>3.00</i>			
Opening Grave <i>and Closing</i>	<i>2.50</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>17.50</i>			<i>17.50</i>




REMARKS



## FUNERAL REGISTER

NO. *T. W. Hicks, (Brother)* DATE of Death *May 22<sup>nd</sup> 1920*  
 Remains of *J. A. Hicks* Residence *Taft, Fla.*  
 Father's Name *Leont Snow* Residence *Virginia*  
 Mother's Name *Mrs Brown (Hicks)* How Secured *Brother*  
 Charged to *T. W. Hicks* Shipped to *Buried at Taft, Fla. 10 P.M.*  
 Date of Funeral *May 23<sup>rd</sup> 1920* Date of Death *May 22<sup>nd</sup> 1920*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Farming* Age *59* years ☒ months *4* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Brannon (Pine Castle)* Plate engraved *at Rest*  
 Clergyman *at Taft* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Taft* Cemetery \_\_\_\_\_  
 City *Taft*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Coffin</i>	<i>45.00</i>	<i>May 13</i>	<i>Cr by Cash.</i>	<i>46.00</i>
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages _____ at \$ _____				
Flowers				
Hearse				
Death notices in <i>2</i> _____ Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>Tie &amp; Socks.</i>	<i>11.00</i>			
Total amount of bill	<i>46.00</i>			<i>46.00</i>

REMARKS *Was only sick 4 or 5 hours. Came in Truck for coffin & done their own work.*






# FUNERAL REGISTER

125

NO. *W. H. Mizon (Husband)* *4 1/2 S. E. of Winter Park* *1920* DATE *May 24<sup>th</sup>*

Remains of *Mrs Susan Mizon*, Residence *4 1/2 S. E. Winter Park*,  
 Father's Name *Mr J. Miller*, Residence *Leint Knoro*,  
 Mother's Name *Mrs L. Miller*, How Secured *Husband*,  
 Charged to *W. H. Mizon (Husband)* Shipped to *Buried at Winter Park*,  
 Date of Funeral *May 26<sup>th</sup> - 1920 4 P.M.* Date of Death *May 24<sup>th</sup> - 1920 1 P.M.*  
 Place of Death *Residence*, Single or Married *Married*  
 Occupation of Deceased *At Home*, Age *54* years *1* months *20* days  
 Cause of Death *Arsenical Poisoning*, Number of Burial Certificate  
 Certifying Physician *Dr. Hotard*, Plate engraved *at Rest*  
 Clergyman *at Winter Park*, Lot or grave No. *B*, Section *36*  
 Interment at *Winter Park* Cemetery  
 City *Winter Park*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>V. Coffin &amp; box</i>	<i>75.00</i>	<i>May 29</i>	<i>Cr by Cash.</i>	<i>50.00</i>
Metallic Lining <i>No</i>		<i>Aug 21</i>	<i>Cr " Check.</i>	<i>25.00</i>
Outside Box <i>Req.</i>		<i>Nov 17</i>	<i>Cr " Cash.</i>	<i>20.00</i>
Burial Robe <i>B. Dress.</i>	<i>11.00</i>	<i>Jan 29</i>	<i>Cr " Check.</i>	<i>15.00</i>
Embalming and Attendance <i>Emb.</i>	<i>10.00</i>	<i>Dec 31</i>	<i>Cr " Cash.</i>	<i>5.00</i>
Carriages <i>C. Wagon</i> at \$	<i>15.00</i>	<i>1925</i>		
Flowers		<i>Apr 11</i>	<i>Cr by 90 Da-Nts</i>	<i>33.50</i>
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers		<i>June 13-1924</i>		
<i>W. P. Cemetery</i> Outlay for lot <i>B. Lot (B) Lic 36</i>	<i>15.00</i>	<i>Jones &amp; Jones P.d</i>		
Opening Grave <i>Ed Closing</i>	<i>5.00</i>	<i>35.00</i>	<i>acct</i>	
Lining Grave <i>Hel box to Cemetery</i>	<i>2.50</i>	<i>Mr Murdin</i>		
Shipping charges, prepaid		<i>June</i>		
		<i>Apr 11-25</i>		

Total amount of bill

*148.50*

*148.50*

REMARKS



NO. *Samuel W. Goolsby, Lake Gen. Fla.* <sup>1920</sup> <sup>DATE</sup> *May 31<sup>st</sup>*

Remains of *Mr Samuel M. Goolsby.* Residence *Jellwood. Fla.*

Father's Name *Wm. A. Goolsby.* Residence *Georgia.*

Mother's Name *Mary Hunter Goolsby.* How Secured *Estate.*

Charged to *Mr Samuel W. Goolsby.* Shipped to *Buried at M. E. Donald & Co.*

Date of Funeral *June 1<sup>st</sup> 2 P.M. 1920* Date of Death *May 31<sup>st</sup> 7 A.M. 1920.*

Place of Death *Residence.* Single or Married *Married.*

Occupation of Deceased *Farmer.* Age *72* years *2* months *18* days

Cause of Death *Paralysis.* Number of Burial Certificate

Certifying Physician *Dr. Carroll. (Appha)* Plate engraved *At Rest.*

Clergyman *At Jellwood.* Lot or grave No. Section

Interment at *M. E. Donald. Cemetery*

City *M. E. Donald*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>Sq. Var. Coffin. 70.00</i>	<i>May 31</i>	<i>En by Check.</i>	<i>70.00</i>
Metallic Lining	<i>Mo.</i>			
Outside Box	<i>Req.</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance				
Carriages	<i>✓</i> at \$			
Flowers	<i>✓</i>			
Hearse	<i>✓</i>			
Death notices in	Papers			
Outlay for lot	<i>✓</i>			
Opening Grave	<i>✓</i>			
Lining Grave	<i>✓</i>			
Shipping charges, prepaid	<i>✓</i>			
Total amount of bill	<i>70.00</i>			<i>70.00</i>

REMARKS






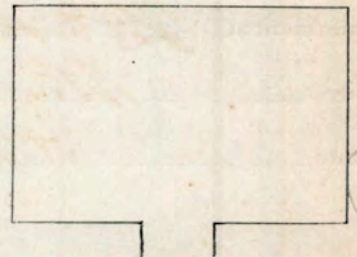
# FUNERAL REGISTER

127

NO. *Mr Joe Laramore (Father)* *Chulota* DATE *May 31st 1920*

Remains of *Florence Laramore*, Residence *Chulota, Fla.*  
 Father's Name *Mr Joe Laramore*, Residence *Chulota, Fla.*  
 Mother's Name *Julia Gill Laramore*, How Secured *Father & Grandfather*  
 Charged to *Mr Joe Laramore (Father)* Shipped to *Buried at Ft Christmas*  
 Date of Funeral *June 1st 1920* Date of Death *May 31st 1920*  
 Place of Death *Residence* Single or ~~Married~~ *Single*  
 Occupation of Deceased *At home* Age *2* years months days  
 Cause of Death *accident (slipped in watering trough, while at play)* Number of Burial Certificate  
 Certifying Physician *Dr. Swimmer (Orida)* Plate engraved *Our Darling*  
 Clergyman *At Chulota* Lot or grave No. Section  
 Interment at *Ft Christmas Cemetery*  
 City *Ft Christmas*  
 State *Florida*

CEMETERY CHART  
 Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 White L. Skin.</i>	<i>12.50</i>	<i>May 31</i>	<i>Co by Cash.</i>	<i>12.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>12.50</i>			<i>12.50</i>

REMARKS *Bought Casket & did their own work.*



## FUNERAL REGISTER

NO. *Estate M Stanley Pool* DATE *Death May 31<sup>st</sup> 1920*

Remains of *M Stanley Pool* Residence *208 E. Jackson St.*

Father's Name *Richard W. Pool* Residence *Long Island N.Y.*

Mother's Name *Mary Story (Pool)* How Secured *Estate*

Charged to *Estate (Celeste Story Johnson)* Shipped to *Rockville Center N.Y.*

Date of Funeral *June 1920* Date of Death *May 31<sup>st</sup> 1920 8:45 P.M.*

Place of Death *208 E. Jackson St.* Single or Married *Single*

Occupation of Deceased *Retired* Age *51* years *8* months  days

Cause of Death *Accidentally killed by auto* Number of Burial Certificate

Certifying Physician *Dr. Roney* Plate engraved




Clergyman *At Lexington* Lot or grave No.  Section

Interment at *Long Island Cemetery*

City *New York*

State *New York*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Gray B. Co. R. Co. State</i>	<i>350.00</i>	<i>June 4</i>	<i>Cr by Cash.</i>	<i>89.44</i>
Metallic Lining <i>yes</i>		<i>July 19</i>	<i>Cr " Check.</i>	<i>430.00</i>
Outside Box <i>Reg</i>		<i>" 19</i>	<i>Cr His Amb.</i>	<i>5.00</i>
Burial Robe <i>Blk B. Suit.</i>	<i>32.50</i>			
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2<sup>nd</sup> at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Underwear 2.00 Socks .50</i>	<i>2.50</i>			
Shipping charges, prepaid				
<i>Ambulance.</i>	<i>5.00</i>			
<i>2 R.R. Tickets &amp; Pullman</i>	<i>86.98</i>			
<i>Telegrams.</i>	<i>2.46</i>			
Total amount of bill	<i>524.44</i>			<i>524.44</i>

## REMARKS


*M Pool was struck by a Hodge Car on the corner of Main & E. Church Sts. about 8 P.M. Was badly broken up. Taken to his home and died about one hour later. Car was driven by Mr Reeder of Altamont. Jury Verdict (Accidental)*



# FUNERAL REGISTER

129

NO. *1820* *Mrs Emily Jane Webb (Oakland Fla)* DATE *June 1st 1920*  
 Remains of *Mr Wm Henry Webb.* Residence *Oakland, Fla.*  
 Father's Name *Malford Webb.* Residence *Scott Arrow Penn*  
 Mother's Name *Mrs Jane Webb.* How Secured *Estate*  
 Charged to *Mrs Emily Jane Webb Wife* Shipped to *Buried at Oakland*  
 Date of Funeral *June 1st 5 P.M. 1920* Date of Death *June 1st 1920*  
 Place of Death *Residence* Single or Married *Married.*  
 Occupation of Deceased *Merchant (General Store)* Age *63* years *10* months *21* days  
 Cause of Death *Bright's Disease.* Number of Burial Certificate  
 Certifying Physician *Dr. Harris.* Plate engraved *Father,*  
 Clergyman *At Oakland.* Lot or grave No. Section  
 Interment at *Oakland* Cemetery  
 City *Oakland*  
 State *Florida.*

CEMETERY CHART  
 Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Bld Oct 0. Top.</i>	<i>175.00</i>	<i>June 2</i>	<i>Gr by Check.</i>	<i>195.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Auto &amp; Service.</i>	<i>20.00</i>			
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>195.00</i>			<i>195.00</i>

REMARKS



NO. *Mr Jasper Joiner Winter Garden* DATE *June 2<sup>nd</sup> 1920*  
 Remains of *Infant of Mr & Mrs Jasper Joiner* Residence *Winter Garden, Fla.*  
 Father's Name *Mr Jasper Joiner* Residence *Winter Garden, Fla.*  
 Mother's Name \_\_\_\_\_ How Secured *Father*  
 Charged to *Mr Jasper Joiner (Father)* Shipped to *Buried at Oakland.*  
 Date of Funeral *June 2<sup>nd</sup> 1920* Date of Death *June 2 - 1920 at 24.m.*  
 Place of Death *Residence.* Single or Married *Single*  
 Occupation of Deceased \_\_\_\_\_ Age ☒ years ☒ months ☒ days  
 Cause of Death *Insufficient Vitality.* Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Davis.* Plate engraved *Our Darling*  
 Clergyman *at Winter Garden.* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Oakland.* Cemetery \_\_\_\_\_  
 City *Oakland.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2 1/2 W. L. Skin &amp; Box</i>	<i>15.00</i>	<i>June 2</i>	<i>Gr by Check.</i>	<i>15.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>

## REMARKS

*Lid their own work.*





# FUNERAL REGISTER

131

NO. *Mrs Wm Howard, Kissimmee* DATE *June 5<sup>th</sup> 1920*

Remains of *Mrs Mary Howard* Residence *Kissimmee*  
 Father's Name *A. W. Perry* Residence *Kentucky*  
 Mother's Name *Sarah Goss (Perry)* How Secured *Husband*  
 Charged to *Mrs Wm Howard (Husband)* Shipped to *Buried in Orlando*  
 Date of Funeral *June 6<sup>th</sup> 1920 4:30 P.M.* Date of Death *June 5<sup>th</sup> 1920 3 P.M.*  
 Place of Death *Orange G. Hospital* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *43* years *4* months *14* days  
 Cause of Death *Shock following operation for Pyl. Nephritis* Number of Burial Certificate  
 Certifying Physician *Dr. W. E. Ewan* Plate engraved  
 Clergyman *La. Adeock* Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

*First Funeral in New Chapel*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray Cope Oct 3 P.M.</i>	<i>125.00</i>	<i>June 10</i>	<i>Cr by Cash.</i>	<i>193.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>White B. Robe.</i>	<i>10.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave.</i>	<i>3.00</i>			
Opening Grave <i>Ex Closing grave.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>193.00</i>			<i>193.00</i>

REMARKS

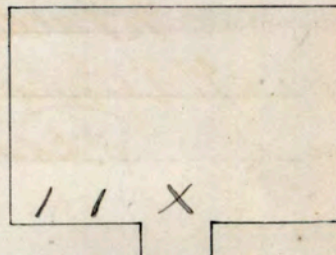


NO. *Miss Hope Starbuck* 405 E. Livingston <sup>1920</sup> DATE *of death June 6<sup>th</sup>*

Remains of *Mrs Miriam G. Starbuck* Residence *405 E. Livingston Ave*  
 Father's Name *James Ghent* Residence *Canada*  
 Mother's Name *Martha Hopkins (Ghent)* How Secured *Estate*  
 Charged to *Miss Hope Starbuck (daughter)* Shipped to *Buried in Orlando*  
 Date of Funeral *June 7<sup>th</sup> 1920 4 P.M.* Date of Death *June 6<sup>th</sup> 1920 3 A.M.*  
 Place of Death *Residence* Single or Married *Widow*  
 Occupation of Deceased *at home* Age *75* years *9* months *5* days  
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate  
 Certifying Physician *Dr. Christ* Plate engraved *at Rest*  
 Clergyman *Rev. W. H. Connell* Lot or grave No. *109* Section *L*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Blk Rufe Oct 30<sup>th</sup></i>	<i>100.00</i>	<i>June 15</i>	<i>Cr by Check</i>	<i>125.00</i>
Metallic Lining <i>✓</i>		<i>" 15</i>	<i>Cr " Dis</i>	<i>10.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Care of body</i>	<i>15.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>L. Lot 109</i>				
Opening Grave <i>Exc Closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>135.00</i>			<i>135.00</i>

REMARKS






# FUNERAL REGISTER

133

NO. *Sam Justice (Col) Maitland*, DATE *June 7<sup>th</sup> 1920*  
Remains of *Napolean Justice*. Residence *Maitland, Fla.*  
Father's Name *Sam Justice*. Residence *Maitland, Fla.*  
Mother's Name *Elizabeth Justice*. How Secured *Father's*  
Charged to *Sam Justice (Father)* Shipped to *Buried at Woodbridge Cemetery*  
Date of Funeral *June 8<sup>th</sup> 1920* Date of Death *June 7<sup>th</sup> 1920 4:30 PM*  
Place of Death *Residence* Single or Married *Single*  
Occupation of Deceased *✓* Age *1* years *✓* months *1* days  
Cause of Death *Collitis*. Number of Burial Certificate  
Certifying Physician *Dr. Hotard*. Plate engraved *Our Darling*  
Clergyman *At Maitland*. Lot or grave No. Section  
Interment at *Woodbridge Cemetery*  
City *N.E. of Winter Park*  
State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>No H.M.L. Skin</i>	<i>15.00</i>	<i>June 7</i>	<i>Cr by Cash</i>	<i>5.00</i>
Metallic Lining <i>✓</i>		<i>" 7</i>	<i>Cr .. check</i>	<i>10.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>at \$</i>				
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>

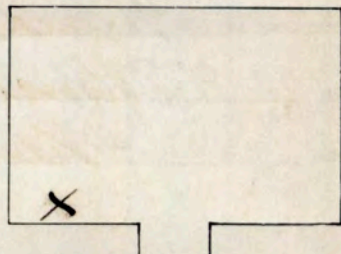
REMARKS



NO. *Mrs W. J. Thompson (Mulberry Fla.)* DATE *of death June 10<sup>th</sup> 1920*  
 Remains of *William J. Thompson.* Residence *Mulberry, Fla.*  
 Father's Name *Mr Thompson.* Residence *Don't know*  
 Mother's Name *Mrs Thompson.* How Secured *Phosphate Plant at Mulberry.*  
 Charged to *Mrs W. J. Thompson (Wife)* Shipped to *Orlando from Mulberry.*  
 Date of Funeral *June 11<sup>th</sup> 1920 4 P.M.* Date of Death *June 10<sup>th</sup> 1920 9-4 a.m.*  
 Place of Death *Phosphate Plant at Mulberry.* Single or Married *Married*  
 Occupation of Deceased *Foreman of P. Plant.* Age *53* years months days  
 Cause of Death *Killed accidentally by machinery while at work.* Number of Burial Certificate  
 Certifying Physician *At Mulberry.* Plate engraved *At Rest*  
 Clergyman *Rev M. E. Connell.* Lot or grave No. *13* Section *J.*  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey B. Cloth</i>		<i>Aug 30</i>	<i>Gr by Check.</i>	<i>73.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>2 Auto</i> at \$ <i>4.00</i>	<i>8.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec J. Lot 13</i>	<i>40.00</i>			
Opening Grave <i>By Closing Grave</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon</i>	<i>5.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>73.00</i>			<i>73.00</i>

REMARKS *Was accidentally killed by machinery while at work at Phosphate Plant at Mulberry Fla. June 10<sup>th</sup> 1920. Was shipped to Orlando June 11<sup>th</sup> on afternoon train and funeral at 4 P.M. June 11<sup>th</sup>*






# FUNERAL REGISTER

135

NO. *Estate Edmund H. Hyde* DATE *1920 June 15<sup>th</sup>*

Remains of *Edmund H. Hyde.* Residence *Winter Park, Fla.*  
 Father's Name *Mr Hyde* Residence *New Jersey.*  
 Mother's Name *Undt Know.* How Secured *Estate (Mr Powell Adm.)*  
 Charged to *Estate.* Shipped to *Burlington N. J.*  
 Date of Funeral *June 17<sup>th</sup> 1920 4:30 P.M.* Date of Death *June 15<sup>th</sup> 1920 2:15 A.M.*  
 Place of Death *Florida Sanitarium* Single or Married *Single*  
 Occupation of Deceased *Prof. Rollins College Retired* Age *65* years months days  
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate  
 Certifying Physician *Dr. J. A. Pines.* Plate engraved *Name & Date.*  
 Clergyman *Dean Pitblado.* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Burlington.*  
 State *New Jersey.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Metal</i>	<i>875.00</i>	<i>July 8</i>	<i>Tr by check.</i>	<i>1178.73</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Mahogany.</i>	<i>125.00</i>			
Burial Robe <i>Blk. Burial Suit.</i>	<i>40.00</i>			
Embalming and Attendance <i>Emb &amp; Shaving</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Underwear 2<sup>50</sup> Socks 75</i>	<i>3.25</i>			
<i>Telegram.</i>	<i>.82</i>			
<i>Express on body.</i>	<i>69.66</i>			
Total amount of bill	<i>1178.73</i>			<i>1178.73</i>

REMARKS



NO. *Mr. F. Joseph Harrell, Orlando, Fla.* DATE *June 17<sup>th</sup> 1920*  
 Remains of *Mr. F. Joseph Harrell.* Residence *W. Livingston Ave.,*  
 Father's Name *Mr. Harrell* Residence *Georgia*  
 Mother's Name *Bettie Williamson Harrell* How Secured *Son Will J. Harrell*  
 Charged to *Mr. F. Joseph Harrell (Wife)* Shipped to *Buried at Conway*  
 Date of Funeral *June 17<sup>th</sup> 1920 5 P.M.* Date of Death *June 15<sup>th</sup> 5 P.M. 1920*  
 Place of Death *621 E. Colonial Drive* Single or Married *Married*  
 Occupation of Deceased *SlayMak (C.W. & L. Co.)* Age *56* years ☒ months *2* days  
 Cause of Death \_\_\_\_\_ Number of Burial Certificate \_\_\_\_\_  
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*  
 Clergyman *Rev. E. Lee Smith* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Conway* Cemetery \_\_\_\_\_  
 City *Conway*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Blk B.Cs. Oct. 17.</i>	<i>165.00</i>	<i>Sept 1</i>	<i>Cr. by Check.</i>	<i>242.50</i>
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Reg</i>				
Burial Robe <i>Blk. B. Suit</i>	<i>20.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00-</i>			
Flowers <input checked="" type="checkbox"/>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Lel. Box to Conway</i>	<i>5.00</i>			
Shipping charges, prepaid				
<i>Underwear &amp; Socks.</i>	<i>2.50</i>			
Total amount of bill	<i>242.50</i>			<i>242.50</i>

REMARKS






# FUNERAL REGISTER

137

NO. *Estate H.M. Murdoch,* DATE *of death June 15<sup>th</sup> 1920*  
Remains of *M. H.M. Murdoch,* Residence *Loughman, Fla.*  
Father's Name *Murdoch,* Residence *S. Carolina.*  
Mother's Name *Mary C. M. C. Claron (Mandal)* How Secured *Estate.*  
Charged to *M. Neolin Sloan.* Shipped to *Buried in Orlando*  
Date of Funeral *June 16<sup>th</sup> 1920 2:30 P.M.* Date of Death *June 15<sup>th</sup> 1920 11 P.M.*  
Place of Death *O. G. Hospital* Single or Married *Single.*  
Occupation of Deceased *Truck Grower.* Age *70* years months days  
Cause of Death  
Certifying Physician *Lt. Christ.* Plate engraved *at Rest.*  
Clergyman *Rev Mr. Connell* Lot or grave No. Section  
Interment at *Greenwood* Cemetery  
City *Orlando*  
State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 War. Wood Coffin</i>	75.00	July 7	<i>Cr. by Cash.</i>	108.00
Metallic Lining <i>✓</i>		Aug 5	<i>Cr. " "</i>	20.00
Outside Box <i>Req.</i>		Sept 3	<i>Cr. " "</i>	10.00
Burial Robe <i>✓</i>		Jan 5 1921	<i>Cr. " "</i>	2.00
Embalming and Attendance <i>Emb &amp; Shaving</i>	30.00			
Carriages <i>2 Autos at \$ 3.50</i>	7.00			
Flowers <i>C. Wagon</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	3.00			
Opening Grave <i>End Closing Grave</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	140.00			140.00




REMARKS *Oct- 30- 1922 disinterred Body and moved to the N.E 1/4 of lot 43- sec A. Williams Lot*  
*Body was in excellent condition* *Am't Chg to Miss Mae Sloan*

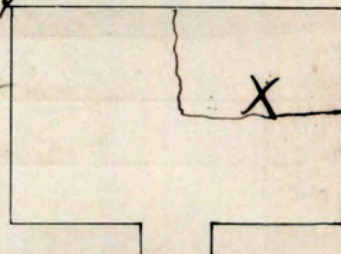


## FUNERAL REGISTER

NO. *Mr Geo Williams W Central Ave* DATE *June 16<sup>th</sup> 1920*  
 Remains of *Mrs Elizabeth Williams* Residence *W. Central Ave*  
 Father's Name *Wm Clement* Residence *England*  
 Mother's Name *Bessie Clement* How Secured *Estate*  
 Charged to *Geo Williams (Son)* Shipped to *Buried in Atlanta*  
 Date of Funeral *June 20<sup>th</sup> 1920 5<sup>PM</sup>* Date of Death *June 16<sup>th</sup>*  
 Place of Death *U. S. Hospital* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *74* years months days  
 Cause of Death *Aedema of Lungs, Following* Number of Burial Certificate  
 Certifying Physician *Dr. Edwards* Plate engraved *Mother*  
 Clergyman *Christophildelphens* Lot or grave No. *23* Section *8*  
 Interment at *Greenwood* Cemetery S. E. *1/4*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3 Grey B Co R.C.S.</i>	<i>185.00</i>	<i>June 23</i>	<i>Early Check.</i>	<i>259.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance	<i>15.00</i>			
Carriages <i>2 Autos at \$ 3.50</i>	<i>7.00</i>			
Flowers <i>Floral Piece</i>	<i>20.00</i>			
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Lot 23 Sec. 8 E. 1/4</i>	<i>12.50</i>			
Opening Grave <i>Exp Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Telegrams <i>✓</i>	<i>2.50</i>			
Total amount of bill	<i>259.50</i>			<i>259.50</i>

REMARKS



# FUNERAL REGISTER

139

NO. *Estate of Mrs Elenora Catherman* <sup>Forest City Fla</sup> DATE *June 17<sup>th</sup> 1920*

Remains of *Mrs Elenora Catherman* Residence *Forest City Fla.*

Father's Name *Mr Hill Ball.* Residence *Ohio.*

Mother's Name *Rachel Grace Ball.* How Secured *Insurance.*

Charged to *Mrs Henry Haughter.* Shipped to *Buried in Orlando.*

Date of Funeral *June 19<sup>th</sup> 1920 4:30 P.M.* Date of Death *June 17<sup>th</sup> 8:30 P.M.*

Place of Death *C. G. Hospital* Single or Married *Widow*

Occupation of Deceased *At home.* Age *61* years *4* months *17* days

Cause of Death *Tubercular Peritonitis* Number of Burial Certificate

Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*




Clergyman *Rev Cooper.* Lot or grave No. *9007.* Section *E*

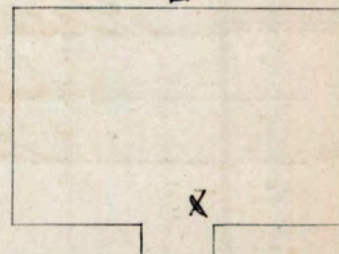
Interment at *Greenwood* Cemetery

City *Orlando.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 G.B. Co R. Co State</i>	<i>350.00</i>	<i>Dec 16 1921</i>	<i>Cr by check.</i>	<i>100.00</i>
Metallic Lining <i>Yes</i>		<i>Jan 17 1921</i>	<i>Cr .. ..</i>	<i>100.00</i>
Outside Box <i>Req.</i>		<i>Mar 10 1921</i>	<i>Cr .. ..</i>	<i>234.30</i>
Burial Robe				
Embalming and Attendance <i>W. Sherrin</i>	<i>35.00</i>			
Carriages <i>2 Autos at \$3.50</i>	<i>7.00</i>			
Flowers <i>Casket Wagon.</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Exc Closing grave</i>	<i>5.00</i>			
Lining Grave <i>Grave marker</i>	<i>15.00</i>			
to <i>L.O.O.F. Lodge.</i>				
Shipping charges, prepaid				
Telegrams.	<i>2.30</i>			
Total amount of bill	<i>434.30</i>			<i>434.30</i>

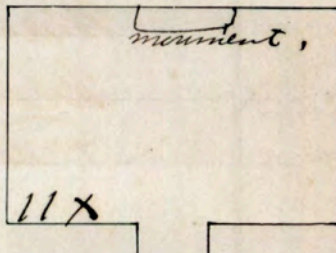
REMARKS



NO. *L. L. Payne, Magnolia* DATE *of Leach June 18<sup>th</sup> 1920*  
 Remains of *Ruth Anna Marie Isaacson* Residence *312 Magnolia Ave*  
 Father's Name *Oscar Isaacson* Residence *Sweden*  
 Mother's Name *Agusta Svenson Payne* How Secured *L. L. Payne*  
 Charged to *L. L. Payne* Shipped to *Buried in Orlando*  
 Date of Funeral *June 20<sup>th</sup> 1920 3:30 P.M.* Date of Death *June 18<sup>th</sup> 4 P.M. 1920*  
 Place of Death *Residence* Single or ~~Married~~ *Single*  
 Occupation of Deceased *At Home* Age *24* years *3* months *2* days  
 Cause of Death *Endocarditis* Number of Burial Certificate  
 Certifying Physician *L. B. Christ* Plate engraved *Name + Date*  
 Clergyman *Dean Starr Cobb* Lot or grave No. *102* Section *A*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>3/4 W. Plush Cuch 225.00</i>	<i>July 3</i>	<i>Cr by Che ck.</i>	<i>285.50</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Reg</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb. 30.00</i>			
Carriages	<i>3 Autos 35.00 at \$ 10.50</i>			
Flowers	<i>✓</i>			
Hearse	<i>Auto Funeral Car. 15.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Sec A.</i>			
Opening Grave	<i>Exp Closing. 5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Moving Monument To Terry</i>				
<i>#28.50</i>				
Total amount of bill	<i>285.50</i>			<i>285.50</i>

REMARKS



FUNERAL REGISTER

141

NO. *Forest B. Stone Maitland, Fla.* DATE *June 22<sup>nd</sup> 1920*

Remains of *Mrs Lydia Stone.*

Residence *Maitland, Fla.*

Father's Name *David Evert.*

Residence *Connecticut.*

Mother's Name *Leat Know*

How Secured *Grand Son.*

Charged to *Forest B. Stone (Grandson)*

Shipped to *Buried at Maitland*

Date of Funeral *June 23<sup>rd</sup> 1920 10 A.M.*

Date of Death *June 22<sup>nd</sup> 1920 2:30 P.M.*

Place of Death *Residence.*

Single or Married *Widow*

Occupation of Deceased *At Home.*

Age *89* years *✓* months *17* days

Cause of Death *Senility*

Number of Burial Certificate

Certifying Physician *Dr. Coffin*

Plate engraved

Clergyman *At Maitland*




Lot or grave No.

Interment at *Maitland Cemetery*

Section

City *Maitland.*

State *Florida.*

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6 1/8 Blk Refl Oct 38.75</i>	<i>100.00</i>	<i>May 25</i>	<i>Cr by check.</i>	<i>137.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Care of body</i>	<i>17.50</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>into Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Total amount of bill	<i>137.50</i>			<i>137.50</i>

REMARKS



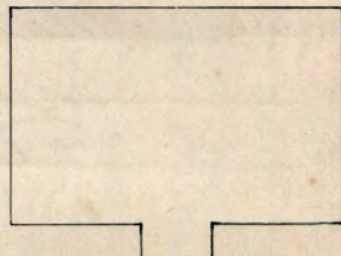
## FUNERAL REGISTER

NO. *Estate Henry Theodore Peters Islands* DATE *June 28<sup>th</sup> 1920*

Remains of *Mr Henry Theodore Peters*, Residence *3 Mi. S.E. of City*  
 Father's Name *None Known*, Residence *Germany*  
 Mother's Name *None Known*, How Secured *Estate*  
 Charged to *Hertha Anderson (Daughter)* Shipped to *Lawrence, L.I. N.Y.*  
 Date of Funeral *July 1920* Date of Death *June 28<sup>th</sup> 1920 7.P.M.*  
 Place of Death *Residence* Single or Married *Widowed*  
 Occupation of Deceased *Contractor & Builder Retired* Age *89* years *4* months *13* days  
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate  
 Certifying Physician *Dr. Jas. Ford* Plate engraved *Name & State*  
 Clergyman *Destination* Lot or grave No. Section  
 Interment at *Destination* Cemetery  
 City *Lawrence*  
 State *Long Island New York*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Blk B. Co. Oct 30. 165.00</i>		<i>June 29</i>	<i>Cr. by Check</i>	<i>75.00</i>
Metallic Lining <i>✓</i>		<i>" 29</i>	<i>Cr. " "</i>	<i>25.00</i>
Outside Box <i>Req.</i>		<i>July 22</i>	<i>Cr. " Check</i>	<i>192.76</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2.</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>Eng Name Plate</i>	<i>3.50</i>			
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>to Lawrence L.I. New York Express</i>	<i>76.17</i>			
Telegrams <i>✓</i>	<i>1.82</i>			
<i>" to New York</i>	<i>1.27</i>			
Total amount of bill	<i>292.76</i>			<i>292.76</i>

REMARKS



# FUNERAL REGISTER

143

NO. *Arthur Stephens (Col) Plant City Fla* DATE *of death June 30<sup>th</sup> 1920*

Remains of *Arthur Stephens* Residence *Plant City, Fla.*

Father's Name *Leont Know (Bryant Stephens)* Residence *Leont Know.*

Mother's Name *Leont Know.* How Secured *C. O. H.*

Charged to *Mr Futch.* Shipped to *Plant City, Fla.*

Date of Funeral *July 1920* Date of Death *June 30<sup>th</sup> 1920 9 A.M.*

Place of Death *C. G. Hospital.* Single or Married *Single*

Occupation of Deceased Age *about 35* years months days

Cause of Death *Septicemia.* Number of Burial Certificate

Certifying Physician *Dr. Ford.* Plate engraved *At Rest*




Clergyman *Destination.* Lot or grave No. Section

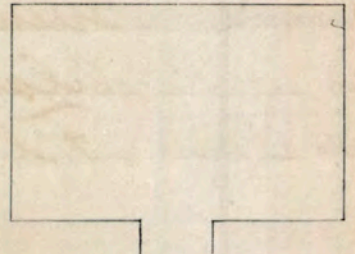
Interment at *Destination.* Cemetery

City *Plant City*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



*(Sister) Alice Stephens Tampa, Fla.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>79 Coffin &amp; Box.</i>	<i>40.00</i>	<i>July 8</i>	<i>to by Express Order</i>	<i>81.67</i>
Metallic Lining				
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb &amp; shaving</i>	<i>30.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegrams</i>	<i>1.67</i>			
Total amount of bill	<i>81.67</i>			<i>81.67</i>

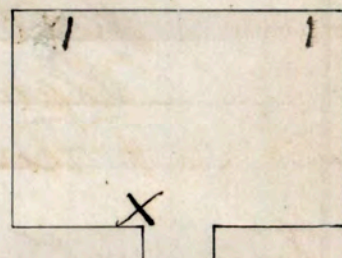
REMARKS *Mr Futch phoned and shipped C. O. H. July 4<sup>th</sup>*  
*July 8<sup>th</sup> Received Express order for above account and*  
*C. G. Hospital account for \$40.04 Express order was*  
*for \$121.71*



NO. *Estate W. L. Lolive, Orlando, Fla.* *P. F. H. # 2* DATE *July 3<sup>rd</sup> 1920*  
 Remains of *Mr. W. L. Lolive.* Residence *Orlando, Fla.*  
 Father's Name *Lewis Lolive.* Residence *Alabama.*  
 Mother's Name *Aurela Hall Lolive.* How Secured *Estate.*  
 Charged to *Mrs. W. L. Lolive (Wife)* Shipped to *Buried in Orlando.*  
 Date of Funeral *July 5<sup>th</sup> 1920 10:30a.m.* Date of Death *July 3<sup>rd</sup> 1920 9:45p.m.*  
 Place of Death *O. G. Hospital.* Single or Married *Married*  
 Occupation of Deceased *Fruit Grower.* Age *76* years *2* months  days  
 Cause of Death  Number of Burial Certificate   
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*  
 Clergyman *Sean Glass.* Lot or grave No. *173* Section *A*  
 Interment at *Greenwood.* Cemetery   
 City *Orlando.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>6/3 Guy B. Co Oct 1914 185.00</i>	<i>Aug 14</i>	<i>Cr by Check.</i>	<i>289.25</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Reg</i>			
Burial Robe				
Embalming and Attendance	<i>Emb 30.00</i>			
Carriages	<i>at \$</i>			
Flowers	<i>Auto 5.00</i>			
Hearse	<i>Auto Funeral Car 15.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Lot 173 Sec A.</i>			
Opening Grave	<i>Exp Closing Grave 5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Building Arch.</i>	<i>5.00</i>			
<i>Brick Vault</i>	<i>44.25</i>			
Total amount of bill	<i>289.25</i>			<i>289.25</i>

REMARKS



## FUNERAL REGISTER

NO. *Chas. A. Tompkins, Taft, Fla.* DATE *July 7<sup>th</sup> 1920*

Remains of *Mrs Sarah M. Tompkins* Residence *Taft, Fla.*

Father's Name *Mrs Tobias Oakley* Residence *New York.*

Mother's Name *Mrs Oakley* How Secured *Husband.*

Charged to *Mrs Chas. A. Tompkins (Husband)* Shipped to *Buried at Taft.*

Date of Funeral *July 8<sup>th</sup> 1920 2 P.M.* Date of Death *July 7<sup>th</sup> 1920 3:30 P.M.*

Place of Death *Residence.* Single or Married *Married*

Occupation of Deceased *At home.* Age *78* years *2* months *29* days

Cause of Death *Softening of Brain.* Number of Burial Certificate

Certifying Physician *L. H. C. Brannon Castle.* Plate engraved *Name & State.*

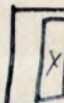
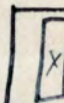
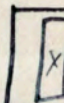
Clergyman *Taft.* Lot or grave No. *224 5<sup>th</sup> 1/4* Section *A*

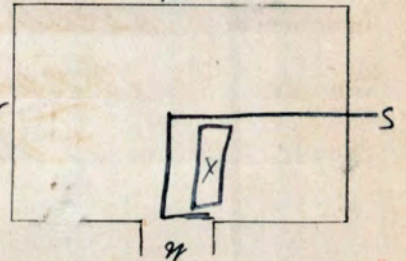
Interment at *Taft.* Cemetery

City *Taft*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/12th. B. Co. Oct 31st. 1919.</i>	150.00	July 19	<i>By Cash.</i>	182.50
Metallic Lining				
Outside Box	<i>✓ Reg</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance <i>Cavity</i>	12.50			
Carriages <i>Rel Casket &amp; Box at \$</i>	5.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	182.50			182.50


*Aug 1-1920*  
*Bought Lot in Greenwood*  
*Cemetery disinterred Body*  
*& removed to Greenwood*

REMARKS



NO. *Mr. Alonzo N. Reagin, Haines City, Fla.* DATE *July 8<sup>th</sup> 1920*  
 Remains of *Mrs. Mae Florence Reagin*, Residence *Haines City, Fla.*  
 Father's Name *Robert A. Cowan*, Residence *Ireland*.  
 Mother's Name *Jane Giff Cowan*, How Secured *Husband*.  
 Charged to *Mr. Alonzo N. Reagin* (Husband) Shipped to *Haines City, Fla.*  
 Date of Funeral *July 9<sup>th</sup> 1920* Date of Death *July 8<sup>th</sup> 1920 6 a.m.*  
 Place of Death *C. G. Hospital*, Single or Married *Married*.  
 Occupation of Deceased *At Home*, Age *33* years ☒ months ☒ days  
 Cause of Death *Streptococci Septicemia* Number of Burial Certificate  
 Certifying Physician *Dr. Christ*, Plate engraved *Name & Date*  
 Clergyman *At Haines City Fla.*, Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Haines City*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/4 W. Plush &amp; Linch.</i>	<i>295.00</i>	<i>Sept 18</i>	<i>61 by check</i>	<i>40.00</i>
Metallic Lining <i>No</i>		<i>Oct 12</i>	<i>62 ..</i>	<i>300.00</i>
Outside Box <i>Req</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>340.00</i>			<i>340.00</i>

## REMARKS

*Was shipped on train 85 July 8<sup>th</sup> to Haines City Fla.*



## FUNERAL REGISTER

NO. *Mr Moses Lane, Winter Park Fla* DATE *July 9<sup>th</sup> 1920*

Remains of *Mrs Picellia Lane.* Residence *1 Mi East of Winter Park.*

Father's Name *Lindsey Pitman.* Residence *N. Carolina.*

Mother's Name *Saddie Purcott (Pitman)* How Secured *Sen. and.*

Charged to *Moses Lane (Son)* Shipped to *Buried Winter Park, Fla.*

Date of Funeral *July 10<sup>th</sup> 1920* Date of Death *July 9<sup>th</sup> 1920 9 PM.*

Place of Death *Residence.* Single or Married *Widow.*

Occupation of Deceased *At Home.* Age *86* years months days

Cause of Death *Senility.* Number of Burial Certificate

Certifying Physician *Dr. Coffin.* Plate engraved *At Rest.*




Clergyman *At Winter Park.* Lot or grave No. Section

Interment at *Winter Park.* Cemetery

City *Winter Park.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Act Flat Top</i> <i>1/2 Grey Wood Casket.</i>	80.00	July 10	Cr by Cash.	30.00
Metallic Lining		" 10	Cr " Check.	10.00
Outside Box <i>Req.</i>		Aug 19	Cr " Cash.	30.00
Burial Robe		Nov 5	Cr " Cash.	10.00
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	80.00			80.00




## REMARKS

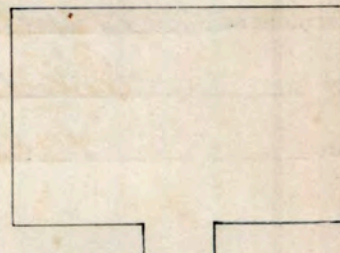
*Bought Casket and did their own work.*



NO. *Estate Andrew Harris Ireland* DATE *July 13<sup>th</sup> 1920*  
 Remains of *Mr Andrew Harris* Residence *419 W. Colonial Ave*  
 Father's Name *Mr James Harris* Residence *Ireland*  
 Mother's Name *Mrs Melch Harris* How Secured *Estate*  
 Charged to *Mrs Andrew Harris (Wife)* Shipped to *Whitehall N.Y.*  
 Date of Funeral *July 1920* Date of Death *July 13<sup>th</sup> 1920 7:15 a.m.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Locomotive Engineer (Retd)* Age *76* years *3* months *25* days  
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate  
 Certifying Physician *Dr. Kleiser* Plate engraved *Name & Date*  
 Clergyman *Dr. Cooper* Lot or grave No. Section  
 Interment at *Restinarian Cemetery*  
 City *Whitehall*  
 State *New York*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



AMOUNT

DATE

PAYMENTS

AMOUNT

Coffin or Casket	<i>Blk. B. Clo S. H. Car</i>	<i>185.00</i>	<i>July 14<sup>th</sup> Cr by Check.</i>	<i>334.91</i>
Metallic Lining	<input checked="" type="checkbox"/>			
Outside Box	<i>Req.</i>			
Burial Robe	<input checked="" type="checkbox"/>			
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>		
Carriages	<i>C. Wagon 2 at \$5.00</i>	<i>10.00</i>		
Flowers	<input checked="" type="checkbox"/>			
Hearse	<input checked="" type="checkbox"/>			
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot	<input checked="" type="checkbox"/>			
Opening Grave	<input checked="" type="checkbox"/>			
Lining Grave	<input checked="" type="checkbox"/>			
Shipping charges, prepaid				
<i>Shirt 3.00 Collar 3.00 Tie 5.00</i>		<i>3.80</i>		
<i>2 R. R. Tickets 90.72, Pullman Chair 7.83</i>		<i>99.36</i>		
<i>Phone Message for Pullman.</i>		<i>1.75</i>		
Total amount of bill		<i>334.91</i>		<i>334.91</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr N. H. Swickard* City *108 N. Hill St Orlando* 1920  
 Remains of *Infant of Mr & Mrs N. H. Swickard* Residence *108 N. Hill St Orlando*  
 Father's Name *Nathan H. Swickard* Residence *Orlando, Fla.*  
 Mother's Name *Lula M. Parish Swickard* How Secured *Father*  
 Charged to *Mr Nathan H. Swickard* Shipped to *Buried in Orlando*  
 Date of Funeral *July 15<sup>th</sup> 1920* Date of Death *July 15<sup>th</sup> 1920*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased ☒ Age ☒ years ☒ months ☒ days  
 Cause of Death *Still Born* Number of Burial Certificate  
 Certifying Physician *Dr. Edwards* Plate engraved  
 Clergyman ☒ Lot or grave No. Section  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>H. M. White</i>	<i>7.00</i>	<i>Oct 8</i>	<i>By check</i>	<i>12.50</i>
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Reg</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <input checked="" type="checkbox"/>				
Carriages <i>Auto &amp; Service</i> at \$	<i>2.00</i>			
Flowers <input checked="" type="checkbox"/>				
Hearse <input checked="" type="checkbox"/>				
Death notices in <input checked="" type="checkbox"/> Papers				
Outlay for lot <i>Single Grave</i>	<i>1.50</i>			
Opening Grave <i>End Closing</i>	<i>2.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>12.50</i>			<i>12.50</i>

REMARKS



## FUNERAL REGISTER

NO. *1920* *Mr Jennie Kaiser, Orlando, Fla.* DATE *July 19<sup>th</sup> 1920*

Remains of *Mr Harry W. Kaiser* Residence *One mile S.E. of City*

Father's Name *Chas. F. Kaiser.* Residence *Orlando, Fla.*

Mother's Name *Jennie Umbaugh (Kaiser)* How Secured *Mother.*

Charged to *Mr Jennie Kaiser.* Shipped to *Buried in Orlando.*

Date of Funeral *July 23<sup>rd</sup> 1920 10am* Date of Death *July 19<sup>th</sup> 1920 10P.M.*

Place of Death *O. G. Hospital.* Single or Married *Single*

Occupation of Deceased *Machinist.* Age *20* years *2* months *17* days

Cause of Death *Typhoid Fever.* Number of Burial Certificate

Certifying Physician *Dr. Beardaughl.* Plate engraved *At Rest*

Clergyman *Rev Poulson (St Petersburg)* Lot or grave No. *96* Section *L*

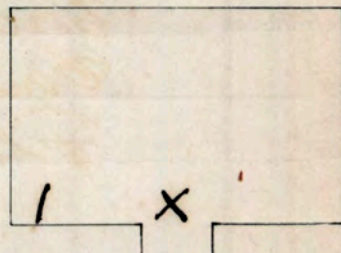
Interment at *Greenwood Cemetery*

City *Orlando.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo Oct 30 P.M.</i>	<i>150.00</i>	<i>Aug 21</i>	<i>Tr by check.</i>	<i>210.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L Lot # 96</i>				
Opening Grave <i>El Closing.</i>	<i>5.00</i>			
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Total amount of bill	<i>210.00</i>			<i>210.00</i>

REMARKS



FUNERAL REGISTER

151

NO. *Mr Alfred Porter, Orlando, Fla.* DATE *July 18<sup>th</sup> 1920*

Remains of *Wayne Louis Porter.*

Residence *Orlando, Fla.*

Father's Name *Mr Alfred Porter.*

Residence *Orlando, Fla.*

Mother's Name *Mrs Myrtle Porter.*

How Secured *Farther*

Charged to *Mr Alfred Porter (Father)*

Shipped to *Buried at Conway Fla*

Date of Funeral *July 19<sup>th</sup> 1920 10a.m.*

Date of Death *July 18<sup>th</sup> 1920*

Place of Death *Fla. Sanatorium*

Single or Married *Single*

Occupation of Deceased ☒

Age ☒ years ☒ months *2* days

Cause of Death *Hemorrhage of Lungs*

Number of Burial Certificate

Certifying Physician *Dr. Pines.*

Plate engraved

Clergyman *Had no minister.*



Lot or grave No. Section

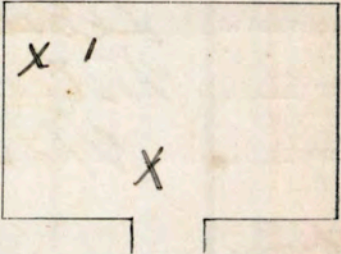
Interment at *Conway.* Cemetery

City *Conway.*

State *Fla.*

CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/8 H. Mader Box.</i>	<i>8.50</i>	<i>July 23</i>	<i>Cr by Cash.</i>	<i>12.00</i>
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Req</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <input checked="" type="checkbox"/>				
Carriages <i>Tommy Car.</i> at \$	<i>2.00</i>			
Flowers <input checked="" type="checkbox"/>				
Hearse <input checked="" type="checkbox"/>				
Death notices in <input checked="" type="checkbox"/> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing.</i>	<i>1.50</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>12.00</i>			<i>12.00</i>

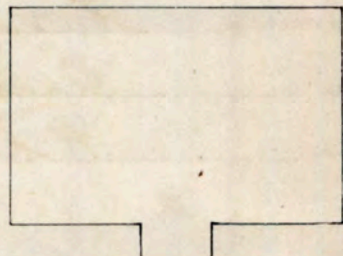
REMARKS



NO. *Mr. J. Wynne* *City* *509 N. Orange Ave.* DATE *of death July 23<sup>rd</sup> 1920*  
 Remains of *Lizzie Brookshire* (Residence *509 N. Orange Ave* *City*)  
 Father's Name *Leont Snow.* Residence *Leont Snow.*  
 Mother's Name *Leont Snow.* How Secured *J. Wynne.*  
 Charged to *Mr. J. Wynne.* Shipped to *Mt Gilead, N.C.*  
 Date of Funeral *July 23<sup>rd</sup> 1920 8 P.M.* Date of Death *July 23<sup>rd</sup> 1920 11:30 a.m.*  
 Place of Death *509 N. Orange Ave.* Single or Married *Single.*  
 Occupation of Deceased *Home Work.* Age *71* years months days  
 Cause of Death *Lobar Pneumonia.* Number of Burial Certificate *184*  
 Certifying Physician *Lt. M<sup>c</sup> Ewan.* Plate engraved *At Rest.*  
 Clergyman *Lt. M<sup>c</sup> Connell.* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Mt Gilead.*  
 State *N. Carolina.*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>They gave Oct 30<sup>th</sup></i>	<i>110.00</i>	<i>Aug 5</i>	<i>Cr by Check.</i>	<i>194.36</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Telegrams.	<i>1.75</i>			
Express on body.	<i>42.61</i>			
Total amount of bill	<i>194.36</i>			<i>194.36</i>




REMARKS

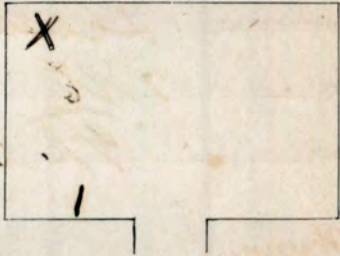


FUNERAL REGISTER

153

NO. *Mr Elisha Hale, Hannon Station* DATE *July 24<sup>th</sup> 1920*  
Remains of *Mrs Kate Hale.* Residence *Hannon Station, Orlando*  
Father's Name *Mr Jessie Bumby.* Residence *Orlando, Fla.*  
Mother's Name *Tempest Gill Bumby.* How Secured *Jessie Bumby (Father)*  
Charged to *Mr Elisha Hale (Husband).* Shipped to *Buried at Orlando.*  
Date of Funeral *July 25<sup>th</sup> - 1920 3 P.M.* Date of Death *July 24<sup>th</sup> - 1920 10:30 A.M.*  
Place of Death *Residence.* ~~Single~~ or Married *Married*  
Occupation of Deceased *At Home.* Age *34* years months days  
Cause of Death *Cancer.* Number of Burial Certificate  
Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*  
Clergyman *Rev. Chisolm.* Lot or grave No. *219* Section *A. North*  
Interment at *Greenwood* Cemetery  
City *Orlando.*  
State *Fla.*

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey Cape Oct 30. Top.</i>	<i>115.00</i>	<i>July 28<sup>th</sup></i>	<i>By Cash.</i>	<i>167.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>White Silk Robe.</i>	<i>12.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>15.00</i>			
Carriages <i>Hel. Casket</i> at \$	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>N. Seca Lot 219</i>				
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Total amount of bill	<i>167.00</i>			<i>167.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Maggie Barber Conway Fla* *Carl E. Barber, Ft Christmas,* DATE *July 24<sup>th</sup> 1920*

Remains of *Joseph A. Barber.* Residence *Conway, Fla.*  
 Father's Name *Andrew J. Barber.* Residence *Florida*  
 Mother's Name *Violet Robertson Barber.* How Secured *Estate.*  
 Charged to *Maggie S. Barber.* Shipped to *Buried at Conway*  
 Date of Funeral *July 25<sup>th</sup> 1920 5 P.M.* Date of Death *July 24<sup>th</sup> 1920 6 P.M.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Farming Orange Grove.* Age *59* years months days  
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate  
 Certifying Physician *Her Person.* Plate engraved *At Rest.*  
 Clergyman *Rev. Cooper.* Lot or grave No. Section  
 Interment at *Conway* Cemetery  
 City *Conway*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7/4 Blk B Cb 38" H.</i>	160.00	July 26	Cr by Check.	232.00
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Blk. B. Robe</i>	19.50			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>4 Blk Box Casket</i>	5.00			
Flowers <i>Auto</i>	5.00			
Hearse <i>Auto Hearse</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Underwear &amp; Socks</i>	2.50			
Total amount of bill	232.00			232.00

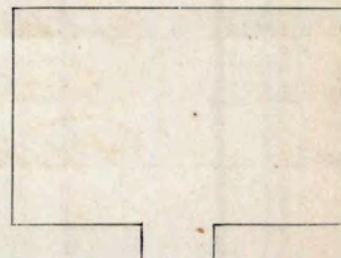
REMARKS



NO. *Guy M. Peyton, Le Land, Fla.* DATE *1920*  
*deceased July 30th*  
Remains of *Robert W. Peyton* Residence *Le Land, Fla.*  
Father's Name *Guy M. Peyton* Residence *Le Land, Fla.*  
Mother's Name *Bessie Harnell Peyton* How Secured *Grandfather Peyton*  
Charged to *Mrs Guy M. Peyton (Father)* Shipped to *Buried at Le Land Fla.*  
Date of Funeral *Aug 1st 1920* Date of Death *July 30th 1920 2:30 p.m.*  
Place of Death *A. General Hospital* Single or Married *Single*  
Occupation of Deceased *None* Age *17* years *3* months *11* days  
Cause of Death *Fracture of fifth Cervical Vertebra.* Number of Burial Certificate  
Certifying Physician *Dr. M. E. Ewan* Plate engraved *Name & State*  
Clergyman *At Le Land, Fla.* Lot or grave No. Section  
Interment at *Restoration Cemetery*  
City *Le Land*  
State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Guy Bels State</i>	<i>685.00</i>	<i>Aug 2</i>	<i>Tr. by Check.</i>	<i>823.00</i>
Metallic Lining <i>Metal Casket inner lining</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>4 Guy Bels Burial Suit</i>	<i>38.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>35.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Underwear <i>4.00</i> Socks <i>1.00</i>	<i>5.00</i>			
Ambulance.	<i>20.00</i>			
Total amount of bill	<i>823.00</i>			<i>823.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Martha Ella James, Yazoo City, Miss.* DATE *July 31<sup>st</sup> 1920*  
 Remains of *Thorton James. (Colored)* Residence *Yazoo, Miss.*  
 Father's Name *Don't know.* Residence *Don't know*  
 Mother's Name *Don't know.* How Secured *Wife.*  
 Charged to *Martha Ella James Wife* Shipped to *Valley, Miss.*  
 Date of Funeral *Aug 1920* Date of Death *July 31<sup>st</sup> 1920*  
 Place of Death *Walter Rose Grove* Single or Married *Married*  
*6 miles West of City.* Age *65* years months days  
 Occupation of Deceased *Day Labor.* Number of Burial Certificate *191*  
 Cause of Death *Apoplexy.* Plate engraved *At Rest*  
 Certifying Physician *Judge Martin.*  
 Clergyman *At Valley, Miss* Lot or grave No. Section  
 Interment at *Destination Cemetery*  
 City *Valley*  
 State *Miss.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Var. Coffin.</i>	70.00	Aug 2	By Western Union Chk.	135.00
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe <i>Blk. B. Robe.</i>	15.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon.</i> at \$				
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Underwear</i>	2.50			
Shipping charges, prepaid				
<i>Telegrams.</i>	2.50			
Total amount of bill	135.00			135.00

REMARKS



## FUNERAL REGISTER

NO. *M George J. Halford* <sup>city</sup> *904 S. Hughey St* DATE *of death July 31<sup>st</sup> 1920*

Remains of *Mabel Halford* Residence *904 S. Hughey St City*

Father's Name *George J. Halford.* Residence *904 S. Hughey St City*

Mother's Name *Minnie Newton (Halford)* How Secured *Father*

Charged to *George J. Halford.* Shipped to *Buried at Lake Howell*

Date of Funeral *Wed Aug 1<sup>st</sup> 1920 1 P.M.* Date of Death *July 31<sup>st</sup> 1920 1 P.M.*

Place of Death *Residence* Single or ~~Married~~ *Single*

Occupation of Deceased *✓* Age *1* years *3* months *21* days

Cause of Death *Colitis.* Number of Burial Certificate

Certifying Physician *Lt. M. E. Ewan.* Plate engraved *Our Darling.*




Clergyman *Rev Adcock.* Lot or grave No. Section

Interment at *Lake Howell* Cemetery

City *Winter Park*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/0 White Plushette (at N.D.)</i>	<i>27.00</i>	<i>Aug 2</i>	<i>Gr by Cash.</i>	<i>25.00</i>
Metallic Lining <i>✓</i>		<i>Oct 4</i>	<i>Gr .. ..</i>	<i>11.00</i>
Outside Box <i>Reg</i>		<i>Oct 18</i>	<i>Gr .. ..</i>	<i>11.00</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Care of body</i>	<i>5.00</i>			
Carriages <i>Towing Car. at \$</i>	<i>7.50</i>			
Flowers <i>One 7 Passenger.</i>	<i>7.50</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>47.00</i>			<i>47.00</i>

REMARKS



NO. *1920*  
*Mrs Laura P. Brauner Maitland* DATE *Death July 31<sup>st</sup> 1920*  
 Remains of *Mr Wm Andrew Brauner* Residence *Maitland, Fla.*  
 Father's Name *R. F. Brauner* Residence *Virginia*  
 Mother's Name *Mary Payne Brauner* How Secured *Estate*  
 Charged to *Mrs Laura P. Brauner* Shipped to *Buried Maitland*  
 Date of Funeral *Aug 2<sup>nd</sup> 1920 2:30 P.M.* Date of Death *July 31<sup>st</sup> 1920*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Fruit Grower* Age *74* years *9* months *23* days  
 Cause of Death *Paralysis* Number of Burial Certificate  
 Certifying Physician *Dr. Coffin* Plate engraved *At Rest*  
 Clergyman *At Maitland* Lot or grave No. Section  
 Interment at *Maitland* Cemetery  
 City *Maitland*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7/4 Plk Cufe Oct 30<sup>th</sup></i>	<i>100.00</i>	<i>Aug 4</i>	<i>Cr by Cash.</i>	<i>137.50</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>15.00</i>			
Carriages <i>Ld Casket &amp; Box</i> at \$	<i>7.50</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>137.50</i>			<i>137.50</i>

*Sept-22-1925*  
*Disinterred Body of Mr*  
*Brauner also Body of*  
*little Daughter Lula age*  
*4 yr and moved same*  
*to Lot 63 Sec B-*  
*Greenwood Cemetery*  
*From Lot 73 at*  
*Maitland Cemetery*

REMARKS



## FUNERAL REGISTER

NO. *Capt. J. W. Wilmott* City *Box 102* 1920  
 Remains of *Mrs Sophia Emeline Wilmott* Residence *N. Orange Ave City*  
 Father's Name *Capt Wm Cann* Residence *London England*  
 Mother's Name *Elizabeth Cann* How Secured *Husband*  
 Charged to *Capt J. W. Wilmott (Husband)* Shipped to *Buried in Orlando*  
 Date of Funeral *Aug 3<sup>rd</sup> 1920* Date of Death *Aug 1<sup>st</sup> 1920 11:30 a.m.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *67* years *6* months *17* days  
 Cause of Death *Bronchial Pneumonia* Number of Burial Certificate  
 Certifying Physician *Dr. Wm. E. Evans & Edwards* Plate engraved *Name & State*  
 Clergyman *Dean Glass* Lot or grave No. *137* Section *L*  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this I for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Co. Metal E.O.P.</i>	<i>350.00</i>	<i>Aug 7</i>	<i>Pa by Check.</i>	<i>400.00</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>Hudson.</i> at \$	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2.</i> Papers				
Outlay for lot				
Opening Grave <i>and Closing grave</i>	<i>5.00</i>			
Lining Grave <i>✓</i>				
Shipping charges, prepaid				
Total amount of bill	<i>400.00</i>			<i>400.00</i>




REMARKS



## FUNERAL REGISTER

Estate of <sup>NO.</sup> Mrs Jean N. McCorke, Maitland of death Aug 6<sup>th</sup> 1920  
 Remains of Mrs Jean N. McCorke. Residence Maitland.  
 Father's Name Geo Wetherland. Residence Virginia.  
 Mother's Name Nancy Ruthledge Wetherland How Secured Son.  
 Charged to Nancy McCorke (Daughter) Shipped to Buried at Maitland  
 Date of Funeral Aug 7<sup>th</sup> 1920 4 P.M. Date of Death Aug 6<sup>th</sup> 1920 7:30 P.M.  
 Place of Death Residence. Single or Married Widow.  
 Occupation of Deceased At Home. Age 80 years 1 months 30 days  
 Cause of Death Senility (arterial Cerebr.) Number of Burial Certificate  
 Certifying Physician H. McEwan. Plate engraved At Rest.  
 Clergyman Dean at Maitland. Lot or grave No. Section  
 Interment at Maitland Cemetery  
 City Maitland  
 State Fla.

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	4 Blk. B. Co Oct 3 P.F. 150.00	Oct 23	Tampa L.B. Corneish By Check.	217.50
Metallic Lining	No			
Outside Box	Req.			
Burial Robe	White B. Shers.	15.00		
Embalming and Attendance	Emb.	30.00		
Carriages	Lld. Casket. at \$	7.50		
Flowers	✓			
Hearse	Auto Funeral Car	15.00		
Death notices in	2. Papers			
Outlay for lot	✓			
Opening Grave	✓			
Lining Grave	✓			
Shipping charges, prepaid				
Total amount of bill	217.50			217.50

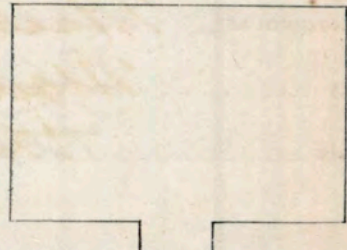
REMARKS mail statement L. B. Corneish 1704 Fla ave. Tampa Fla



FUNERAL REGISTER

NO. *Frank Haiese (Col)* *Altamont Fla.* DATE *1920*  
Remains of *Martha Haiese (Col.)* Residence *Altamont Springs*  
Father's Name *Steve Jacob.* Residence *South Carolina.*  
Mother's Name *Rosa Macy (Jacob)* How Secured *Frank Haiese*  
Charged to *Frank Haiese.* Shipped to *Buried at Kissimmee*  
Date of Funeral *Aug 8<sup>th</sup> 1920* Date of Death *Aug 7<sup>th</sup> 1920 49.20*  
Place of Death *Residence.* Single or Married *Married*  
Occupation of Deceased *at home.* Age *50* years *8* months *1* days  
Cause of Death *Apoplexy.* Number of Burial Certificate  
Certifying Physician *Dr. Callahan.* Plate engraved *at Rest.*  
Clergyman *at Kissimmee.* Lot or grave No. Section  
Interment at *Kissimmee Cemetery*  
City *Kissimmee.*  
State *Florida.*

CEMETERY CHART  
Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>W. Guy Cope Oct 30. T. 115.00</i>	<i>Aug 7</i>	<i>Ex by Check</i>	<i>75.00</i>
Metallic Lining	<i>✓</i>		<i>Charity</i>	<i>85.00</i>
Outside Box	<i>Reg</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb. 35.00</i>			
Carriages	<i>C. Wagon at \$ 5.00 2 trips 10.00</i>			
Flowers	<i>✓</i>			
Hearse	<i>✓</i>			
Death notices in	<i>—</i>	<i>Papers</i>		
Outlay for lot	<i>✓</i>			
Opening Grave	<i>✓</i>			
Lining Grave	<i>✓</i>			
Shipping charges, prepaid	<i>✓</i>			
Total amount of bill	<i>160.00</i>			<i>160.00</i>

*Did not state  
no way to account acct*

REMARKS *gave acceptance note Sept-7-25.00 Oct 7-20.00  
Nov 7-20.00 Dec 7 20.00*



NO. *Mr. H. H. Christian, E. Mark St.* DATE *1920*  
*of death Aug 9<sup>th</sup>*  
 Remains of *Infant.* Residence *East Mark St City*  
 Father's Name *H. H. Christian* Residence *East Mark St "*  
 Mother's Name *Mrs. H. H. Christian.* How Secured *Father.*  
 Charged to *H. H. Christian.* Shipped to *Buried in Island*  
 Date of Funeral *Aug 10<sup>th</sup>* Date of Death *Aug 9<sup>th</sup> 1920 14.M.*  
 Place of Death *Residence.* Single or Married *Single.*  
 Occupation of Deceased ☒ Age ☒ years ☒ months ☒ days  
 Cause of Death *Still Born.* Number of Burial Certificate  
 Certifying Physician *Dr. Beardhal.* Plate engraved ☒  
 Clergyman ☒ Lot or grave No. Section  
 Interment at *Greenwood Cemetery*  
 City *Orlando.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this ☐ for every grave in it. Mark this burial with cross, thus ☒. Designate site of monument thus ☐.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2 1/2 H. M. &amp; Box</i>	7.00	Aug 11	Cr by Cash.	12.50
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Reg</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <input checked="" type="checkbox"/>				
Carriages <i>Towing Car. at \$</i>	2.00			
Flowers				
Hearse				
Death notices in <input checked="" type="checkbox"/> Papers				
Outlay for lot <i>Single Grave</i>	1.50			
Opening Grave <i>and Closing.</i>	2.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	12.50			12.50

REMARKS



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**CEMETERY CHART**

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus  x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo R. Co. State</i>	350.00	Sept 2	Cr by Cash.	200.00
Metallic Lining <i>Yes</i>		" 14	Cr " check.	230.00
Outside Box <i>Reg</i>		" 14	Cr " dis.	3.00
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Closed Car</i> at \$	5.00			
Flowers <i>One F. Piece Ed Cross.</i>	10.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Tommy Car.</i>	5.00			
Opening Grave <i>Ed Closing</i>	5.00			
Lining Grave <i>Hel. of box</i>	3.00			
Shipping charges, prepaid <i>C. Wagon</i>	5.00			
Total amount of bill	433.00			433.00

REMARKS



## FUNERAL REGISTER

NO. *Mr Hector A. Stone, Alhambra* *Alhambra St* *1920*  
 Remains of *Lawrence A. Stone.* Residence *Alhambra St, City.*  
 Father's Name *Hector A. Stone.* Residence *Alhambra St City.*  
 Mother's Name *Mamie West Stone.* How Secured *Father.*  
 Charged to *Hector A. Stone.* Shipped to *Buried at Apopka.*  
 Date of Funeral *Aug 15<sup>th</sup> 1920 11 A.M.* Date of Death *Aug 13<sup>th</sup> 1920 4 P.M.*  
 Place of Death *Residence.* Single or Married *Single*  
 Occupation of Deceased *✓* Age *1* years *9* months *6* days  
 Cause of Death *Colitis* Number of Burial Certificate  
 Certifying Physician *Dr. Beardhal.* Plate engraved *Our Darling*  
 Clergyman *Rev. Botsford* Lot or grave No. Section  
 Interment at *Apopka* Cemetery  
 City *Apopka*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/8 W. Plush Col. H.T</i>	38.00	<i>Sept 7</i>	<i>To by check.</i>	25.00
Metallic Lining <i>✓</i>		<i>" 29</i>	<i>To .. check.</i>	55.50
Outside Box <i>Reg</i>				
Burial Robe <i>Suit Hore + H. W. H. H.</i>	6.50			
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages <i>Closed Car.</i> at \$	7.50			
Flowers <i>✓</i>				
Hearse <i>One Auto</i>	6.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>Closing 1st. by</i>	7.50			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	80.50			80.50

REMARKS



## FUNERAL REGISTER

NO. *Mr Robert L. Cox, Maitland, Fla.* DATE *Feb 1918*

Remains of *Robert L. Cox.* Residence *Maitland, Fla.*

Father's Name *Mr. Cox.* Residence *Winter Park, Fla.*

Mother's Name *Mrs Cox.* How Secured *American Legion.*

Charged to *No Charge* Shipped to *Orlando from France*

Date of Funeral *Aug 15<sup>th</sup> 1920 4 P.M.* Date of Death *Feb 1918*

Place of Death *Middle Europe* Single or Married *Married*

Occupation of Deceased *In Service U.S. Sea* Age      years      months      days

Cause of Death *Pneumonia* Number of Burial Certificate

Certifying Physician *In Army.* Plate engraved *Name & Number*




Clergyman *Rev. Adcock.* Lot or grave No.      Section

Interment at *Winter Park* Cemetery

City *Winter Park*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

Coa - 107

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Cash Casket.</i>		<i>Oct 19</i>	<i>Tr by Cash.</i>	<i>15.00</i>
Metallic Lining <i>Yes</i>		<i>Mar 3</i>	<i>Gr " " "</i>	<i>8.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>One Auto at \$</i> <i>Robinson</i>	<i>6.00</i>			
Flowers <i>Auto Funeral Car</i>				
Hearse <i>2 Floral Pices</i> <i>6.00</i>	<i>12.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>And Closing.</i>	<i>5.00</i>			
Lining Grave <i>✓</i>				
Shipping charges, prepaid				
Total amount of bill	<i>23.00</i>			<i>23.00</i>

REMARKS *Lied Over Seas of Pneumonia Feb 1918. Body was returned, arriving on train 89 - A.C.L. Aug 9<sup>th</sup> 1920 Buried Sunday 4 P.M. 1920 Aug 15<sup>th</sup> Military Funeral, American Legion Boyer & Cherry.*



NO *Mr Wm M. Hyers, Altamont Fla* DATE *1920*  
 Remains of *Infant of Wm M. Hyers* Residence *Altamont, Fla.*  
 Father's Name *Mr Wm M. Hyers.* Residence *Altamont, Fla.*  
 Mother's Name *Jane B. Hyers.* How Secured *Father*  
 Charged to *Mr Wm M. Hyers.* Shipped to *Buried at Winter Park.*  
 Date of Funeral *Aug 17<sup>th</sup> 1 P.M. 1920* Date of Death *Aug 16<sup>th</sup> 5 P.M.*  
 Place of Death *Residence* Single or Married *Single*  
 Occupation of Deceased *✓* Age *✓* years *✓* months *✓* days  
 Cause of Death *Premature Birth.* Number of Burial Certificate  
 Certifying Physician *Lt. Edwards.* Plate engraved  
 Clergyman *Capt. of 3 Army* Lot or grave No. Section  
 Interment at *Winter Park Cemetery*  
 City *Winter Park.*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2 H. M. &amp; Bp</i>	12.50	Feb 12	Cr by Check	10.00
Metallic Lining <i>✓</i>		May 7	Cr " Cash	7.00
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages <i>Towing Car. at \$</i>	2.50			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>Exp Closing</i>	2.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	17.00			17.00

REMARKS






# FUNERAL REGISTER

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NO. *1920* *Ms Minnie L. Wilson, Lockhart* DATE *Rebecca Aug 17<sup>th</sup>*  
 Remains of *Mr Thomas A. Wilson.* Residence *Lockhart, Fla.*  
 Father's Name *S. R. Wilson.* Residence *Georgia.*  
 Mother's Name *Jane Ashley Wilson* How Secured *Estate*  
 Charged to *Ms Minnie L. Wilson* Shipped to *Rebecca, Ga.*  
 Date of Funeral *Aug 18<sup>th</sup> 1920 4 P.M.* Date of Death *Aug 17<sup>th</sup> 4:15 P.M.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Contractor & Builder* Age *59* years *9* months *2* days  
 Cause of Death *Cancer of Liver* Number of Burial Certificate  
 Certifying Physician *Dr. Chiles.* Plate engraved *At Rest*  
 Clergyman *Dean Adcock.* Lot or grave No. Section  
 Interment at *Restland Cemetery*  
 City *Rebecca.*  
 State *Georgia.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey Cope Oct 3 P.M.</i>	125.00	Aug 20	<i>Cr on R.R. Tickets</i>	3.24
Metallic Lining		" "	<i>Cr by Cash R.R.T.</i>	25.01
Outside Box <i>Req</i>		" "	<i>Cr by Cash</i>	25.00
Burial Robe <i>Blk &amp; White Stripe</i>	18.00	Sept 11	<i>Cr by Check.</i>	45.00
Embalming and Attendance <i>Emby Shaving</i>	35.00	" 11	<i>Cr by Cash.</i>	5.00
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00	" 25	<i>Cr by Cash.</i>	28.80
Flowers		Dec 11	<i>Cr by Cash.</i>	15.00
Hearse		1921 Jan 15	<i>Cr by Check.</i>	20.00
Death notices in <i>2</i> Papers		Jan 29	<i>Cr by Cash.</i>	20.00
Outlay for lot <i>1 Pair Locks.</i>	1.50	Dec 3	<i>Cr by Cash.</i>	5.00
Opening Grave		Dec 20	<i>Cr by Cash.</i>	5.00
Lining Grave		1922 June 30	<i>Cr by Check.</i>	35.00
Shipping charges, prepaid				
<i>R.R. Tickets Rebecca, Ga.</i>	25.70			
<i>R.R. " " "</i>	12.85			
<i>Ambulance.</i>	5.00			
Total amount of bill	232.05			232.05

REMARKS



## FUNERAL REGISTER

NO. *Mr W. W. Mooney, Alcoa, Fla.* DATE *Aug 18<sup>th</sup> 1920*  
 Remains of *Infant of Mr & Mrs W. W. Mooney* Residence *Alcoa, Fla.*  
 Father's Name *W. W. Mooney* Residence *Alcoa Fla.*  
 Mother's Name *Cida Berry Mooney (Father)* How Secured *Farther*  
 Charged to *W. W. Mooney.* Shipped to *Buried at Alcoa, Fla.*  
 Date of Funeral *Aug 18<sup>th</sup> 1920* Date of Death *Aug 18<sup>th</sup> 1920*  
 Place of Death *Orange General Hospital* Single or Married ☒  
 Occupation of Deceased ☒ Age ☒ years ☒ months ☒ days  
 Cause of Death *Pneumonia Premature Birth* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved *No Plate*  
 Clergyman *None.* Lot or grave No. Section  
 Interment at *Alcoa* Cemetery  
 City *Alcoa*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this ☐ for every grave in it. Mark this burial with cross, thus ☒. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/8 W. L. Skin.</i>	<i>12.50</i>	<i>Aug 18</i>	<i>En by Check.</i>	<i>12.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>12.50</i>			<i>12.50</i>

REMARKS *Lid their own work.*



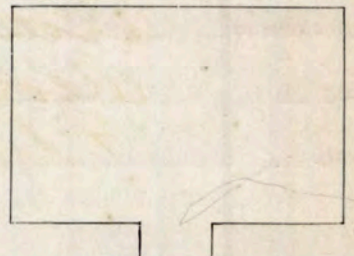
# FUNERAL REGISTER

169

NO *Han Lock 3038-Hughy St City* DATE *1920 Aug 20<sup>th</sup>*  
 Remains of *Mr Franklin Lock* Residence *303 S-Hughy St City*  
 Father's Name *Mr Nick Lock* Residence *Georgia*  
 Mother's Name *Nizzie Tyner (Lock)* How Secured *Nyer Ice Plant*  
 Charged to *Han Lock (Brother)* Shipped to *Buried Boggie Creek*  
 Date of Funeral *Aug 21<sup>st</sup> 1920 3 P.M.* Date of Death *Aug 20<sup>th</sup> 1920 1:30 P.M.*  
 Place of Death *Nyer Ice Plant* Single or Married *Single*  
 Occupation of Deceased *Machinist (Ice Plant)* Age *27* years *5* months *9* days  
 Cause of Death *Contact with high tension wire* Number of Burial Certificate  
 Certifying Physician *Dr. Edwards* Plate engraved  
 Clergyman *Capt. Salvation Army* Lot or grave No. Section  
 Interment at *Boggie Creek Cemetery*  
 City *Taft*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.






	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>% Grey Erefelt 3 P.M.</i>	115.00	Sept 21	By check.	212.00
Metallic Lining		" 21	By cash.	6.00
Outside Box <i>Reg.</i>		" 21	By dis.	.31
Burial Robe <i>Grey Burial Robe.</i>	11.00			
Embalming and Attendance <i>Emb. &amp; hairing</i>	35.00			
Carriages <i>Closed Car. at \$</i>	9.00			
Flowers <i>Towing Car.</i>	9.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓ Casket Wagon</i>	5.00			
Opening Grave <i>Hel. of box</i>	7.00			
Lining Grave <i>Underwear &amp; Locks.</i>	2.50			
Shipping charges, prepaid				
Telegram	.81			
Ex Car for Minister	9.00			
Total amount of bill	218.31			218.31

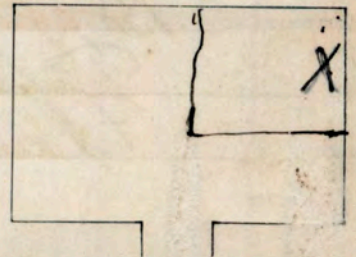
REMARKS



NO. *Mr Ethel May Stephenson* DATE *1920*  
*of death Aug 25th*  
 Remains of *Mr Sam. W. Stephenson* Residence *Orlando, Fla.*  
 Father's Name *Mr C. B. Stephenson* Residence *Orlando, Fla.*  
 Mother's Name *Edith Hand (Stephenson)* How Secured *Father*  
 Charged to *Mr Ethel M. Stephenson* Shipped to *Buried in Orlando*  
 Date of Funeral *Aug 26th 1920 10 A.M.* Date of Death *Aug 25th 1920 12:15 P.M.*  
 Place of Death *Formosa (In a Cottage)* Single or Married *Married*  
 Occupation of Deceased *Clerk Dry Goods* Age *23* years *8* months *7* days  
 Cause of Death *Acute Cardiac Dilatation* Number of Burial Certificate  
 Certifying Physician *Dr. Neal* Plate engraved *Name & Date*  
 Clergyman *Seven Day Adventist* Lot or grave No. *147S.E. 1/4* Section *J.*  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>6/8 Grey Casket 3P.T.</i>	<i>115.00</i>	<i>Oct 5 En by Check.</i>	<i>150.00</i>
Metallic Lining	<i>✓</i>		<i>Nov 11 En by Cash.</i>	<i>22.50</i>
Outside Box	<i>Req.</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb.</i>	<i>25.00</i>		
Carriages	<i>✓</i>	<i>at \$</i>		
Flowers	<i>✓</i>			
Hearse	<i>Auto Funeral Car.</i>	<i>15.00</i>		
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot	<i>#147S.E. 1/4 Sec J.</i>	<i>12.50</i>		
Opening Grave	<i>and Closing grave</i>	<i>5.00</i>		
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>172.50</i>			<i>172.50</i>

REMARKS



# FUNERAL REGISTER

171

1920

NO. *Mr T.H. Hurlbert* 707 *Ealm St.* DATE *of Death Aug 25<sup>th</sup>*

Remains of *Mrs Elizabeth E. Bookstaver.* Residence *707 Ealm St. City*

Father's Name *Nathus Marshall.* Residence *Boston, Mass.*

Mother's Name *Hannal Cckerley Marshall.* How Secured *T.H. Hurlbert.*

Charged to *Mr T.H. Hurlbert (Haughton)* Shipped to *Saugerties, New York.*

Date of Funeral *Aug 26<sup>th</sup> 1920 5 P.M.* Date of Death *Aug 25<sup>th</sup> 1920 4:45 P.M.*

Place of Death *Residence.* Single or Married *Widow*

Occupation of Deceased *At Home.* Age *87* years ☒ months ☐ days

Cause of Death *Senility.* Number of Burial Certificate

Certifying Physician *Dr. Christ.* Plate engraved

Clergyman *Rev Cobb.* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Saugerties.*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this ☐ for every grave in it. Mark this burial with cross, thus ☒. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>79 Blk. B. Clo. Met 307.</i>	150.00	<i>Sept 28</i>	<i>Co by check.</i>	286.17
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages at \$				
Flowers				
Hearse <i>Cinto Funeral Car.</i>	15.00			
<i>and moving body to station</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Express on body.</i>	95.95			
<i>Telegram.</i>	.82			
Total amount of bill	286.17			286.17




REMARKS



## FUNERAL REGISTER

NO. *Ellen Lewis (Col) Winter Park,* DATE *1920*  
*of death Aug 25th*  
Remains of *Reiga Lewis (Col)* Residence *Winter Park, Fla.*  
Father's Name Residence  
Mother's Name How Secured *Wife*  
Charged to *Ellen Lewis (Wife)* Shipped to  
Date of Funeral Date of Death *Aug 25<sup>th</sup> 1920*  
Place of Death *Orange General Hospital,* Single or Married *Married*  
Occupation of Deceased *Labourer,* Age *42* years months days  
Cause of Death Number of Burial Certificate  
Certifying Physician *Lt. Wells (Col)* Plate engraved  
Clergyman Lot or grave No. Section  
Interment at Cemetery  
City  
State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Aug 25</i>	<i>Cr by Cash (Stone)</i>	<i>40.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>40.00</i>			<i>40.00</i>

REMARKS *Lied at Orange General Hospital from gun wounds. Body turned over to Home.*



FUNERAL REGISTER

NO *Mr Horace Lee, 9 Garland St City* DATE *Death 28<sup>th</sup> Aug 1920*

Remains of *Infant of Mr & Mrs Horace Lee* Residence *9 Garland St. City.*

Father's Name *Mr Horace Lee.* Residence *9 Garland St. City*

Mother's Name *Noramay Polnie.* How Secured *Father.*

Charged to *Mr Horace Lee.* Shipped to *Buried in Orlando*

Date of Funeral *Aug 28<sup>th</sup> 1920* Date of Death *Aug 28<sup>th</sup> 1920*

Place of Death *Residence.* Single or Married *Single*

Occupation of Deceased *✓* Age *✓* years *✓* months *✓* days

Cause of Death *Still Born.* Number of Burial Certificate

Certifying Physician *Lt. Beardsall.* Plate engraved

Clergyman *Capt Salvation Army.* Lot or grave No. Section

Interment at *Greenswood Cemetery*

City *Orlando.*

State *Fla.*

CEMETERY CHART

Put in the diagram one mark like this **■** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>26 H. M.</i>		<i>5.00 Aug 28</i>	<i>Cr. by Cash.</i>	<i>8.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>1/2 Single Grave</i>		<i>1.50</i>		
Opening Grave <i>and closing grave.</i>		<i>2.00</i>		
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>8.50</i>			<i>8.50</i>

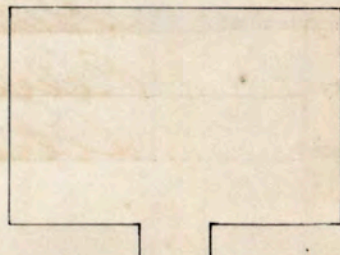
REMARKS



NO. *Estate Julia S. Penner.* DATE *Sept 1<sup>st</sup> 1920*  
 Remains of *Mrs Julia S. Penner.* Residence *Albano Fla.*  
 Father's Name *James L. Smith.* Residence *Pennsylvania*  
 Mother's Name *Emiline Smith.* How Secured *(Son) Estate*  
 Charged to *Estate & Son* Shipped to *Urbana, Ills.*  
 Date of Funeral *Sept - 1920* Date of Death *Sept 1<sup>st</sup> 1920 12:30 AM*  
 Place of Death *Residence* Single or Married *Widow*  
 Occupation of Deceased *At Home.* Age *79* years months days  
 Cause of Death *Intestinal Nephritis.* Number of Burial Certificate  
 Certifying Physician *Dr. Rooney.* Plate engraved *At Rest.*  
 Clergyman *Rev. M. E. Connell.* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Urbana.*  
 State *Illinois.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey Casket 30x</i>	75.00	Sept 3	<i>Pa by check.</i>	197.53
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon</i> at \$	10.00			
Flowers				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>Telegram.</i>	.87			
<i>2 R. R. Tickets.</i>	86.66			
Total amount of bill	197.53			197.53

REMARKS





# FUNERAL REGISTER

175

NO. *Mr W. H. Storey, E. Jackson St* City *Peoria* DATE *Aug 31st 1920*  
Remains of *Mr Wilfred H. Storey* Residence *E. Jackson St City*  
Father's Name *Henry Storey* Residence *England*  
Mother's Name *Matilda Machin Storey* How Secured *Estate*  
Charged to *Mr W. H. Storey (Wife)* Shipped to *Peoria, Ill.*  
Date of Funeral *Sept 2nd 4:30 PM 1920* Date of Death *Aug 31st 1920 11 PM*  
Place of Death *Residence* Single or Married *Married*  
Occupation of Deceased *Photographer (Retd.)* Age *80* years *8* months *10* days  
Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate  
Certifying Physician *Dr Person* Plate engraved *Name & Date*  
Clergyman *Rev. Mc Huffie* Lot or grave No. Section  
Interment at *Restoration Cemetery*  
City *Peoria*  
State *Illinois*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Blk B. Co S. H. Cap.</i>	<i>450.00</i>	<i>Oct 1</i>	<i>En by check.</i>	<i>583.70</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>Express on body</i>	<i>85.35</i>			
<i>Telegrams 1.26 &amp; 2.09</i>	<i>3.35</i>			
Total amount of bill	<i>583.70</i>			<i>583.70</i>

REMARKS



NO. *Estate Edward Butler* DATE *Sept 1<sup>st</sup> 1920*  
 Remains of *Edward Butler* Residence *Leesburg, Fla.*  
 Father's Name *Robert Perry Butler* Residence *Indiana*  
 Mother's Name *Mrs Butler* How Secured *Joseph H. Butler (Son)*  
 Charged to *Mrs Mary N. Butler (Wife)* Shipped to *Leesburg, Fla.*  
 Date of Funeral *Sept - 1920* Date of Death *Sept 1<sup>st</sup> 1920 124m.*  
 Place of Death *Fla. Sanitarium* Single or Married *Married*  
 Occupation of Deceased *Bottling Works* Age *49* years *2* months *7* days  
 Cause of Death *Coronary of aneur.* Number of Burial Certificate  
 Certifying Physician *Dr. Andrews* Plate engraved *Name & State*  
 Clergyman *At Leesburg* Lot or grave No. Section  
 Interment at *Hestination Cemetery*  
 City *Leesburg*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/4 B. Co. State H.C.</i>	<i>400.00</i>	<i>Sept 1</i>	<i>Cr by check.</i>	<i>463.09</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse <i>Balming &amp; Shaving</i>	<i>2.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave				
Lining Grave <i>Shirt 2.00 Collar .25</i>	<i>2.25</i>			
Shipping charges, prepaid <i>21.67</i>				
<i>2 R.R. Tickets Leesburg</i>	<i>3.34</i>			
<i>Cash.</i>	<i>10.00</i>			
Total amount of bill	<i>463.09</i>			<i>463.09</i>

REMARKS






## FUNERAL REGISTER

NO. *L. S. Conger, Smithville, Tenn* DATE *About 1900* <sup>20 yrs ago</sup>

Remains of *Mattie Boone* Residence *Orlando*  
 Father's Name *Leut Know* Residence *Leut Know*  
 Mother's Name *Leut Know* How Secured *L. S. Conger*  
 Charged to *L. S. Conger & H. K. Wood* Shipped to *Nashville Tenn.*  
 Date of Funeral *✓* Date of Death *About 20 yrs ago*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *years* months *days*  
 Cause of Death *Tuberculosis* Number of Burial Certificate  
 Certifying Physician *Leut Know* Plate engraved  
 Clergyman *Leut Know* Lot or grave No. Section  
 Interment at *Greenwood* Cemetery  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

*Body disinterred Sept 6<sup>th</sup> 1920 & shipped to Nashville Tenn.*

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket	✓			
Metallic Lining	✓			
Outside Box	<i>Ed lining of box</i>	50.00		
Burial Robe	✓			
Embalming and Attendance	✓			
Carriages	<i>Moving body</i> at \$	5.00		
Flowers				
Hearse	—			
Death notices in	✓	Papers		
Outlay for lot	✓			
Opening Grave	✓			
Lining Grave	<i>Telegrams</i>	2.70		
Shipping charges, prepaid	<i>Express m body</i>	58.64		
			<i>Oct 11</i>	<i>By check.</i> 116.34

*On Oct 11<sup>th</sup> 1920 received refund check for \$48.42 & returned to Mr L. S. Conger.*  
 Total amount of bill *116.34* *116.34*

## REMARKS

*Sept 6<sup>th</sup> 1920 disinterred body & shipped to Nashville, Tenn in care of Care Taker of Mt Olive Cemetery. Charged to L. S. Conger, Smithville, Tenn. OK'd by H. K. Wood, Orlando Fla.*



NO. *Estate of John F. Carlson.* DATE *Sept 7<sup>th</sup> 1920*

Remains of *John F. Carlson.* Residence *400 Lexington Ave*

Father's Name *Oscar Carlson.* Residence *Sweden.*

Mother's Name *Hort Strow.* How Secured *Insurance. Mr Harris (Son-in-law)*

Charged to *Mr Harris (Son-in-law)* Shipped to *Buried in Aulands*

Date of Funeral *Sept.* Date of Death *Sept 7<sup>th</sup> 1920 11 A.M.*

Place of Death *Residence.* Single or Married *Widower.*

Occupation of Deceased *Hay Labor.* Age *64* years *11* months *25* days

Cause of Death *Phary.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Evan.* Plate engraved *At Rest*




Clergyman *Dean Glass,* Lot or grave No. *Church & Home* Section *Home*

Interment at *Greenwood* Cemetery

City *Aulands.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

X

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/3 Coffin &amp; Box.</i>	40.00	Oct 7	Cr by Check.	80.00
Metallic Lining		" 7	Cr " Dis.	13.00
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages <i>3 Autos</i> at \$3.50	10.50			
Flowers <i>Suit Underwear &amp; Socks</i>	2.50			
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Church &amp; Home.</i>				
Opening Grave <i>Ed Closing Grave</i>	5.00			
Lining Grave <i>C. Wagon</i>	5.00			
Shipping charges, prepaid				
Total amount of bill	93.00			93.00

REMARKS



# FUNERAL REGISTER

179

1920

NO. *E. M. Austin, 414 Marion St* DATE *of death Sept 7<sup>th</sup>*

Remains of *Emmett V. Austin.* Residence *414 Marion St.*

Father's Name *E. M. Austin* Residence *414 Marion St. Orlando*

Mother's Name *Pearl Hasty Austin.* How Secured *Father.*

Charged to *E. M. Austin.* Shipped to *Buried in Orlando.*

Date of Funeral *Sept* Date of Death *Sept 7<sup>th</sup> 1920 11 a.m.*

Place of Death *Residence* Single or Married *Single*

Occupation of Deceased *✓* Age *✓* years *4* months *11* days

Cause of Death *Pneumonia.* Number of Burial Certificate

Certifying Physician *Dr. Christ.* Plate engraved *at Rest.*



Clergyman *Tristler 7-da. advent* Lot or grave No. *220 NW 1/4* Section *H.*

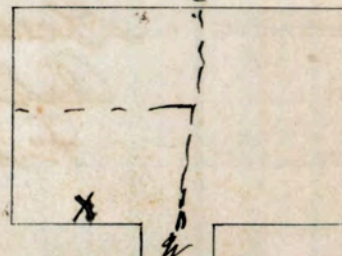
Interment at *Greenwood* Cemetery

City *Orlando.*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/6 W. L. Skin.</i>	<i>15.00</i>	<i>Sept 13</i>	<i>En by Cash.</i>	<i>53.00</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe <i>Shen, vest, skirt, 1 trce.</i>	<i>3.50</i>			
Embalming and Attendance <i>One of body.</i>	<i>10.00</i>			
Carriages <i>Closed Car.</i> at \$	<i>5.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec H. NW 1/4 #220</i>	<i>12.50</i>			
Opening Grave <i>Exp closing grave.</i>	<i>3.50</i>			
Lining Grave <i>Touring Car.</i>	<i>3.50</i>			
Shipping charges, prepaid				
Total amount of bill	<i>53.00</i>			<i>53.00</i>

REMARKS



1920

NO. *Mr George Barker. W. Central Ave.* DATE *of death Aug 24<sup>th</sup>*

Remains of *Miss Olive Clara Barker.* Residence *W. Central Ave. City.*

Father's Name *Mr George A. Barker.* Residence *W. Central Ave. City.*

Mother's Name *Mrs George A. Barker.* How Secured *Father.*

Charged to *Mr George A. Barker (Father)* Shipped to *Orlando, Fla. Ashville N.C.*

Date of Funeral *Aug 27<sup>th</sup> 1920 3 P.M.* Date of Death *Aug 24<sup>th</sup> 1920 6:55 P.M.*

Place of Death *Ashville, Fla. N.C.* Single or ~~Married~~ *Single.*

Occupation of Deceased *At Home.* Age *21* years *11* months *1* days

Cause of Death *Tuberculosis.* Number of Burial Certificate

Certifying Physician *Dr. C. H. Cooke of Ashville* Plate engraved *at Rest just as they.*


Clergyman *Dean Adcock.* Lot or grave No. *186* Section *a*

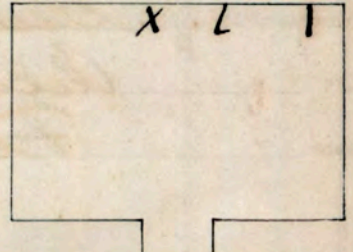
Interment at *Greenwood. Cemetery*

City *Orlando.*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>July 6<sup>1921</sup></i>	<i>En. by check.</i>	<i>3.50</i>
Metallic Lining		<i>July 5<sup>1922</sup></i>	<i>En. by check.</i>	<i>34.50</i>
Outside Box	<i>Req</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>✓</i>			
Carriages <i>2 Autos</i> at \$4.00	<i>8.00</i>			
Flowers <i>Closed Car.</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#186 Sec a.</i>				
Opening Grave <i>En. Closing grave</i>	<i>5.00</i>			
Lining Grave	<i>✓</i>			
Shipping charges, prepaid				
<i>Moving body from Station.</i>	<i>5.00</i>			
Total amount of bill	<i>38.00</i>			<i>38.00</i>

REMARKS



# FUNERAL REGISTER

181

NO. *Estate Mr. John Newton Stewart.* DATE *Sept 8<sup>th</sup> 1920*  
Remains of *Mr. John Newton Stewart* Residence *411 S. Lake St City*  
Father's Name *Hint Know.* Residence *Canada.*  
Mother's Name *Hint Know.* How Secured *Estate*  
Charged to *Mrs Minnie S. Stewart (Wife)* Shipped to *Jacksonville, Fla.*  
Date of Funeral *Sept 10<sup>th</sup> 1920* Date of Death *Sept 8<sup>th</sup> 1920 6:30 P.M.*  
Place of Death *Residence.* ~~Single~~ or Married *Married*  
Occupation of Deceased *M.H.* Age *39* years months days  
Cause of Death *Acute Indigestion* Number of Burial Certificate  
Certifying Physician *Dr. Person.* Plate engraved *Name + State.*  
Clergyman *At Jacksonville* Lot or grave No. Section  
Interment at *Destin Cemetery*  
City *Jacksonville*  
State *Florida.*

CEMETERY CHART  
Put in the diagram one mark like this ■ for every grave in it. Mark this burial with cross, thus x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/4 B Co. R Cor State</i>	<i>215.00</i>	<i>Sept 18<sup>th</sup></i>	<i>by check.</i>	<i>287.80</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb 5.00</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers <i>Sherry tableting during</i>	<i>5.00</i>			
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid				
<i>4 R. R. Tickets to Jax 5.90</i>	<i>22.80</i>			
Total amount of bill	<i>287.80</i>			<i>287.80</i>

REMARKS



## FUNERAL REGISTER

NO. *Mr James N. Pike 401 Lexington Ave of Leach Sept 8<sup>th</sup> 1920* DATE

Remains of *Mrs Bertha A. Pike* Residence *401 Lexington Ave City*

Father's Name *James Allen* Residence *Iowa*

Mother's Name *Sadie Lanner Allen* How Secured *Husband*

Charged to *Mr James N. Pike* Shipped to *Buried in Ireland*

Date of Funeral *Sept 9<sup>th</sup> 1920 2:30 P.M.* Date of Death *Sept 8<sup>th</sup> 1920 11 P.M.*

Place of Death *Residence* Single or Married *Married*

Occupation of Deceased *At Home* Age *24* years *8* months *21* days

Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate

Certifying Physician *Dr. E. T. Cranney* Plate engraved *At Rest*

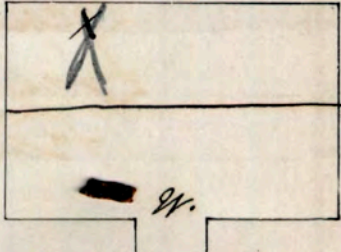


Clergyman *Rev. Mc Connell* Lot or grave No. *173 E 1/2 Section J*

Interment at *Greenwood Cemetery*

City *Ireland*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. Guy Rife Oct 3 P. Top.</i>	120.00	<i>Nov 23</i>	<i>En by Check.</i>	50.00
Metallic Lining <i>No</i>		<i>Feb 7</i>	<i>En by Check.</i>	100.00
Outside Box <i>Reg</i>		<i>Feb 23</i>	<i>En by Cash.</i>	43.00
Burial Robe <i>✓</i>		<i>Apr 23</i>	<i>En by Cash.</i>	4.00
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>Hurdon.</i> at \$	4.00			
Flowers <i>C. Wagon.</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	12.50			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#173 E. 1/2 Sec J.</i>	22.00			
Opening Grave <i>&amp; Closing grave.</i>	5.00			
Lining Grave <i>One Auto</i>	3.50			
Shipping charges, prepaid				

Total amount of bill

197.00

197.00

REMARKS



# FUNERAL REGISTER

183

NO. *A. M. Hancock* *Lockwood* <sup>DATE</sup> *Sept 8<sup>th</sup> 1920*

Remains of *Ned Eubank* Residence *Heer Park Fla.*

Father's Name *Ennis Eubank* Residence *Heer Park Fla.*

Mother's Name *Lue Hancock* How Secured *Grandfather*

Charged to *A. M. Hancock (Grandfather)* Shipped to *Buried at Lockwood*

Date of Funeral *Sept 9<sup>th</sup> 1920* Date of Death *Sept 8<sup>th</sup> 1920*

Place of Death *Lockwood Fla.* Single or ~~Married~~ *Single*

Occupation of Deceased *✓* Age *5* years months days

Cause of Death Number of Burial Certificate

Certifying Physician *Dr. Simmons (Ala.)* Plate engraved *Our Darling*




Clergyman *at Lockwood* Lot or grave No. Section

Interment at *Lockwood* Cemetery

City *Lockwood*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Varnish Coffin</i>	<i>15.00</i>	<i>Sept 9</i>	<i>En by Check</i>	<i>15.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>




REMARKS

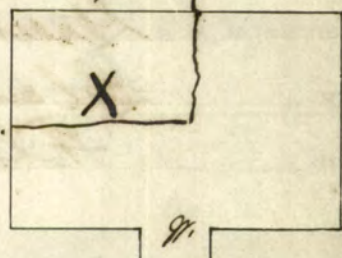


NO. *Estate Mrs L. A. Baptiste Winter Park* DATE *Sept 9<sup>th</sup> 1920*

Remains of *Mrs L. A. Baptiste.* Residence *Winter Park, Fla.*  
 Father's Name *Leont Know.* Residence *Leont Know.*  
 Mother's Name *Leont Know.* How Secured *Money in La Land Bank.*  
 Charged to *Estate.* Shipped to *Buried in Orlando.*  
 Date of Funeral *Sept 10<sup>th</sup> 1920 4:30 P.M.* Date of Death *Sept 9<sup>th</sup> 2 P.M. 1920*  
 Place of Death *Count Home.* Single or Married *Widow*  
 Occupation of Deceased *At Home* Age *65* years months days  
 Cause of Death *Chronic Parenchymatous Nephritis* Number of Burial Certificate  
 Certifying Physician *Dr. Ford* Plate engraved *At Rest*  
 Clergyman *Mr Finley (Curator)* Lot or grave No. *220 N.E. 1/4* Section *H*  
 Interment at *Greenwood* Cemetery  
 City *Orlando.*  
 State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. Guy Cope Oct 30<sup>th</sup></i>	<i>100.00</i>	<i>Oct 28</i>	<i>Co. B &amp; T. Co. by Check.</i>	<i>177.50</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>17.50</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Grey Car.</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#220 N.E. 1/4 Sec H.</i>	<i>12.50</i>			
Opening Grave <i>W. Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
<i>Judge Martin's Fee.</i>	<i>15.00</i>			
<i>F. J. Terry Headstone</i>	<i>10.00</i>			
Total amount of bill	<i>177.50</i>			<i>177.50</i>

## REMARKS

*Died at County Home. Had \$187.69 in Volusia County Bank. Orlando Bank & Trust Co. appointed Curator. Judge Martin's Fee \$15.00 F. J. Terry Headstone \$10.00. 10.19 goes to Orlando Bank & Trust Co.*



# FUNERAL REGISTER

185

NO. *Mr P. H. Phillips. Kissimmee of Heale Sept 13<sup>th</sup> 1920* DATE

Remains of *Mr W. Mae Phillips* Residence *Kissimmee, Fla.*

Father's Name *Mr J. E. Tillery* Residence *Newman, Ga.*

Mother's Name *Leont Snow* How Secured *Husband & Brother*

Charged to *Mr P. H. Phillips* Shipped to *Buried in Orlando*

Date of Funeral *Sept 15<sup>th</sup> 5 P.M. 1920* Date of Death *Sept 13<sup>th</sup> 6:30 P.M.*

Place of Death *A. G. Hospital* Single or Married *Married*

Occupation of Deceased *At Home* Age *23* years *4* months *2* days

Cause of Death *Intestinal Cancer & Tuberculosis* Number of Burial Certificate

Certifying Physician *Lt. Christ* Plate engraved *At Rest*

Clergyman *Rev Cooper* Lot or grave No. Section

Interment at *Greenwood* Cemetery

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 W. L. Skin Oct 30<sup>th</sup> 1921</i>	125.00	Oct 14	<i>Er. P. O. Order accept Note</i>	50.00
Metallic Lining <i>✓</i>		Nov 29	<i>Er. by P. O. Order</i>	47.50
Outside Box <i>Reg</i>		Jan 5 <sup>1921</sup>	<i>Er. by P. O. Order</i>	52.50
Burial Robe <i>White S. Silk</i>	12.00	Feb 16	<i>Er. by P. O. Order</i>	50.00
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers <i>Widow wear</i>	5.00			
Hearse <i>Grey Auto Funeral Car.</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave (M)</i>	3.00			
Opening Grave <i>Em Closing grave</i>	5.00			
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Total amount of bill	200.00			200.00

REMARKS *Gave 4 acceptance notes at \$50.00 each. In 30-60-90 & 120 days. Signed by:- Macy Ann Phillips Accada, File Box 144  
Henry B. Tillery.  
Rubin Vange Tillery  
Percy H. Phillips.*



April 10 - 1940

NO. *M. Robert Holcomb. Kissimmee, Fla.* DATE *Sept 14<sup>th</sup> 1920*  
 Remains of *Mrs. Grace E. Holcomb.* Residence *Kissimmee, Fla.*  
 Father's Name *Nathan Montange* Residence *Pennsylvania.*  
 Mother's Name *Martha Montange* How Secured *Husband.*  
 Charged to *M. Robert Holcomb (Husband)* Shipped to *Kissimmee.*  
 Date of Funeral *Sept 18<sup>th</sup> 1920 10:30<sup>PM</sup>* Date of Death *Sept 14<sup>th</sup> 1920 10:30<sup>PM</sup>*  
 Place of Death *C. G. Hospital.* Single or Married *Married*  
 Occupation of Deceased *At Home.* Age *48* years months days  
 Cause of Death *Peritonitis Ruptured Appendix* Number of Burial Certificate  
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*  
 Clergyman *At Kissimmee.* Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Kissimmee.*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this **I** for every grave in it. Mark this burial with cross, thus **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy Rife Oct 3<sup>rd</sup> 1922</i>	125.00	Oct 22	<i>By check</i>	50.00
Metallic Lining		<i>1922 Jan 5</i>	<i>By ..</i>	100.00
Outside Box	<i>Req.</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Auto Funeral Car to Kiss.</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Aug-26-1922 P.D. J. H. Thompson of Kissimmee</i>	15.00			
Opening Grave				
Lining Grave				
Shipping charges, prepaid				

*1-1-28  
 Moved away  
 unable to collect  
 balance of acct*

Total amount of bill

185.00

200.00

REMARKS






# FUNERAL REGISTER

187

NO. *Estate of Mr Elmer W. Moore, Winter Park, Fla.* DATE *1920*  
Remains of *Mr. Elmer W. Moore*, Residence *Winter Park, Fla.*  
Father's Name *William Moore*, Residence *Pennsylvania*  
Mother's Name *Isabel Crawford Moore* How Secured *Estate*  
Charged to *Mrs Sarah Moore (Wife)* Shipped to *Pittsburg, Penna*  
Date of Funeral *4 P.M. Sept 18<sup>th</sup> 1920* Date of Death *Sept 15<sup>th</sup> 1920*  
Place of Death *Residence* Single or Married *Married*  
Occupation of Deceased *Lawyer* Age *57* years *8* months *3* days  
Cause of Death *Myocarditis & Chronic Nephritis* Number of Burial Certificate  
Certifying Physician *Dr. Hotard* Plate engraved *Name & State*  
Clergyman *At Winter Park* Lot or grave No. Section  
Interment at *Destinations Cemetery*  
City *Pittsburg*  
State *Pennsylvania*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Guy B. Co R. Co. St.</i>	<i>40 0.00</i>	<i>Dec 10</i>	<i>En by check.</i>	<i>458.75</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse <i>Funeral Car to W. Park.</i>	<i>10.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave <i>Shit 3.00 Tie 3.00 collar 25</i>	<i>3.75</i>			
Shipping charges, prepaid				
Total amount of bill	<i>458.75</i>			<i>458.75</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate Francis V. Phillips, Orlando* DATE *Sept 15<sup>th</sup> 1920*

Remains of *Mr Francis V. Phillips* Residence *Mt Vernon, St Orlando*

Father's Name *Thomas B. Phillips* Residence *Buffalo New York*

Mother's Name *Katherine Valentine Phillips* How Secured *Estate*

Charged to *Mr. Francis V. Phillips (Wife)* Shipped to *Buried in Orlando*

Date of Funeral *Sept 17<sup>th</sup> 1920 10:30 A.M.* Date of Death *Sept 15<sup>th</sup> 1920 4 A.M.*

Place of Death *Residence* Single or Married *Married*

Occupation of Deceased *Manufacturer* Age *66* years *2* months *22* days

Cause of Death *Spasm Coronary Arteries* Number of Burial Certificate *226*

Certifying Physician *Dr. Edwards* Plate engraved *Name & State*




Clergyman *Dean Adcock* Lot or grave No. *114* Section *2*

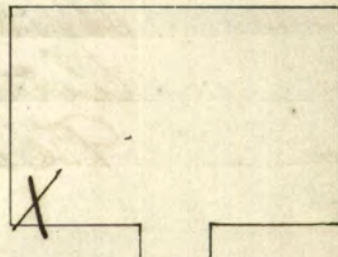
Interment at *Greenwood Cemetery*

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray B. Clo. P. Co. S.</i>	<i>200.00</i>	<i>Nov 10</i>	<i>Cr. by check.</i>	<i>345.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe <i>No.</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>1 Auto (St)</i>	<i>3.50</i>			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#114 Sec 2</i>	<i>65.00</i>			
Opening Grave <i>Exp Closing</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon</i>	<i>5.00</i>			
Shipping charges, prepaid				
<i>Underwear 2.00 shirt 3.00 Tie. 1.00 Collar 1.00 Socks 1.50</i>	<i>6.50</i>			
<i>Lumber &amp; Curbing grave.</i>	<i>10.00</i>			
Total amount of bill	<i>345.00</i>			<i>345.00</i>




REMARKS



## FUNERAL REGISTER

NO. *Mr Hector Stone, 305 W. Central* DATE *1920 Sept 16<sup>th</sup>*  
 Remains of *Mrs Mamie Leona Stone*, Residence *305 W. Central Ave*  
 Father's Name *Mr R. G. West*, Residence *North Carolina*,  
 Mother's Name *Mrs Price West*, How Secured *Husband*  
 Charged to *Mr Hector a. Stone (husband)* Shipped to *Buried at Apopka.*  
 Date of Funeral *Sept 19<sup>th</sup> 1920 2:30 PM*, Date of Death *Sept 16<sup>th</sup> 1920 5:30 PM*  
 Place of Death *P. G. Hospital*, Single or Married *Married*  
 Occupation of Deceased *At Home*, Age *23* years *7* months *22* days  
 Cause of Death *Pneumonia*, Number of Burial Certificate *# 227*  
 Certifying Physician *Dr. Beardsall*, Plate engraved  
 Clergyman *Dean Adcock*, Lot or grave No. Section  
 Interment at *Apopka*, Cemetery  
 City *Apopka*,  
 State *Florida*.

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

XXXI

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 W. Plush</i>	<i>Oct 3 P. 5th</i>	<i>165.00</i>	<i>Sept 29 Dr by Check.</i>	<i>264.50</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe <i>White Silk Robe.</i>	<i>15.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>Hudson.</i> at \$	<i>7.50</i>			
Flowers <i>Tanning Car.</i>	<i>6.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Casket Wagon</i>	<i>5.00</i>			
Opening Grave <i>Opening &amp; Closing</i>	<i>5.00</i>			
Lining Grave <i>Hel. of box</i>	<i>5.00</i>			
Shipping charges, prepaid <i>Ant Auto</i>	<i>6.00</i>			
Total amount of bill	<i>264.50</i>			<i>264.50</i>

REMARKS



NO. *Mr Gus Parrish, Alcoa, Fla.* DATE *of death Sept 20<sup>th</sup> 1920*

Remains of *Mrs Neta Mae Parrish.* Residence *Alcoa, Fla.*

Father's Name *John Simpson.* Residence *Lake Butler, Fla.*

Mother's Name *Lant Snow.* How Secured *Husband.*

Charged to *Mr Gus Parrish (Husband)* Shipped to *Buried in Alcoa.*

Date of Funeral *Sept 21<sup>st</sup> 1920* Date of Death *Sept 20<sup>th</sup> 1920 5 a.m.*

Place of Death *Residence* Single or Married *Married*

Occupation of Deceased *At home.* Age *21* years *11* months *3* days

Cause of Death *Acute Nephritis.* Number of Burial Certificate

Certifying Physician *Dr. Harris, Alcoa.* Plate engraved *at Rest*




Clergyman *at Alcoa.* Lot or grave No. Section

Interment at *Alcoa.* Cemetery

City *Alcoa.*

State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. Van. Coffin &amp; Box</i>	45.00	Sept 21	<i>Cr. by Cash.</i>	50.00
Metallic Lining		" 30	<i>Cr. " Cash.</i>	15.00
Outside Box				
Burial Robe				
Embalming and Attendance <i>Services</i>	5.00			
Carriages at \$				
Flowers				
Hearse <i>Grey Car.</i>	15.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	65.00			65.00

REMARKS










NO. *1920* *1920*  
 Remains of *Mr John H. Gregory* DATE *Sept 21<sup>st</sup>*  
 Father's Name *Mr J. Gregory* Residence *Winter Garden, Fla.*  
 Mother's Name *Mrs Gregory* How Secured *Wife & Estate*  
 Charged to *Mrs John H. Gregory (Wife)* Shipped to *Buried at Oakland*  
 Date of Funeral *Sept 23<sup>rd</sup> 1920 10 a.m.* Date of Death *Sept 21<sup>st</sup> 1920 10 a.m.*  
 Place of Death *Residence* Single or Married *Married*  
 Occupation of Deceased *Fruit & Farming* Age *66* years *7* months *22* days  
 Cause of Death *Heart Disease (Mitral Insufficiency)* Number of Burial Certificate  
 Certifying Physician *Dr. Harris* Plate engraved *Name & State*  
 Clergyman *At Winter Garden, Rio Stubb* Lot or grave No. Section  
 Interment at *Oakland* Cemetery  
 City *Oakland*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 x 13 x 10 1/2</i>	<i>325.00</i>	<i>Nov 4</i>	<i>En by check.</i>	<i>425.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Shannon &amp; Halling</i>	<i>35.00</i>			
Carriages <i>at \$</i>	<i>5.00</i>			
Flowers <i>Hel. of Casket &amp; Fox.</i>	<i>10.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Shipping charges, prepaid <i>✓</i>				
Building Arch <i>Labn 5.00</i>	<i>5.00</i>			
Brick Mason <i>Mason 20.00</i>	<i>25.00</i>			
Total amount of bill	<i>425.00</i>			<i>425.00</i>




REMARKS



## FUNERAL REGISTER

NO. *1520* *Mr Henry Belknap, Gotha Fla.* DATE *March 22<sup>nd</sup> 1920*  
 Remains of *Mrs Archie Belknap*, Residence *Gotha Fla.*  
 Father's Name *Archibald Brewer* Residence *Georgia*  
 Mother's Name *Sarah E. Pelham* How Secured *Husband & Son*  
 Charged to *Mr Henry Belknap* Shipped to *Buried Beaulah Cemetery*  
 Date of Funeral *Sept 24<sup>th</sup> 1920 11 A.M.* Date of Death *Sept 22<sup>nd</sup> 1920 8:30 P.M.*  
 Place of Death *A. G. Hospital* Single or Married *Married*  
 Occupation of Deceased *At Home* Age *58* years *—* months *—* days  
 Cause of Death *Tuberculosis Pulmonalis* Number of Burial Certificate *#232*  
 Certifying Physician *Dr. Edwards* Plate engraved *At Rest*  
 Clergyman *At Gotha* Lot or grave No. \_\_\_\_\_ Section \_\_\_\_\_  
 Interment at *Beaulah* Cemetery  
 City *Winter Garden*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Varnish Coffin &amp; Box</i>	80.00	<i>Nov 26</i>	<i>Cr by Cash.</i>	50.00
Metallic Lining <i>✓</i>		<i>Dec 18</i>	<i>Cr " "</i>	29.25
Outside Box <i>Reg</i>		<i>Feb 5</i>	<i>Cr " "</i>	50.00
Burial Robe <i>Grey Crape.</i>		<i>Feb 26</i>	<i>Cr " "</i>	25.00
Embalming and Attendance <i>Emb.</i>	35.00	<i>Apr 9</i>	<i>Cr " "</i>	25.00
Carriages <i>auto and trip at \$</i>	15.00			
Flowers <i>Ch 7 Passenger Car.</i>	7.50			
Hearse <i>Auto Funeral Car.</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>C. Wagon.</i>	5.00			
Opening Grave <i>El Closing grave.</i>	5.00			
Lining Grave <i>Hel of box.</i>	7.00			
Shipping charges, prepaid <i>Underwear &amp; Hat</i>	4.75			
Total amount of bill	179.25			179.25


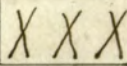
REMARKS *Will \$50.00 in 30 days. I will pay 40 to 50 per month.*



## FUNERAL REGISTER

NO. *Mr L. L. Payne, Magnolia Ave* DATE *Sept 23<sup>rd</sup> 1920*  
 Remains of *Mrs Maria L. Payne.* Residence *Magnolia Ave. City*  
 Father's Name *Martin H. Clapp.* Residence *Mass.*  
 Mother's Name *Miria Russell Clapp.* How Secured *L. L. Payne.*  
 Charged to *L. L. Payne (Son.)* Shipped to *Buried in Orlando.*  
 Date of Funeral *Sept 25<sup>th</sup> 1920.* Date of Death *Sept 23<sup>rd</sup> 1920 11pm.*  
 Place of Death *Residence.* Single or Married *Widow.*  
 Occupation of Deceased *At Home.* Age *80* years *8* months *11* days  
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate *#233*  
 Certifying Physician *Dr. Christ.* Plate engraved *Name + State.*  
 Clergyman *Rev M. C. Connell.* Lot or grave No. *102* Section *a*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Florida*

## CEMETERY CHART

Put in the diagram one mark  
 like this  for every grave in it.  
 Mark this burial with cross, thus  
 x. Designate site of monument  
 thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray Plush Old F.</i>	<i>175.00</i>	<i>Jan 6</i>	<i>Cr by Check.</i>	<i>234.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>30.00</i>			
Carriages <i>Family Car Hudson.</i>	<i>5.00</i>			
Flowers <i>P. B. Car.</i>	<i>4.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Opening Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>234.00</i>			<i>234.00</i>

REMARKS






# FUNERAL REGISTER

195

NO. *Estate Edward T. Elyatt, Jay, Fla.* DATE *1920*

Remains of *Edward T. Elyatt*, Residence *16 W. Union St. Jay, Fla.*  
 Father's Name *Geo. W. Elyatt*, Residence *Georgia*  
 Mother's Name *Sarah L. Knight (Elyatt)*, How Secured *Brother & Estate*  
 Charged to *Mrs Edward T. Elyatt (Wife)*, Shipped to *Pompano, Fla.*  
 Date of Funeral *Oct 6th 1920*, Date of Death *Oct 4th 1920 12:04 P.M.*  
 Place of Death *O. G. Hospital*, Single or Married *Married*  
 Occupation of Deceased *Salesman (Traveling)*, Age *49* years months days  
 Cause of Death *Appendicitis*, Number of Burial Certificate  
 Certifying Physician *J. A. Ford*, Plate engraved *At Rest*  
 Clergyman *Restoration*, Lot or grave No. Section  
 Interment at *Restoration Cemetery*  
 City *Pompano*, State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

*( Mrs L. G. Wise Pompano, Fla. 419 E. 4th St )*  
*( 16 W. Union St. Jay, Fla. )*  
*( Mr E. L. Elyatt )*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy B. Co. lat. 6 Top</i>	190.00	Oct 5	Tr by Check	170.00
Metallic Lining <i>No</i>		Apr 18	Tr " P.O. Order	20.00
Outside Box <i>Reg</i>		June 22	Tr " P.O. Order	5.00
Burial Robe <i>Blk. B. Suit</i>	32.00	Aug 31	Tr " P.O. Order	5.00
Embalming and Attendance <i>Shammy's bathing</i>	45.00	Oct 17	Tr " P.O. Order	5.00
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00	Nov 19	Tr " P.O. Order	5.00
Flowers <i>Underecar.</i>	3.00	Jan 9	Tr " P.O. Order	5.00
Hearse <i>Ambulance</i>	5.00	Mar 9	Tr " Check	5.00
Death notices in <i>2</i> Papers		Apr 17	Tr " Check	5.00
Outlay for lot		June 13	Tr " Check	5.00
Opening Grave		Sept 13	Tr " Check	5.00
Lining Grave		Dec 8	Tr " Check	5.00
Shipping charges, prepaid		1923		
		Jan 11	Tr " Check	10.00
		Feb 1	Tr " Check	5.00
		Mar 6	Tr " Check	5.00
		June 27	Tr " Check	3.00
		Sept 4	Tr " P.O. Order	2.00
		Jan 31	Tr " P.O. Order	1.00
		June 27	Tr " P.O. Order	1.00
	<i>285.00</i>	<i>1924</i>	<i>%</i>	<i>18.00</i>
				<i>285.00</i>

Total amount of bill

*285.00*

REMARKS

*( Sister ) Mrs L. G. Wise Pompano Fla will make cash mo on acct -*



## FUNERAL REGISTER

1920

NO. *A. A. Story, Marcossa, Fla.* DATE *of Death Oct 4<sup>th</sup>*

Remains of *Infant of Mr & Mrs A. A. Story.* Residence *Marcossa, Fla.*

Father's Name *A. A. Story.* Residence *Marcossa, Fla.*

Mother's Name *Gladys Brown (Story).* How Secured *Fallen*

Charged to *M. A. A. Story.* Shipped to *Buried in Orlando.*

Date of Funeral *Oct 4<sup>th</sup> 1920* Date of Death *Oct 4<sup>th</sup> 1920 10 P.M.*

Place of Death *O. G. Hospital.* Single or Married *Single.*

Occupation of Deceased *✓* Age *✓* years *✓* months *✓* days

Cause of Death *Still Born.* Number of Burial Certificate

Certifying Physician *Dr. Edwards* Plate engraved *Our Darling*




Clergyman *None.* Lot or grave No. *S. Grave.* Section

Interment at *Greenwood Cemetery*

City *Orlando.*

State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 W. L. Skin Sy.</i>	<i>1.5.00</i>	<i>Oct 7</i>	<i>Cr. by Cash.</i>	<i>20.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>✓</i> at \$				
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave. and labor.</i>	<i>5.00</i>			
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Mr J. H. Gordon* *Jacksonville Fla* DATE *1920* *of Death Oct 3rd*

Remains of *Mrs Anna B. Gordon*, Residence *Jacksonville, Fla.*

Father's Name *Leont Snow*, Residence *Leont Snow*,

Mother's Name *Leont Snow*, How Secured *Husband*.

Charged to *Mr J. H. Gordon*, Shipped to *Orlando from fax.*

Date of Funeral *Oct 6th - 10 a.m. 1920* Date of Death *Oct 3rd 1920*

Place of Death *Jacksonville Fla.* Single or Married *Married*

Occupation of Deceased *At Home*, Age *30* years *3* months *21* days

Cause of Death *Bronchial Pneumonia* Number of Burial Certificate

Certifying Physician *At Jacksonville*, Plate engraved *At Rest*,




Clergyman *Rev. M. C. Connell*, Lot or grave No. *101 N.W. 1/4* Section *2*.

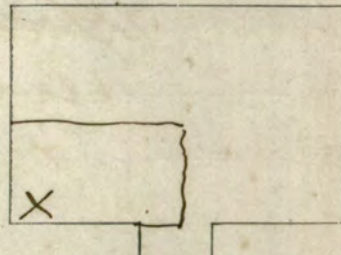
Interment at *Greenwood* Cemetery

City *Orlando*

State *Florida*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>White Plush.</i>		<i>Dec 18</i>	<i>By Check.</i>	<i>40.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages <i>Family Car</i> at \$ <i>Hudson</i>	<i>5.00</i>			
Flowers <i>C. Wagon.</i>	<i>3.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>N.W. 1/4 Sec 2 T101</i>				
Opening Grave <i>and Closing.</i>	<i>5.00</i>			
Lining Grave <i>Lumber &amp; Curbing</i>	<i>10.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>40.00</i>			<i>40.00</i>

## REMARKS




*Lied in Jacksonville, Fla Oct 3rd and was shipped to Orlando Oct 4th on train #85 Bought N.W. 1/4 Sec 2 T101 Lot of Mrs Austin Ford.*

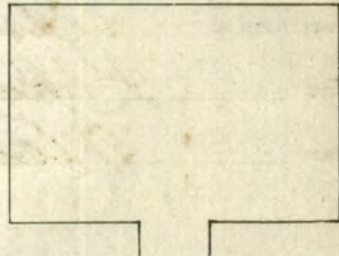


## FUNERAL REGISTER

NO. *Estate Flora Le. Haven. Winter Park* DATE *1920*  
*of State Oct 4<sup>th</sup>*  
Remains of *Flora. Le Haven.* Residence *Winter Park. Fla.*  
Father's Name *Peter Le Haven.* Residence *France.*  
Mother's Name *Louie Simon.* How Secured *Am Bachelor.*  
Charged to *Mr Le. N. Batchelor.* Shipped to *Buried Winter Park*  
Date of Funeral *Oct 5<sup>th</sup> 1920 4 P.M.* Date of Death *Oct 4<sup>th</sup> 1920 10:30 a.m.*  
Place of Death *Residence.* Single or Married *Single.*  
Occupation of Deceased *At Home.* Age *68* years *3* months *17* days  
Cause of Death *Apoplexy.* Number of Burial Certificate  
Certifying Physician *Dr. Hotard.* Plate engraved *At Rest.*  
Clergyman *At Winter Park.* Lot or grave No. Section  
Interment at *Winter Park.* Cemetery  
City *Winter Park.*  
State *Florida.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy Cope Oct 30<sup>th</sup></i>	<i>115.00</i>	<i>Oct 29</i>	<i>En by Check.</i>	<i>180.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>Hel box Cemetery</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>1</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>180.00</i>			<i>180.00</i>

REMARKS



## FUNERAL REGISTER

NO. *Estate Peter E. Palen 501 Magnolia Ave* DATE *1920 Oct 11<sup>th</sup>*

Remains of *Mr Peter E. Palen.* Residence *501 Magnolia Ave*

Father's Name *Gebriel Palen.* Residence *New York.*

Mother's Name *Anselia Tullman (Palen)* How Secured *Estate*

Charged to *Mrs Rachel J. Palen (Wife)* Shipped to *Liberty, New York.*

Date of Funeral *Oct 14<sup>th</sup> 1920 5 P.M.* Date of Death *Oct 11<sup>th</sup> 1920 6:30 P.M.*

Place of Death *C. G. Hospital.* Single or Married *Married*

Occupation of Deceased *Lawyer (Retired)* Age *77* years *9* months *1* days

Cause of Death *Bronchial Pneumonia.* Number of Burial Certificate

Certifying Physician *Lt. Christ.* Plate engraved




Clergyman *Rev. M. E. Donnell.* Lot or grave No. Section

Interment at *Restinckon Cemetery*

City *Liberty.*

State *New York.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Lay B. Co. R. Co. State</i>	400.00	Oct 16	By check.	570.18
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers <i>Closed Car (Hudson)</i>	5.00			
Hearse <i>Move body to Res. for funeral.</i>	15.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave <i>Ambulance.</i>	5.00			
Shipping charges, prepaid				
<i>R. R. Tickets to N. Y.</i>	100.18			
Total amount of bill	570.18			570.18




REMARKS

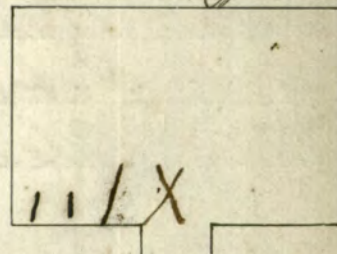


## FUNERAL REGISTER

NO. *Mr M. E. Pope Orlando Fla.* DATE *1920*  
*of death Oct 13*  
 Remains of *Mr James M. Pope.* Residence *Orlando Fla.*  
 Father's Name *Mr Pope.* Residence *Hunt Know*  
 Mother's Name *Mrs Pope.* How Secured *A.C.L. Fint agent*  
 Charged to *M.E. Pope (Son).* Shipped to *Orlando from Hendersonville N.C.*  
 Date of Funeral *Oct 17<sup>th</sup> 1920 3 P.M.* Date of Death *Oct*  
 Place of Death *Hendersonville N.C.* Single or Married *Widower*  
 Occupation of Deceased *Railroad Clerk.* Age *53* years months days  
 Cause of Death *Epilepsy.* Number of Burial Certificate  
 Certifying Physician *At Hendersonville* Plate engraved *At Rest.*  
 Clergyman *Dean Aderech.* Lot or grave No. *120* Section *J*  
 Interment at *Greenwood Cemetery*  
 City *Orlando*  
 State *Fla.*

## CEMETERY CHART

Put in the diagram one mark like this  for every grave in it. Mark this burial with cross, thus . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Nov. 6</i>	<i>En by Check</i>	<i>50.00</i>
Metallic Lining		<i>" 9</i>	<i>En by Check</i>	<i>60.00</i>
Outside Box		<i>" 9</i>	<i>En by Check</i>	<i>25.00</i>
Burial Robe		<i>Mar 5 1921</i>	<i>En by Check</i>	<i>92.94</i>
Embalming and Attendance				
Carriages <i>2 Autos 4.00 at \$</i>	<i>8.00</i>			
Flowers <i>Hudson Car.</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>See J Lot 120</i>				
Opening Grave <i>Ed Closing grave.</i>	<i>5.00</i>			
Lining Grave <i>Tommy Car.</i>	<i>4.00</i>			
Shipping charges, prepaid <i>Money Advanced</i>	<i>130.00</i>			
<i>Charges on Telegram Money</i>	<i>1.85</i>			
<i>Express on body.</i>	<i>53.34</i>			
<i>Telegram.</i>	<i>.75</i>			
<i>Casket Wagon.</i>	<i>5.00</i>			
Total amount of bill	<i>227.94</i>			<i>227.94</i>

REMARKS



