

10-13-1920

Funeral Register Volume 03: Carey Hand Funeral Home records, October 13, 1920 to March 11th, 1922

Carey Hand Funeral Home

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C
October 13th 1923

To

March 1st 1922

FUNERAL REGISTER

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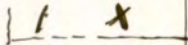


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FUNERAL REGISTER

NO. *Estate Albert M. Bristol, Taft, Fla.* DATE *1920*
of Death Oct 13th
Remains of *Mr Albert M. Bristol* Residence *Taft, Fla.*
Father's Name *Mont Know* Residence *Mont Know*
Mother's Name *Mont Know* How Secured *Estate*
Charged to *Estate* Shipped to *Buried at Orlando*
Date of Funeral *Oct 15th 1920 10 A.M.* Date of Death *Oct 13th 1920 10:30 P.M.*
Place of Death *Residence* Single or Married *Widowed*
Occupation of Deceased *Retired* Age *82* years months days
Cause of Death *Senile Bronchitis* Number of Burial Certificate
Certifying Physician *Dr Brannen (Pine Castle)* Plate engraved *At Rest*
Clergyman *Rev Murphy, Taft* Lot or grave No. *231* Section *N S.E. 1/4*
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 Var. Casket & Box</i>	<i>65.00</i>	<i>Oct 16</i>	<i>Tr. by Cash.</i>	<i>85.00</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	<input checked="" type="checkbox"/> at \$			
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 <i>and Closing</i>	<i>5.00</i>			
Lining Grave	<input checked="" type="checkbox"/>			
Grave Vault	<input checked="" type="checkbox"/>			
Shipping charges, prepaid				
Total amount of bill	<i>85.00</i>			<i>85.00</i>

REMARKS

FUNERAL REGISTER

NO. *August M. Hess, Kissimmee, Fla.* DATE *Oct 14th 1920*
 Remains of *Mrs Carolina Hess* Residence *Kissimmee, Fla.*
 Father's Name *Valentin Maisch* Residence *Germany*
 Mother's Name *Mrs Rainer Maisch* How Secured *Husband & Brother*
 Charged to *Mr August M. Hess* Shipped to *Kissimmee, Fla.*
 Date of Funeral *Oct 15th 1920* Date of Death *Oct 14th 1920 5:30^{PM}*
 Place of Death *Florida Sanitarium* Single or Married *Married*
 Occupation of Deceased *At Home* Age *45* years *9* months *15* days
 Cause of Death *Acute Carcoma* Number of Burial Certificate
 Certifying Physician *H. Oenbaugh* Plate engraved *At Rest*
 Clergyman *From 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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Guy Cope Oct 30th</i>	<i>115.00</i>	<i>Nov 14</i>	<i>Tr by Check.</i>	<i>193.39</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>White Silk dress</i>	<i>15.00</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 to Kiss</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Express on Box</i>	<i>2.39</i>			
Opening Grave <i>and Shrayage</i>	<i>3.39</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>193.39</i>			<i>193.39</i>

REMARKS

FUNERAL REGISTER

NO *M. H. L. Hudson, Winter Garden, Fla.* DATE *1920 Oct 19th*

Remains of *Mrs Lilla Hudson.* Residence *Winter Garden, Fla.*

Father's Name *L. H. Conrad.* Residence *Alabama.*

Mother's Name *Edu Lickson (Conrad)* How Secured *C. R. Whitfield.*

Charged to *M. H. L. Hudson (Husband)* Shipped to *Howards, Alabama*

Date of Funeral *Oct 21st 1920* Date of Death *Oct 19th 1920 1:45 a.m.*

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

Occupation of Deceased *At Home.* Age *23* years months days

Cause of Death *Malaria Fever.* Number of Burial Certificate *# 244*

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




Clergyman *At Marianna, Fla.* Lot or grave No. Section

Interment at *Restoration Cemetery*

City *Howards.*

State *Alabama.*

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 Guy Cope Oct 30th</i>	<i>115.00</i>	<i>Oct 19</i>	<i>En by Check.</i>	<i>200.00</i>
Metallic Lining <i>No</i>		<i>11/19</i>	<i>En " Lis.</i>	<i>4.39</i>
Outside Box <i>Req.</i>				
Burial Robe <i>White B. Dress.</i>	<i>12.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon (2nd 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 <i>Underwear.</i>	<i>2.85</i>			
Grave Vault				
Shipping charges, prepaid <i>2 R.R. Tickets.</i>	<i>29.54</i>			
Total amount of bill	<i>204.39</i>			<i>204.39</i>

REMARKS

FUNERAL REGISTER

NO. *1920* *1920* *DATE* *Oct 21st*
 Remains of *Infant of Mrs Sallie Rhodes* Residence *Conway, Fla.*
 Father's Name *Mr Taylor Rhodes* Residence *North Carolina*
 Mother's Name *Mrs Sallie Futral (Rhodes)* How Secured *Mr R. J. Peel*
 Charged to *Mrs Sallie Rhodes (Mother)* Shipped to *Buried at Conway*
 Date of Funeral *Oct 21st 1920 4:30 P.M.* Date of Death *Oct 21st 1920 5 A.M.*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *✓* years *9* months *—* days
 Cause of Death *Marasmus & Colitis* Number of Burial Certificate
 Certifying Physician *David C. Roney* Plate engraved *Our Darling*
 Clergyman *At Conway* 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>4/6 W.L. Skin Oct.</i>	<i>20.00</i>	<i>Oct 30</i>	<i>Tr by Cash.</i>	<i>25.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages <i>✓</i> at \$				
Flowers <i>✓</i>				
Hearse <i>Touring Car.</i>	<i>5.00</i>			
Death notices in <i>✓</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

REMARKS

FUNERAL REGISTER

NO. *M. C. C. Turner, Apopka, Fla.* DATE *1920 Oct 22nd*
 Remains of *Infant of Mrs. M. C. C. Turner* Residence *Apopka, Fla.*
 Father's Name *C. C. Turner.* Residence *Apopka, Fla.*
 Mother's Name *Ruby Lowe Turner.* How Secured *Father.*
 Charged to *M. C. C. Turner (Father)* Shipped to *Buried at Apopka.*
 Date of Funeral *Oct 23rd 1920* Date of Death *Oct 22nd 1920 11:45 a.m.*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *✓* Age *✓* years *✓* months *6* days
 Cause of Death
 Certifying Physician *Dr. Harris* Plate engraved
 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>2 1/2 H.M. & Box 28.</i>	<i>10.00</i>	<i>Oct 23 Cr. by Cash.</i>	<i>10.00</i>
Metallic Lining	<i>✓</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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>10.00</i>			<i>10.00</i>




REMARKS

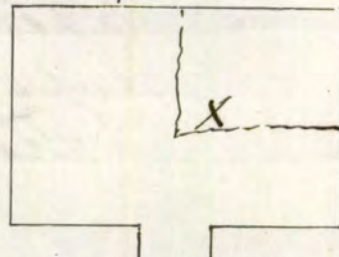
Did their own work.

FUNERAL REGISTER

NO. *Mr. Wm. W. Mallard, Longwood, Fla.* DATE *1920 Oct 23rd*
 Remains of *Mrs. Anna. A. Mallard.* Residence *Longwood, Fla.*
 Father's Name *Bert Knorr.* Residence *Lint Knorr.*
 Mother's Name *Lint Knorr.* How Secured *Husband.*
 Charged to *Mr. Wm. W. Mallard.* Shipped to *Buried in Orlando.*
 Date of Funeral *Oct 26th 1920 10.4. M.* Date of Death *Oct. 23rd 1920 4.4. M.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *At home.* Age *61* years *10* months days
 Cause of Death *Myo Carditis.* Number of Burial Certificate
 Certifying Physician *Dr. Hotard.* Plate engraved *At Rest*
 Clergyman *E. Lee. Smith.* Lot or grave No. *221 S.E. 1/4* Section *N.*
 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 Gray Casket Oct 31st 125.00</i>	<i>Oct 26</i>	<i>En by Check.</i>	<i>216.50</i>
Metallic Lining	<i>✓</i>		<i>En .. Lin.</i>	<i>5.00</i>
Outside Box	<i>Req.</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb. 40.00</i>			
Carriages	<i>C. Wagon to Longwood at \$15.00</i>			
Flowers	<i>Hudson Closed Car. 5.00</i>			
Hearse	<i>Auto Funeral Car. 15.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Sec H. S.E. 1/4 Sec 221 12.50</i>			
Opening Grave	<i>Exc Closing. 5.00</i>			
Lining Grave	<i>Touring Car. 4.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>221.50</i>			<i>221.50</i>

REMARKS

FUNERAL REGISTER

1920

NO. *Walter R. T. Pratt, 803 N. Magnolia Ave.* DATE *of Death Oct 25*

Remains of *Walter R. T. Pratt.* Residence *803 Magnolia, Ave. City*

Father's Name *Wm Ezra T. Pratt.* Residence *New York.*

Mother's Name *Lucenia Penfield.* How Secured *Estate & Wife.*

Charged to *Mrs Helen H Pratt (Wife)* Shipped to *Buried in Orlando*

Date of Funeral *Oct 27th 1920 10 a.m.* Date of Death *Oct 25th 1920 11:40 P.M.*

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

Occupation of Deceased *Clerk, Grocery Store (Retired)* Age *54* years *7* months *21* days

Cause of Death *Hemorrhage of Lungs* Number of Burial Certificate

Certifying Physician *Lt. S. S. Jones U.C.* Plate engraved *Name & State*



Clergyman *Rev. McConnell.* Lot or grave No. *42* Section *L.*

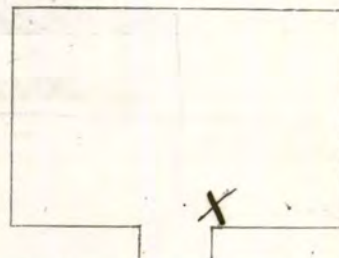
Interment at *Greenwood, Cemetery*

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 Guy B Co R. Co. State</i>	<i>200.00</i>	<i>Nov 20</i>	<i>Or by check.</i>	<i>300.00</i>
Metallic Lining <i>No</i>		<i>" 20</i>	<i>Or .. Cash.</i>	<i>41.00</i>
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Ed Shaving.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Closed Car. Hudson</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 L. Lot 42</i>	<i>65.00</i>			
Opening Grave <i>Ed Closing.</i>	<i>5.00</i>			
Lining Grave <i>Shirt 3.50 Underswear 2.00 Socks .75 Hat 25.50</i>	<i>7.00</i>			
Grave Vault <i>P. B. Car.</i>	<i>4.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>341.00</i>			<i>341.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate W Chauncey Holt. 601 N. Magnolia Ave.* DATE *of death Oct 26th 1920*

Remains of *W Chauncey Holt.* Residence *601 N. Magnolia Ave. City*

Father's Name *Henry L. Holt.* Residence *New York.*

Mother's Name *Elizabeth Hawley Holt.* How Secured *Estate & Wife.*

Charged to *Mrs Anna S. Holt. (Wife.)* Shipped to *Somerville, N. J.*

Date of Funeral *Oct 27th 1920 1 P.M.* Date of Death *Oct 26th 1920 4:30 a.m.*

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

Occupation of Deceased *Publisher (Retired)* Age *75* years *10* months days

Cause of Death *Liasibitis Melitis.* Number of Burial Certificate




Certifying Physician *C. L. Brumbridge.* Plate engraved *Name & Seal*

Clergyman *Rev. W. E. Connell.* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Somerville.*

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>1/2 Guy B. Co. R. Co. S.</i>	<i>200.00</i>	<i>Feb 22</i>	<i>Cr by check.</i>	<i>375.90</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>E. Sharning</i>	<i>40.00</i>			
Carriages <i>at \$</i>				
Flowers <i>Hudson 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				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>2 R.R. Tickets + Pullman.</i>	<i>106.47</i>			
<i>Telegrams.</i>	<i>9.43</i>			
Total amount of bill	<i>375.90</i>			<i>375.90</i>

REMARKS

FUNERAL REGISTER

NO. *96 Midland, Ave. Montclair*
Francis A. Board, New Jersey DATE *Oct 27th 1920*
 Remains of *Miss Rosa Board* Residence *Jersey City, New Jersey*
 Father's Name *Rev. Board* Residence *Not known*
 Mother's Name *Mrs. Board* How Secured *Francis A. Board (Brother)*
 Charged to *Mr. Francis A. Board (Brother)* Shipped to *Jersey City, New Jersey*
 Date of Funeral *Oct 1920* Date of Death *Oct 27th 1920 10:45*
 Place of Death *C. G. Hospital* Single or Married *Single*
 Occupation of Deceased *At Home* Age *65* years months days
 Cause of Death *Carditis* Number of Burial Certificate
 Certifying Physician *Dr. Christ* Plate engraved *At Rest*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Jersey City Cemetery*
 City *Jersey City*
 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>1/2 Grey Blush Oct 30 P. Top</i>	165.00	Nov 5	Cr. by Draft.	319.75
Metallic Lining <i>No.</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	40.00			
Carriages <i>C. Wagon, at \$ (2)</i>	5.00			
Flowers				
Hearse <i>Move body to R.R. Station</i>	5.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram.</i>	1.92			
Shipping charges, prepaid <i>Express on body.</i>	87.83			
<i>Ambulance Oct 17th</i>	15.00			
Total amount of bill	319.75			319.75

REMARKS

FUNERAL REGISTER

NO. *Joshua Garrell (Brother-in-law)* 1920
Clarence Garner 312 W. Church St City of Death Oct 28th
 Remains of *Mrs Maud Garner.* Residence *312 West Church St. City.*
 Father's Name *J. W. Beasley.* Residence *Orlando, Fla.*
 Mother's Name *Annica Branham Beasley* How Secured *Father & Husband.*
 Charged to *Clarence Garner (Husband)* Shipped to *Buried at Orlando.*
 Date of Funeral *Oct 29th 1920 10 A.M.* Date of Death *Oct 28th 1920 54m*
 Place of Death *Residence* Single or Married *Married.*
 Occupation of Deceased *At Home.* Age *23* years *8* months *23* days
 Cause of Death *Pulmonary Edema.* Number of Burial Certificate
 Certifying Physician *Dr. M. E. Eraney.* Plate engraved *At Rest.*
 Clergyman *Rev Kelly.* 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
 x. Designate site of monument
 thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey Casket Oct 30th</i>	125.00	Nov 1	By Cash.	40.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>White Dress.</i>	15.00			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>2 Autos. at \$ 4.00</i>	8.00			
Flowers <i>Tommy Car.</i>	4.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>& Closing.</i>	5.00			
Lining Grave <i>Hel. of box.</i>	3.00			
Grave Vault <i>Underwear & /ore</i>	3.00			
Shipping Charges, Prepaid				
Total amount of bill	203.00			

REMARKS

Joshua Garrell will pay by the Amc

FUNERAL REGISTER

NO. *George F. Fairfield*, 505 *Manuel St* *Jeannette*, Pa. DATE *Oct 29th* 1920

Remains of *Mrs Hannal Sailer*. Residence *Jeannette, Penn.*

Father's Name *J. Gulfield*. Residence *England*.

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

Charged to *George F. Fairfield* *Sen. in law* Shipped to *Jeannette, Penn.*

Date of Funeral *Nov 1920* Date of Death *Oct 29th - 1920 5 P.M.*

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

Occupation of Deceased *At Home*. Age *76* years *2* months *days*

Cause of Death *Intestinal Obstruction* Number of Burial Certificate




Certifying Physician *H. Person*. Plate engraved *Mother*.

Clergyman *At Jeannette, Penn.* Lot or grave No. Section

Interment at *Restoration Cemetery*

City *Jeannette*

State *Penn.*

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 .

George G. H. Sailer Jeannette, Pa P.O. Box 2

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy B. Co State</i>	1.65.00	<i>Oct 30</i>	<i>By Cash</i>	93.67
Metallic Lining		<i>Feb 28</i>	<i>By Check</i>	210.00
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Casket Wagon</i> at \$ 5.00	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>Express on body</i>	93.67			
Total amount of bill	303.67			303.67

REMARKS

FUNERAL REGISTER

NO. *Estate John A. Collins, Taft, Fla.* DATE *1920*
of March Oct 31st

Remains of *Mr John A. Collins.* Residence *Taft, Fla.*

Father's Name *Steven A. Collins.* Residence *Don't know.*

Mother's Name *Mary Shihon (Collins.)* How Secured *Estate.*

Charged to *Mrs Susie A. Collins (Wife)* Shipped to *Cordova, Ala.*

Date of Funeral *Nov 12th 1920 11 A.M.* Date of Death *Oct 31st 1920 7 P.M.*

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

Occupation of Deceased *Farmer, (Retired)* Age *77* years *6* months days

Cause of Death *Nephritis (Prostate Glands)* Number of Burial Certificate

Certifying Physician *Lt. Christ.* Plate engraved *Father.*

Clergyman *Rev. W. E. Cameron.* Lot or grave No. Section

Interment at *Cordova.* Cemetery

City *Cordova*

State *Alabama.*

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 Metal Electric 3rd Pr.</i>	475.00	Nov 12	<i>By J. W. Newman (Caden)</i> <i>Cr by Check.</i>	449.50
Metallic Lining <i>Yes.</i>		" 12	<i>Cr .. Check.</i>	293.22
Outside Box <i>Reg.</i>				
Burial Robe <i>Grey Suit.</i>	38.00			
Embalming and Attendance <i>Shaving & Bathing</i>	40.00			
Carriages <i>C. Wagon to Taft at \$</i>	15.00			
Flowers <i>Del. body to Station</i>	5.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>7. R. R. Trucks ^{24 26}</i>	169.82			
Shipping Charges, Prepaid				
Total amount of bill	742.82			742.82

REMARKS

FUNERAL REGISTER

NO. *Mrs Elmer M. Daniels, Coee. Fla.* DATE *Nov 2nd 1920*

Remains of *Elmer M. Daniels.* Residence *Coee. Fla.*

Father's Name *M. M. Daniels.* Residence *Georgia.*

Mother's Name *Don't know.* How Secured *Best Roper & Lodge.*

Charged to *Mrs Elmer M. Daniels* Shipped to *Stone Mountain, Ga.*

Date of Funeral *Nov 5th 1920* Date of Death *Nov 2nd 1920 8 PM.*

Place of Death *Coee. Fla.* Single or Married *Married*

Occupation of Deceased *Farming* Age *45* years months days

Cause of Death *Accidentally shot in colored Race Riot, Coee. Fla.* Number of Burial Certificate

Certifying Physician *Sheriff Gordon.* Plate engraved *Name.*




Clergyman *From Coee.* Lot or grave No. Section

Interment at *Destination.* Cemetery

City *Stone Mountain.*

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>1/3 Guy. B. Clo. State.</i>	175.00	Nov 12	En by Check <i>(Haddon)</i>	154.35
Metallic Lining <i>No.</i>		" 12	En by Check <i>(Jensen)</i>	103.52
Outside Box <i>Reg.</i>				
Burial Robe <i>Black Suit.</i>	22.00			
Embalming and Attendance <i>Shavings bath.</i>	40.00			
Carriages <i>C. Wagon to Coee.</i>	10.00			
Flowers				
Hearse <i>Hel. of body to Station.</i>	5.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Undrewen & Locks.</i>	3.50			
Telegrams <i>2</i>	2.37			
Total amount of bill	257.87			257.87

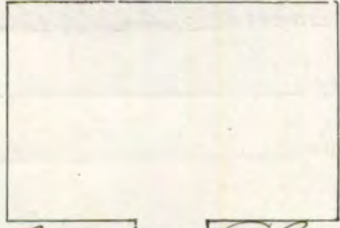
REMARKS

FUNERAL REGISTER

1920

NO. *W.C. Bogard, Winter Garden, Fla.* DATE *Death Nov 2nd*
Remains of *Leo. R. Bogard.* Residence *Winter Garden, Fla.*
Father's Name *W.C. Bogard.* Residence *Winter Garden, Fla.*
Mother's Name *Mrs L.R. Bennett Bogard.* How Secured *Best Roper & Lodge.*
Charged to *W.C. Bogard (Father.)* Shipped to *Buried at Oakland, Fla.*
Date of Funeral *Nov 4th 1920 2 P.M.* Date of Death *Nov 2nd 1920 9 P.M.*
Place of Death *Q Coce.* Single or Married *Single.*
Occupation of Deceased *Farming.* Age *27* years months days
Cause of Death *Accidently shot in Colored Race Riot, Dec, Fla.* Number of Burial Certificate
Certifying Physician *Sheriff Gordon.* Plate engraved *F & A. M. Emblem.*
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 =.



Send Statement to Best Roper, Winter Garden, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy B. Co. State.</i>	<i>175.00</i>	<i>Dec 11</i>	<i>Tr by check</i>	<i>260.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Shaw & Bathy</i>	<i>40.00</i>			
Carriages <i>C. Wagon.</i> at \$	<i>10.08</i>			
Flowers <i>Del. of box.</i>	<i>6.50</i>			
Hearse <i>Auto Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Shirt 4.00 Underwear 3.00 Socks .50 Tie 1.00</i>	<i>8.50</i>			
Total amount of bill	<i>260.00</i>			<i>260.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mrs. Chas. B. Reynolds.* DATE *of Death Nov 3rd 1920*

Remains of *Chas. B. Reynolds.* Residence *Brookston, Ind.*

Father's Name *Moses Reynolds.* Residence *Indiana.*

Mother's Name *Rebecca Mueh.* How Secured *K of P. Lodge.*

Charged to *M. Reynolds (Son.* Shipped to *Brookston, Ind.*

Date of Funeral *Nov 1920* Date of Death *Nov 3rd 1920 6:30 P.M.*

Place of Death *W. Livingston, Ave.* Single or Married *Married*

Occupation of Deceased *Farming.* Age *55* years *2* months days

Cause of Death *Tuberculosis Pulmonary.* Number of Burial Certificate

Certifying Physician *Lt. W. E. Clay.* Plate engraved. *K of P. Emblems & Plain Pl.*




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

Interment at *Destination, Cemetery*

City *Brookston.*

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 <i>3 Blk B. Co. Cr Top Oct.</i>	175.00	Jan 8	Cr. by Cash.	50.00
Metallic Lining <i>✓</i>		" 22	Cr. " Cash.	30.00
Outside Box <i>Reg.</i>		" 28	Cr. " Cash.	10.00
Burial Robe <i>Black B. Suit</i>	20.00	Mar 21	Cr. " Cash.	10.00
Embalming and Attendance <i>Shaving & bathing</i>	40.00	May 20	Cr. " Cash.	10.00
Carriages <i>C Wagon (at \$ 5.00)</i>	10.00	Apr 12 ¹⁹²²	Cr. " Cash.	10.00
Flowers <i>✓</i>		Apr 21 ¹⁹²³	Cr. " Cash.	10.00
Hearse <i>✓</i>		Dec 18	Cr. " Pearls	80.00
Death notices in <i>2</i> Papers		May 17	Cr. " Pearl	38.00
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Grave Vault <i>Underwear & Socks.</i>	3.50			
Shipping charges, prepaid				
Total amount of bill	248.00			248.00




Took these Pearls on acct as that was about the only thing could do

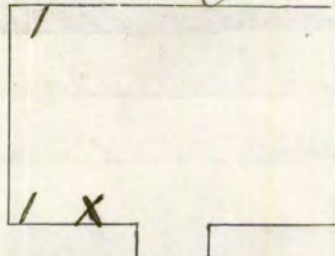
REMARKS

FUNERAL REGISTER

NO. *Mr Thomas. R. Frint* 109 *Ernestine St* DATE *1920 Nov 4th*
 Remains of *Mrs Matilda C. Frint.* Residence *109 Ernestine St*
 Father's Name *Jonhas Prince.* Residence *Sweden.*
 Mother's Name *Leont Snow.* How Secured *Husband.*
 Charged to *Mr Thomas. R. Frint.* Shipped to *Buried in Orlando.*
 Date of Funeral *Nov 7th 1920* Date of Death *Nov 4th 1920 11:30am.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *At home* Age *45* years *7* months *28* days
 Cause of Death *Intestinal Nephritis.* Number of Burial Certificate
 Certifying Physician *Dr. Roney.* Plate engraved *At Rest*
 Clergyman *Rev. Chisolem.* Lot or grave No. *144* 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>5/4 Gay Ref. Oct 30 P.T.</i>	<i>125.00</i>	<i>Nov 29</i>	<i>Cr by Check.</i>	<i>75.00</i>
Metallic Lining <i>✓</i>		<i>Jan 3</i>	<i>Cr by Check.</i>	<i>100.00</i>
Outside Box <i>Reg</i>		<i>Jan 3</i>	<i>Cr by Cash.</i>	<i>5.00</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				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>144 Sec J.</i>				
Opening Grave <i>Ed. Closing Grave</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>180.00</i>			<i>180.00</i>

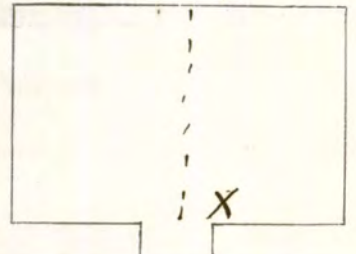
REMARKS

FUNERAL REGISTER

NO. *Mr J. C. Eitel 406 S. East St* DATE *1920 Nov 10th*
 Remains of *Mrs Ella Fiske.* Residence *406 S. East St, Orlando*
 Father's Name *Isaac Morris.* Residence *Ohio.*
 Mother's Name *Mrs Sloan (Morris)* How Secured *Mr J. C. Eitel (Son-in-law)*
 Charged to *Mr J. C. Eitel (Son-in-law)* Shipped to *Buried in Orlando.*
 Date of Funeral *Nov 12th 1920* Date of Death *Nov 10th 1920 10:30 P.M.*
 Place of Death *Residence.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *83* years *6* months days
 Cause of Death *Mitral Regurgitation.* Number of Burial Certificate
 Certifying Physician *Dr. Edenbaugh.* Plate engraved
 Clergyman *Rev. Cooper.* Lot or grave No. *143 S 1/2* 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>6/8 Guy B. Clo Met 3 P.T. 165.00</i>	<i>Nov 13</i>	<i>Cr by check (C. Eitel) 100.00</i>	
Metallic Lining	<i>No</i>	<i>13</i>	<i>Cr (C. Eitel) 142.00</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</i>			
Flowers	<i>✓</i>			
Hearse	<i>Auto Funeral Car. 15.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Sec J. S 1/2 22.00</i>			
Opening Grave	<i>End Closing. 5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>247.00</i>			<i>247.00</i>




REMARKS

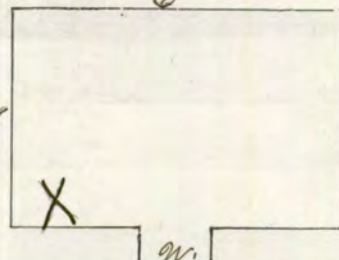
FUNERAL REGISTER

NO. *Helelda Lemham. 205 Lemon St.* DATE *1920*
Ernest S. Harrow. Cheska St. City *of Seattle Nov 11th*

Remains of *Mrs Emma J. Lemham.* Residence *205 Lemon St. City.*
 Father's Name *Leut. Snow.* Residence *Ireland.*
 Mother's Name *Miss Davidson.* How Secured *Son-in-law (Harrow)*
 Charged to *Ernest S. Harrow, (Son-in-law)* Shipped to *Buried in Orlando.*
 Date of Funeral *Nov 12th 1920* Date of Death *Nov 11th 1920*
 Place of Death *O. G. Hospital.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *50* years *6* months *18* days
 Cause of Death *Bronchial Pneumonia.* Number of Burial Certificate
 Certifying Physician *Lt. Edwards.* Plate engraved *Mother.*
 Clergyman *Rev Chisolm.* Lot or grave No. *99* 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>1/3 Blk Cape Oct 27.</i>	90.00	Dec 7	Ernest Harrow by check in B. Lot	65.00
Metallic Lining <i>No</i>		Jan 3	Er by check (Miss Harrow)	25.00
Outside Box <i>Reg.</i>		Jan 10	Er by Cash.	5.00
Burial Robe <i>Lucy B. Shers.</i>	12.00	Jan 17	Er by Cash.	5.00
Embalming and Attendance <i>Emb.</i>	35.00	Jan 24	Er by Cash.	5.00
Carriages <i>C. Wagon. at \$</i>	5.00	Jan 31	Er by Cash.	5.00
Flowers		Feb 8	Er by Cash.	5.00
Hearse <i>Auto Hearse.</i>	15.00	Feb 14	Er by Check.	5.00
Death notices in <i>2</i> Papers		Feb 24	Er by Check.	10.00
Outlay for lot <i># 99 Sec 2.</i>	65.00	Mar 16	Er by Check.	10.00
Opening Grave <i>Ed Coring Grave</i>	5.00	Mar 29	Er by Check.	10.00
Lining Grave <i>Underwear + Hose</i>	3.50	Apr 14	Er by Check.	10.00
Grave Vault		Apr 29	Er by Check.	10.00
Shipping Charges, Prepaid		May 31	Er by Check.	5.00
		June 15	Er by Check.	5.00
		July 1	Er by Check.	5.00
		July 18	Er by Check.	5.00
		Aug 16	Er by Check.	5.00
		Aug 30	Er by Check.	5.00
		Sept 19	Er by Check.	5.00
		Sept 30	Er by Check.	5.00
		Oct 1	Er by Check.	5.00
		Oct 20	Er by Check.	15.00
Total amount of bill	230.50			230.50


REMARKS

FUNERAL REGISTER

NO. *M. B. E. Roe, Clermont, Fla.* DATE *1920*
Nov 10th

Remains of *Mrs. Susan Almira Poney* Residence *Manchester, Iowa*
 Father's Name *None Known* Residence *None Known*
 Mother's Name *None Known* How Secured *C. E. Roe, Clermont Fla.*
 Charged to *M. B. E. Roe* Shipped to *Manchester, Iowa*
 Date of Funeral *Nov 1920* Date of Death *Nov 10th 1920 3 AM*
 Place of Death *Clermont, Fla.* Single or Married *Married*
 Occupation of Deceased *At Home* Age *79* years months days
 Cause of Death *Senility* Number of Burial Certificate
 Certifying Physician *At Clermont* Plate engraved
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination, Cemetery*
 City *Manchester*
 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
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
Coffin or Casket		<i>Nov 27</i>	<i>By Check</i>	<i>35.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill		<i>3500</i>		<i>3500</i>

REMARKS *M. B. E. Roe of Clermont, Fla. furnished Casket & shipped body Nov 11th 1920*

FUNERAL REGISTER

NO *M Hugh Partini Orlando, Fla R.F.H. #1* DATE *1920 Nov 11th*
 Remains of *Mrs Mary Rebecca Partini* Residence *Conway, Fla.*
 Father's Name *Geo. W. Rouse* Residence *Georgia*
 Mother's Name *Hollman* How Secured *Husband*
 Charged to *M Hugh Partini (Husband)* Shipped to *Buried at Conway*
 Date of Funeral *Nov 13th 1920* Date of Death *Nov 11th 1920 10:30 P.M.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *At Home* Age *55* years *8* months *days*
 Cause of Death *Mutual Regeneration* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Egan* Plate engraved *Mother*
 Clergyman *Epworth* 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>3 Ply B. Clo. Clafai</i>	225.00	Nov 22	Cr by Check.	326.00
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe <i>White Dress</i>	20.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Lel of Casket at \$</i>	5.00			
Flowers <i>Floral Piece</i>	10.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing</i>	5.00			
Lining Grave <i>Lel. L. box</i>	5.00			
Grave Vault <i>Undercar Ed Store</i>	6.00			
Shipping Charges, Prepaid				
Total amount of bill	326.00			326.00

REMARKS

FUNERAL REGISTER

NO. *Mr Harry Henry Orlando Fla.* 725 N. Paramore St DATE *Nov 20th 1920*
 Remains of *Mrs Ethel Henry.* Residence *725 N. Paramore St. Orlando Fla.*
 Father's Name *Mr Samuel Hinchey.* Residence *Orlando, Fla.*
 Mother's Name *Mrs Hinchey.* How Secured *Husband.*
 Charged to *Mr Harry Henry (Husband)* Shipped to *New Market Tenn.*
 Date of Funeral *Nov 21st 1920 12 noon* Date of Death *Nov 20th 1920 7 a.m.*
 Place of Death *Residence* Single or Married *Married.*
 Occupation of Deceased *at home* Age *24* years ☒ months *1* days
 Cause of Death *Tuberculosis Pulmonary* Number of Burial Certificate
 Certifying Physician *Dr. Beardhal. (Edwards)* Plate engraved *At Rest*
 Clergyman *At Destination.* Lot or grave No. Section
 Interment at *Destination.* Cemetery
 City *New Market.*
 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 .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 W. L. Skin Oct 0. Top.</i>	145.00	Nov 20	<i>By check.</i>	304.04
Metallic Lining <i>No</i>		" 20	<i>By cash.</i>	2.25
Outside Box <i>Reg.</i>				
Burial Robe <i>White. B. Robe</i>	23.00			
Embalming and Attendance <i>Emb.</i>	35.00			
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 <i>Underwear.</i>	5.00			
Grave Vault <i>Telegram.</i>	2.25			
Shipping charges, prepaid <i>R. R. Tickets</i>	86.04			
Total amount of bill	306.29			306.29

REMARKS

FUNERAL REGISTER

NO. *Mr Benny Stephens* *Winter Park, Fla.* DATE *1920* *Nov 20th*
 Remains of *James Arthur Stephens* Residence *Winter Park, Fla.*
 Father's Name *Benny Stephens* Residence *Winter Park, Fla.*
 Mother's Name *Ira Mallard Stephens* How Secured *Father & Neighbors.*
 Charged to *Mr Benny Stephens.* Shipped to *Berried at Winter Park.*
 Date of Funeral *Nov 21st 1920 4 P.M.* Date of Death *Nov 20th 1920 4 P.M.*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *News boy.* Age *14* years *8* months days
 Cause of Death *Killed by auto truck.* Number of Burial Certificate
 Certifying Physician *Dr. Holard.* Plate engraved *At Rest.*
 Clergyman *At Winter Park (Rev Walker)* 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. L. Skerri Oct 30th</i>	<i>125.00</i>	<i>July 12</i>	<i>Cr by Note</i>	<i>100.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Burial Suit.</i>	<i>12.50</i>		<i>June 12 Note paid</i>	
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>		<i>He.</i>	<i>94.50</i>
Carriages <i>at \$</i>			<i>Give discount</i>	
Flowers			<i>because truck</i>	
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>		<i>driver was not</i>	
Death notices in <i>2</i> Papers			<i>responsible. E.</i>	
Outlay for lot			<i>Harst owner of</i>	
Opening Grave <i>and Closing.</i>	<i>5.00</i>		<i>truck paid the note.</i>	
Lining Grave <i>Underwear Bone Tie ^{white}</i>	<i>2.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>194.50</i>			<i>194.50</i>

REMARKS *Harst R.F.D. will pay 100⁰⁰*
Driver will pay 50⁰⁰

FUNERAL REGISTER

NO. *Estate Frank E. Channon, Vineland N.J.* DATE *of death Nov 22nd 1920*

Remains of *Mr Frank E. Channon.* Residence *Vineland, New Jersey.*

Father's Name *Samuel W. Channon.* Residence *England.*

Mother's Name *Mrs Rawlingson Channon* How Secured *Estate of Wife.*

Charged to *Mrs Lenora Channon (Wife.)* Shipped to *Buried at Vineland N.J.*

Date of Funeral *Nov 1920* Date of Death *Nov 22nd 1920 7 A.M.*

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

Occupation of Deceased *Writer.* Age *50* years *4* months *3* days

Cause of Death *General Peritonitis.* Number of Burial Certificate

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




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

Interment at *Destination Cemetery*

City *Vineland*

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>6 Blk Crape Oct 3 P.T.</i>	<i>110.00</i>	<i>Nov 24</i>	<i>Cr by Cash.</i>	<i>386.92</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Bathing & Shaving.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>Moving body to Station</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>Nov 21st Ambulance.</i>	<i>5.00</i>			
<i>R. R. Tickets & Shaving Room</i>	<i>226.92</i>			
Total amount of bill	<i>386.92</i>			<i>386.92</i>

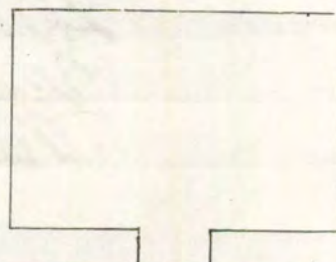
REMARKS

FUNERAL REGISTER

NO. *Mr. Herbert Cury-Elves, Melbourne, Fla.* *Mr. Gaffney (Infant) Conway, Fla.* DATE *1920*
Heath Nov 22nd
 Remains of *Gaffney Cury-Elves.* Residence *Melbourne, Fla.*
 Father's Name *Mr. Herbert Cury-Elves.* Residence *Melbourne, Fla.*
 Mother's Name *Miss Cury-Elves.* How Secured *Mr. Cury-Elves.*
 Charged to *Walter Cury-Elves.* Shipped to *Buried at Conway.*
 Date of Funeral *Nov 22nd 1920* Date of Death *Nov 21st 1920*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *✓* years *✓* months *3* days
 Cause of Death *Malfaction of Heart* Number of Burial Certificate
 Certifying Physician *At Melbourne.* Plate engraved
 Clergyman *Dean Glass.* 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>Feb 21 by Check.</i>	<i>10.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse <i>Auto.</i>	<i>5.00</i>			
Death notices in	Papers			
Outlay for lot				
Opening Grave <i>El Curing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>10.00</i>			<i>10.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. Q. Mathews* *Punta Gorda, Fla.* *Mont Verd, Fla.* DATE *of death Nov 26th 1920*

Remains of *Mrs Lela Mathews* Residence *Mont Verd Punta Gorda Fla.*

Father's Name *Wm Shepherd* Residence *Georgia*

Mother's Name *Anna Shepherd* How Secured *Husband*

Charged to *Mr J. Q. Mathews (Husband)* Shipped to *Buried at Mt Verd*

Date of Funeral *Nov 27th 1920* Date of Death *Nov 26th 1920*

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

Occupation of Deceased *At Home* Age *24* years months days

Cause of Death *Acute Intestinal Obstruction* Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan* Plate engraved *at Rest*




Clergyman *At Mt Verd* Lot or grave No. Section

Interment at *Mont Verd* Cemetery

City *Mont Verd*

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 Varnished Coffin</i>	75.00	Nov 26	Cr by Cash.	65.00
Metallic Lining <i>✓</i>			Cr .. check	50.00
Outside Box <i>Req.</i>			Cr .. Check.	15.00
Burial Robe <i>White B. Dress.</i>	12.00			
Embalming and Attendance <i>Emb</i>	35.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>Underwear.</i>	3.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	130.00			130.00

REMARKS

Died in O. G. Hospital. We embalmed & dressed the body & put in coffin & box and Mr Mathews took the body on a truck to Mt Verd for Burial.

FUNERAL REGISTER

NO. *M. C. E. Roe Clement, Fla.* DATE *1920*
deceased Nov 28th

Remains of *Mrs*

Residence

Father's Name

Residence

Mother's Name

How Secured *M. C. E. Roe.*Charged to *M. C. E. Roe.*Shipped to *Buried at Clement.*Date of Funeral *Nov 30th 1920 2 P.M.*Date of Death *Nov 28th 1920 3 P.M.*Place of Death *Clement, Fla*Single or Married *Widow*Occupation of Deceased *At Home*Age *85* years * months days

Cause of Death

Number of Burial Certificate

Certifying Physician *At Clement*

Plate engraved




Clergyman *At Clement*

Lot or grave No.

Section

Interment at *Clement.* CemeteryCity *Clement.*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

Nov 5 \$1 by Check. 40.00

Metallic Lining

\$1 .. Lis 10.00

Outside Box

Burial Robe

Embalming and Attendance *Emb.* 35.00

Carriages at \$

Flowers 15.00

Hearse

Death notices in Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Total amount of bill

50.00

50.00




REMARKS

FUNERAL REGISTER

NO. *Mr Jas. G. Tyner, Pine Castle, Fla.* DATE *1920*
Estate Mrs Martha A. Mills, Pine Castle, of death Nov 29th

Remains of *Mrs Martha A. Mills.* Residence *Pine Castle, Fla.*
 Father's Name *Mr Ben Lee.* Residence *South Carolina.*
 Mother's Name *Martha A. Lee* How Secured *Estate*
 Charged to *Mr Jas. G. Tyner (Pine Castle, Fla.)* Shipped to *Live Oak, Fla.*
 Date of Funeral *Nov. 30th 1920 9:30 A.M.* Date of Death *Nov 29th 1920 8 A.M.*
 Place of Death *Residence.* Single or Married *N*
 Occupation of Deceased *At home* Age *78* years *4* months *days*
 Cause of Death *Malignancy of Intestine* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *Mother.*
 Clergyman *From Pine Castle.* Lot or grave No. Section
 Interment at *Live Oak Cemetery*
 City *Live Oak*
 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>1/4 Guy Casket Oct 30, 1920</i>	<i>125.00</i>	<i>Dec 11</i>	<i>Cr by check.</i>	<i>60.00</i>
Metallic Lining <i>✓</i>		<i>Jan 26 1921</i>	<i>Cr " "</i>	<i>138.27</i>
Outside Box <i>Reg.</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>00.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>5 R. R. Tickets</i>	<i>36.75</i>			
Grave Vault <i>Telegrams</i>	<i>1.52</i>			
Shipping charges, prepaid				
Total amount of bill	<i>198.27</i>			<i>198.27</i>

REMARKS

FUNERAL REGISTER

NO *Mr Sam Way.*
Estate Wm R. Hubree, Marietta, Ga of death Nov 30th 1920 DATE
 Remains of *Mr Wm R. Hubree.* Residence *Marietta, Ga.*
 Father's Name *H. Hubree.* Residence *Georgia.*
 Mother's Name *Mrs Anderson (Hubree)* How Secured *Mr Sam Way*
 Charged to *Mr Sam Way (Cousin)* Shipped to *Marietta, Ga.*
 Date of Funeral *Dec 1920* Date of Death *Nov 30th 1920 4 a.m.*
 Place of Death *Fila. Sanitarium* Single or Married *Married*
 Occupation of Deceased *Merchant (General Store)* Age *43* years *7* months *23* days
 Cause of Death *Acute dilatation of heart*
acute attack Chronic nephritis. Number of Burial Certificate
 Certifying Physician *Dr. Andrews.* Plate engraved *Name & Date*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Marietta*
 State *Georgia*

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 =.

(Mrs Lillian Hubree (Wife))

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy B Co. S. H Cap.</i>	450.00	Dec 18	<i>On by Check</i> ^(Mr Journal)	669.23
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>Shrit 3.50 Tie 75 Socks 75</i>	5.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>R. R. Tichen & Pullman.</i>	69.26			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	669.26			669.23

REMARKS

FUNERAL REGISTER

NO. *M. Ira Lainer Akeechobee, Fla.* DATE *Dec 30th 1920*

Remains of *Mrs Dorothy Lainer* Residence *Akeechobee, Fla.*

Father's Name *Lant Snow* Residence *New York.*

Mother's Name *Lant Snow.* How Secured *County Commissioners*

Charged to *M. Ira Lainer (Husband)* Shipped to *Buried in Orlando*

Date of Funeral *Dec 2nd 1920* Date of Death *Nov 30th 1920 8 P.M.*

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

Occupation of Deceased *at home.* Age *25* years months days

Cause of Death *Septicaemia.* Number of Burial Certificate

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



Clergyman *At Akeechobee.* 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>3/4 Coffin & Box.</i>	<i>4.00</i>	<i>Dec 7</i>	<i>Tr. by Express Check.</i>	<i>85.00</i>
Metallic Lining				
Outside Box	<i>Req.</i>			
Burial Robe	<i>No Charge.</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				
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>85.00</i>			<i>85.00</i>




REMARKS

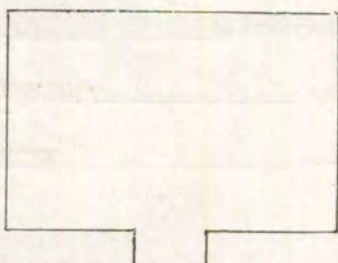
Shipped to Akeechobee by Express on train #84 Dec 2nd 1920 C.O.H.

FUNERAL REGISTER

NO. *Mr B. F. Kite, Formosa, Fla.* DATE *Dec 1st 1920*

Remains of *Mr Florence Kite.* Residence *Formosa, Fla.*
Father's Name *James Celon.* Residence *Florida.*
Mother's Name *Anna Goshy (Celon)* How Secured *C. B. Stephenson,*
Charged to *Mr B. F. Kite.* Shipped to *Gainville, Fla.*
Date of Funeral *Dec 2nd 1920* Date of Death *Dec 1st 1920 5:30 a.m.*
Place of Death *Residence.* Single or Married *Married*
Occupation of Deceased *At Home.* Age *46* years months days
Cause of Death *Chronic Diabetes.* Number of Burial Certificate
Certifying Physician *Lt. Andrews* Plate engraved *Mother.*
Clergyman *At Gainville (Stephenson)* Lot or grave No. Section
Interment at *Destin* Cemetery
City *Gainville*
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 Case Oct 07</i>	<i>110.00</i>	<i>Dec 14</i>	<i>By check.</i>	<i>155.00</i>
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>155.00</i>			<i>155.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Thomas Jefferson* DATE *Nov 30th 1920*
 Remains of *Thomas Jefferson (Col)* Residence *Atlanta, Fla.*
 Father's Name *Not Known* Residence *Not Known*
 Mother's Name *Not Known* How Secured *Estate*
 Charged to *Estate* Shipped to *Buried Chesterfield S.C.*
 Date of Funeral *Dec 1920* Date of Death *Nov 30th 1920 10:30 P.M.*
 Place of Death *A.G. Hospital* Single or Married *Single*
 Occupation of Deceased *Office Cleaner* Age *50* years months days
 Cause of Death *Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. S. M. Gray* Plate engraved *At Rest*
 Clergyman *Not Known* Lot or grave No. Section
 Interment at *Greenwood* Cemetery
 City *Atlanta, Chesterfield* CEMETERY CHART
 State *Florida, S.C.* 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>4/8 Sq. Var. Case</i>	80.00	Apr 13	By Check	126.76
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers <i>Undershirt</i>	1.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Telegrams</i>	.76			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	126.76			126.76

REMARKS

FUNERAL REGISTER

NO. *M. R. G. Pitman, Apopka, Fla.* DATE *Dec 3rd 1920*

Remains of *Infant of Mr. & Mrs. R. G. Pitman.* Residence *Apopka, Fla.*

Father's Name *M. R. G. Pitman.* Residence *Apopka, Fla.*

Mother's Name *Mrs. Maggie Rincher (Pitman)* How Secured *Father.*

Charged to *M. R. G. Pitman.* Shipped to *Buried at Apopka.*

Date of Funeral *Dec 4th 1920* Date of Death *Dec 3rd 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. Carroll & Dr. Christ.* Plate engraved




Clergyman *Rev. Rincher.* 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 1/2 W. L. Skin.</i>	<i>14.00</i>	<i>Dec 3</i>	<i>En by check.</i>	<i>14.00</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				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>14.00</i>			<i>14.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr R. G. Pitman Apopka, Fla.* DATE *Dec 3rd 1920*

Remains of *Infant of Mr & Mrs R. G. Pitman.* Residence *Apopka, Fla.*

Father's Name *Mr R. G. Pitman.* Residence *Apopka, Fla.*

Mother's Name *Mrs Maggie Rinker (Pitman)* How Secured *Father.*

Charged to *Mr R. G. Pitman.* Shipped to *Buried at Apopka.*

Date of Funeral *Dec 4th 1920* Date of Death *Dec 3rd 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. Carroll & Dr. Christ.* Plate engraved




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

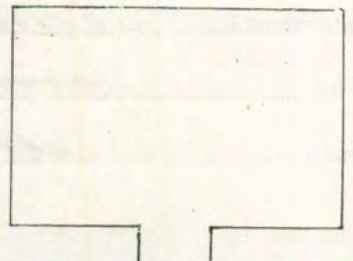
Interment at *Apopka* Cemetery

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 1/2 W. L. Skin.</i>	<i>14.00</i>	<i>Dec 3</i>	<i>En by check.</i>	<i>14.00</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				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>14.00</i>			<i>14.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Susan C. Harrow.* DATE *Death Dec 7th 1920*

Remains of *Mrs Susan C. Harrow.* Residence *E. Livingston Ave, City*

Father's Name *Johnson* Residence *New York.*

Mother's Name *Johnson* How Secured *Estate*

Charged to *Mrs M. L. Lewis.* Shipped to *Buried at Orlando.*

Date of Funeral *Dec 12th 1920.* Date of Death *Dec 7th 1920 12:30 P.M.*

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

Occupation of Deceased *At Home.* Age *72* years months days

Cause of Death *Acute Inflammation of Heart.* Number of Burial Certificate

Certifying Physician *Dr. W. E. Egan.* Plate engraved *Name & Date.*




Clergyman *Dean Glass.* Lot or grave No. *14* Section *C C*

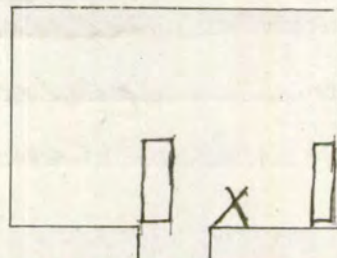
Interment at *Greenwood Cemetery*

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 Grey B.C. Oct 0. 74.</i>	175.00	Aug 15	By check.	270.00
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Grey B. Dress.</i>	35.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>El Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	270.00			270.00

REMARKS

FUNERAL REGISTER

35

NO. *Mr Wm. W. Hart, Mascot, Fla.* DATE *Dec 7th 1920*
 Remains of *Mrs. Hannah. Motte Hart* Residence *Mascot, Fla.*
 Father's Name *J. B. Rawlson.* Residence *Georgia.*
 Mother's Name *Mrs Frier (Rawlson)* How Secured *Husband.*
 Charged to *Mr Wm W. Hart.* Shipped to *Mascot, Fla.*
 Date of Funeral *Dec 9th 1920* Date of Death *Dec 7th 1920 11:30 AM*
 Place of Death *A. G. Hospital.* Single or Married *Married*
 Occupation of Deceased *At home.* Age *58* years months days
 Cause of Death *Hemorrhage from terminal cancer.* Number of Burial Certificate *280*
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest*
 Clergyman *Distinction* Lot or grave No. Section
 Interment at *Distinction* Cemetery
 City *Mascot.*
 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>Gray Cope Oct 3 P.T.</i>	115.00	Dec 9	Cr by check.	175.00
Metallic Lining <i>No</i>		" 8	Cr .. cash.	6.63
Outside Box <i>Reg</i>				
Burial Robe <i>White B. Shers.</i>	11.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers <i>Unde wear Ed / Hore</i>	4.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave <i>✓</i>				
Grave Vault				
Shipping charges, prepaid <i>R. R. Tickets</i>	5.88			
<i>Tel</i>	.75			
Total amount of bill	181.63			181.63

REMARKS

FUNERAL REGISTER

NO. *Eora Whitaker Sister*




DATE

1920

of Death Dec 8th

Remains of *Richard Whitaker (Col)* Residence *525 Holden St City*
 Father's Name *C. Whitaker.* Residence *Florida*
 Mother's Name *Mellie Granham (Whitaker)* How Secured *Sister*
 Charged to *Eora Whitaker (Sister)* Shipped to *Buried in Greenwood.*
 Date of Funeral *Dec 12th 1920* Date of Death *Dec 8th 1920*
 Place of Death *Residence.* Single or Married *Married.*
 Occupation of Deceased *Labourer.* Age *34* years *10* months *4* days
 Cause of Death *Misc. Reg. notation*
 Certifying Physician *Dr. M. E. Ewan.* Number of Burial Certificate
 Clergyman *Colored Minister.* Plate engraved
 Interment at *Greenwood Cemetery* Lot or grave No. Section
 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 Grey Cape Vel 3 P Th.</i>	120.00	<i>Dec 11 1920</i>	<i>Cr by Cash.</i>	115.00
Metallic Lining		<i>Jan 4 Cr</i>		1.00
Outside Box <i>Reg.</i>		<i>Jan 23 Cr</i>		2.00
Burial Robe		<i>April 3 Cr</i>		1.00
Embalming and Attendance <i>Emb.</i>	35.00	<i>Apr 10 Cr</i>		1.00
Carriages <i>C. Wagon at \$</i>	5.00	<i>Apr 24 Cr</i>		1.00
Flowers		<i>May 1 Cr</i>		2.00
Hearse <i>Grey Auto</i>	10.00	<i>May 15 Cr</i>		1.00
Death notices in <i>2</i> Papers		<i>May 22 Cr</i>		1.00
Outlay for lot <i>Single Grave.</i>	3.00	<i>May 29 Cr</i>		1.00
Opening Grave <i>End Closing</i>	5.00	<i>June 19 Cr</i>		2.00
Lining Grave		<i>July 3 Cr</i>		2.00
Grave Vault		<i>July 10 Cr</i>		1.00
Shipping Charges, Prepaid		<i>July 17 Cr</i>		1.00
		<i>July 31 Cr</i>		1.00
		<i>Aug 7 Cr</i>		2.00
		<i>Aug 14 Cr</i>		3.00
		<i>Sept 25 Cr</i>		2.00
		<i>Oct 9 Cr</i>		1.00
		<i>Oct 16 Cr</i>		1.00
		<i>Oct 24 Cr</i>		1.00
		<i>Oct 30 Cr</i>		1.00
		<i>Nov 6 Cr</i>		1.00
		<i>Nov 29 Cr</i>		1.00
		<i>Nov 29 Cr</i>		1.00
		<i>Nov 26 Cr</i>		1.00
		<i>Dec 3 Cr</i>		1.00
		<i>Dec 11 Cr</i>		1.00
		<i>Feb 20 Cr</i>		2.00
		<i>Mar 17 Cr</i>		2.00
		<i>1925</i>		5.00
		<i>Oct 26 Cr</i>		10.00
		<i>Dec 14 Cr</i>		1.00
		<i>1927</i>		
		<i>Jan 15 Cr</i>		1.00
		<i>Feb 7 Cr</i>		1.00
Total amount of bill	178.00			
	169.00			
	9.00			
	1.00			
	1.00			
	2.00			

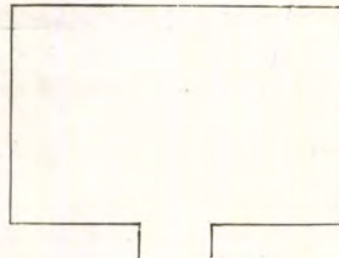
REMARKS

FUNERAL REGISTER

NO. *Beluah S. 06* *1920*
Mr M. B. Reaves, Winter Garden, Fla DATE *of death Dec 11th*
 Remains of *Mrs Hettie Reaves.* Residence *Beaula.*
 Father's Name *A. Crosby* Residence *South Carolina.*
 Mother's Name *Elizabeth Stickland.* How Secured *Husband.*
 Charged to *Mr M. B. Reaves. (Husband)* Shipped to *Buried at Beaula*
 Date of Funeral *Dec 12th 1920 4 P.M.* Date of Death *Dec 11th 10 P.M.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Cit Home.* Age *76* years *10* months *7* days
 Cause of Death Number of Burial Certificate
 Certifying Physician Plate engraved *At Rest.*
 Clergyman *E. Lee Smith* Lot or grave No. Section
 Interment at *Beaula* Cemetery
 City *Beaula*
 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>Figley B. Co Oct 3 P.M.</i>	<i>190.00</i>	<i>Dec 12</i>	<i>Cr by Check.</i>	<i>260.00</i>
Metallic Lining				
Outside Box <i>Req</i>				
Burial Robe <i>Croft He Chene S. Robe</i>	<i>25.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>Hel. Casket, at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Cinto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>260.00</i>			<i>260.00</i>

REMARKS

FUNERAL REGISTER

NO. *Albert P. Whitman, Jellwood, Fla.* DATE *Dec 14th 1920*
 Remains of *Mrs Fannie Whitman.* Residence *Jellwood, Fla.*
 Father's Name *Wm Miller* Residence *S.C.*
 Mother's Name *Fannie Himmord.* How Secured *Albert P. Whitman.*
 Charged to *Albert P. Whitman.* Shipped to *Buried at Apopka*
 Date of Funeral *Dec 15th 1920* Date of Death *Dec 14th 1920*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *At Home* Age *80* years *6* months *21* days
 Cause of Death *Nephritis (Old Age)* Number of Burial Certificate
 Certifying Physician *Lt. Carroll.* Plate engraved *At Rest*
 Clergyman *At Apopka* 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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Var. Coffin Sq.</i>	<i>70.00</i>	<i>Dec 14</i>	<i>En by Cash.</i>	<i>97.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Red</i>				
Burial Robe <i>B. Robe.</i>	<i>12.50</i>			
Embalming and Attendance				
Carriages <i>Del. Casket & bag</i>	<i>15.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>97.50</i>			<i>97.50</i>

REMARKS

FUNERAL REGISTER

NO. *Summer. G. Rand. Orlando, Fla.* DATE *Dec 16th 1920*

Remains of *Twins of Mr. & Mrs. S. G. Rand.* Residence *Orlando, Fla.*

Father's Name *Summer G. Rand.* Residence *Orlando, Fla.*

Mother's Name *Mary Holloway.* How Secured *Father.*

Charged to *Mr Summer G. Rand (Folio)* Shipped to *Buried in Orlando.*

Date of Funeral *Dec 16th 1920.* Date of Death *Dec 16th 1920*

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

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

Cause of Death *Still Born (Premature Birth)* Number of Burial Certificate

Certifying Physician *Dr. E. J. Lawrence.* Plate engraved


Clergyman *✓* Lot or grave No. *#5-5* Section *Center Circle E.*

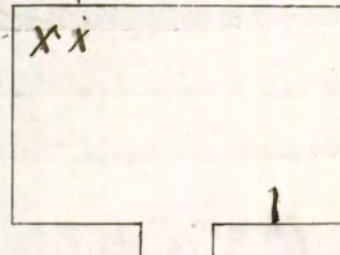
Interment at *Greenwood Cemetery*

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) 1/2 N.M. Coffins. W.</i>	<i>16.00</i>	<i>Jan 7</i>	<i>By Check.</i>	<i>24.00</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>#5 Center Circle E.</i>				
Opening Grave <i>and Closing</i>	<i>4.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>24.00</i>			<i>24.00</i>




REMARKS

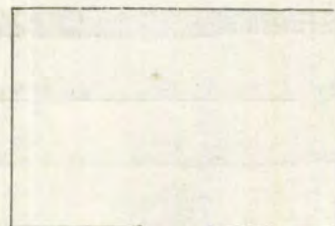
FUNERAL REGISTER

NO. *Estate Miss Hannah T. Paul, Filad.* DATE *Dec 17th 1920*

Remains of *Miss Hannah T. Paul.* Residence *Fila.*
 Father's Name *Wm. M. Paul.* Residence *New Jersey.*
 Mother's Name *Mary T. Thorn.* How Secured *Estate & Michl C. Paul (Brother)*
 Charged to *Estate* Shipped to *Moorestown N.J.*
 Date of Funeral *Dec 17th 4:30 P.M.* Date of Death *Dec 17th 1920 5:45 a.m.*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *Hotel Business* Age *88* years *9* months days
 Cause of Death Number of Burial Certificate
 Certifying Physician *Lt. M^c Ewan.* Plate engraved *Name & Date*
 Clergyman *Quaker* Lot or grave No. Section
 Interment at *Restoration* Cemetery
 City *Moorestown*
 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 .



Wm Wm R. Lippincott (Treasurer) Burlington County Trust Co.
Moorestown, New Jersey.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Gray B. Clo. Elpt</i>	400.00	Mar 10	By check.	451.67
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon.</i> at \$	5.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>Sent collect. Express.</i>				
<i>Telegram</i>	1.67			
Total amount of bill	451.67			451.67

REMARKS *Send statement to Burlington County Trust Co*
Moorestown
New Jersey
Wm Wm R. Lippincott
Treasurer

FUNERAL REGISTER

NO. *M. C. E. Roe, Clermont Fla.* DATE *Dec 18th 1920*

Remains of *Rev. E. L. Miller*

Residence *Polo, Ill.*

Father's Name

Residence

Mother's Name

How Secured *E. L. Roe*

Charged to *C. E. Roe*

Shipped to *Polo, Ill.*

Date of Funeral *Dec*

Date of Death *Dec 18th 2:30 a.m.*

Place of Death *Clermont, Fla.*

Single or Married

Occupation of Deceased

Age years months days

Cause of Death *Pneumonia*

Number of Burial Certificate

Certifying Physician *At Clermont*

Plate engraved

Clergyman

Lot or grave No.




Section

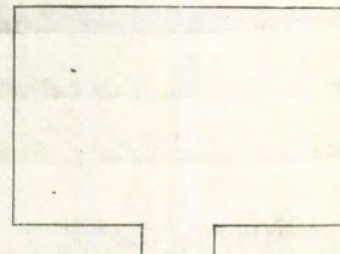
Interment at *Destinatin* Cemetery

City *Polo*

State *Ill.*

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>Feb 3 Tr by check.</i>	<i>30.00</i>
Metallic Lining			<i>" 3 Tr " do "</i>	<i>5.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>35.00</i>			<i>35.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Frank Henry Winchenbach* DATE *1920 Dec 18th*
 Remains of *Frank Henry Winchenbach* Residence *Wellesley, Mass.*
 Father's Name *Winchenbach* Residence *Not known*
 Mother's Name *Hannah Bradford Winchenbach* How Secured *Estate (my friend Whitehouse Wellesley, Mass.)*
 Charged to *Estate (Fred Whitehouse)* Shipped to *Haver, Mass.*
 Date of Funeral *Dec 1920* Date of Death *December 18th 1920 8 a.m.*
 Place of Death *Fila Sanitarium* Single or Married *Single*
 Occupation of Deceased *Painter (Retired)* Age *68* years months days
 Cause of Death *Aphtha, followed by synphogia* Number of Burial Certificate
 Certifying Physician *Dr. Andrews* Plate engraved
 Clergyman *At Hestiation* Lot or grave No. Section
 Interment at *Hestiation* Cemetery
 City *Haver*
 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 30 Top</i>	<i>195.00</i>	<i>Dec 18</i>	<i>By Cash</i>	<i>245.00</i>
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$5.00</i>	<i>10.00</i>			
Flowers <i>Shaving & Batching</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>245.00</i>			<i>245.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate J. E. Merrill* *Plymouth Fla* DATE *Dec 18th 1920*

Remains of *Mr J. E. Merrill* Residence *Plymouth, Fla.*

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

Mother's Name *Don't know* How Secured *Estate*

Charged to *Mr Rabon Mt Flora Son-in-law* Shipped to *Buried at Mt Flora, Fla.*

Date of Funeral *Dec 19th 1920* Date of Death *Dec 18th 8:30 a.m.*

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

Occupation of Deceased *Fruit Grower* Age _____ years _____ months _____ days

Cause of Death *Gun shot wound in center of head* Number of Burial Certificate _____

Certifying Physician _____ Plate engraved _____




Clergyman *at Mt Flora* Lot or grave No. _____ Section _____

Interment at *Mt Flora* Cemetery

City *Mt Flora*

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>Jan 8 Ex by Check.</i>	<i>45.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>Auto</i> at \$	<i>5.00</i>			
Flowers <i>Shaving & Bathing</i>	<i>5.00</i>			
Hearse				
Death notices in _____ Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>45.00</i>			<i>45.00</i>




REMARKS

Mr Rabon Son-in-law at Mt Flora furnished casket and conducted services at Mt Flora, assisted by Mrs Cole.

FUNERAL REGISTER

NO. *Mr W. Ballard Altamont* DATE *Dec 24th 1920*
 Remains of *Mrs Ella C. Erombs.* Residence *Altamont Springs Fla.*
 Father's Name *Benjamin Smith.* Residence *Maine.*
 Mother's Name *Hannah Russell Smith.* How Secured *Estate.*
 Charged to *Wm. W. Ballard Altamont* Shipped to *Buried in Orlando.*
 Date of Funeral *Dec 26th 1920 2 P.M.* Date of Death *Dec 24th 1920 2 P.M.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *72* years *5* months *21* days
 Cause of Death *Pneumonia.* Number of Burial Certificate
 Certifying Physician *Dr. Hotard.* Plate engraved *At Rest.*
 Clergyman *Rev Burr.* Lot or grave No. *187* 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 Guy Blo C. H. Cap.</i>	<i>225.00</i>	<i>Jan 6</i>	<i>En by check.</i>	<i>290.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
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 <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec A. Lot 787</i>				
Opening Grave <i>Enl Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>290.00</i>			<i>290.00</i>

REMARKS

Funeral at the Chapel Sunday Dec 26th 2 P.M.

FUNERAL REGISTER

NO. *Estate Frederick G. Thoman, Lake Garden of Health* DATE *1920 Dec 24th*

Remains of *Frederick G. Thoman* Residence *Camden, N. Jersey.*

Father's Name *Samuel W. Thoman.* Residence *Pa.*

Mother's Name *Eliza Woundedly Thoman.* How Secured *Plate of Wife.*

Charged to *Mrs. Matilda Thoman.* Shipped to *Camden, New Jersey.*

Date of Funeral *Dec - 1920* Date of Death *Dec 24th 1920 5 a.m.*

Place of Death *Res. Lake Garden.* Single or Married *Married.*

Occupation of Deceased *Druggist (Retired)* Age *77* years *6* months days

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

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




Clergyman *At Camden, N.J.* Lot or grave No. Section

Interment at *Restinaron, Cemetery*

City *Camden.*

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>4 1/2 y B Clo. & Ca State</i>	400.00	Feb 5	<i>Ex by Check.</i>	531.34
Metallic Lining <i>Yes.</i>				
Outside Box <i>Mahogany Finish</i>	75.00			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb & Shaving</i>	40.00			
Carriages <i>C. Wagon to Res. at \$</i>	7.50			
Flowers				
Hearse <i>Hel body to R.R. Sta</i>	5.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>1127 * 2.57 Telegrams</i>	3.84			
Total amount of bill	531.34			531.34

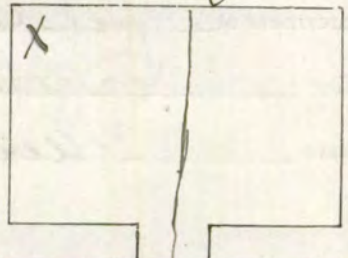
REMARKS

FUNERAL REGISTER

NO. *1920* *Ms Anna Henry, W. Central Ave, Death Dec 24th* DATE *Dec 24th*
 Remains of *Jackson Henry.* Residence *304 W. Central Ave, City*
 Father's Name *Kenneth Henry.* Residence *Kansas.*
 Mother's Name *Anna Catherine Henry.* How Secured *Mother.*
 Charged to *Ms Anna Henry.* Shipped to *Buried in Orlando.*
 Date of Funeral *Dec 26th 1920 4 P.M.* Date of Death *Dec 24th 1920 3 P.M.*
 Place of Death *B. G. Hospital.* Single or Married *Single*
 Occupation of Deceased *At Home* Age *1* years *9* months *30* days
 Cause of Death *Burns on Face & Body.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Our Darling*
 Clergyman *Rev Chisolem.* Lot or grave No. *N 1/2 #14 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 .



Oct 1-21
address 407 Sylvia St.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>White & Skin Oct W.P.</i>	<i>60.00</i>			
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Care of body</i>	<i>25.00</i>			
Carriages <i>Auto</i> at \$	<i>5.00</i>			
Flowers <i>C. Wagon</i>	<i>5.00</i>			
Hearse				
Death notices in <i>12</i> Papers				
Outlay for lot <i>N 1/2 #14 Sec J.</i>	<i>22.00</i>			
Opening Grave <i>Ed Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>122.00</i>			

REMARKS

FUNERAL REGISTER

NO. *Mr. Floyd Thompson, Alameda.* DATE *Dec 25th 1920*
 Remains of *Mr. Le Roy Thompson.* Residence *506 Lexington Ave. City*
 Father's Name *Solan Thompson.* Residence *Vermont.*
 Mother's Name *Mirriala Tichnor (Thompson)* How Secured *Son.*
 Charged to *Mr. Mr. Floyd Thompson (Son)* Shipped to *Glenns Falls N.Y.*
 Date of Funeral *Dec 28th 2 P.M. 1920* Date of Death *Dec 25th 1920 8:30 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Carpenter.* Age *72* years *3* months *13* days
 Cause of Death *Gall Stone Colic.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Name & State.*
 Clergyman *Dr. M. G. Connell.* Lot or grave No. Section
 Interment at *Resurrection* Cemetery
 City *Glenns Falls*
 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>Gray Metal State 8 Fin.</i>	<i>575.00</i>	<i>Mar 29 Cr. by Check.</i>	<i>734.61</i>
Metallic Lining	<i>yes</i>			
Outside Box	<i>Chesnut, Nat. Finish</i>	<i>90.00</i>		
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb & Shoring</i>	<i>40.00</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				
Opening Grave				
Lining Grave	<i>Underwood W. Shit. Collar</i> <i>3.50 3.00 2.50</i> <i>1.50 + 1.32</i>	<i>6.75</i>		
Grave Vault	<i>Telegrams</i>	<i>2.86</i>		
Shipping charges, prepaid				
Total amount of bill		<i>734.61</i>		<i>734.61</i>

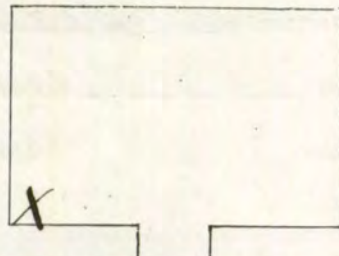
REMARKS

FUNERAL REGISTER

NO. *Judge C. A. Andrews,* DATE *of death Dec 29th 1920*
 Remains of *John Andrews,* Residence *Ridgewood Ave., Orlando,*
 Father's Name *Judge C. A. Andrews,* Residence *Ridgewood Ave "*
 Mother's Name *Margaret Spears (Andrews)* How Secured *Father.*
 Charged to *Judge C. A. Andrews* Shipped to *Buried in Orlando.*
 Date of Funeral *Dec 30th 1920 2:30 P.M.* Date of Death *Dec 29th 1920 6:30 A.M.*
 Place of Death *Orange. G. Hospital,* Single or Married *Single*
 Occupation of Deceased *At Home* Age *8* years *4* months days
 Cause of Death *Acute Arterial Larynx* Number of Burial Certificate
 Certifying Physician *Dr. Edwards,* Plate engraved *Name & Date.*
 Clergyman *Rev. M. E. Connell* Lot or grave No. *135* 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>White Plushett Oct 30th</i>	100.00	<i>Apr 11</i>	<i>Cr by check.</i>	120.00
Metallic Lining <i>No.</i>		<i>Dec 6</i>	<i>Cr " "</i>	100.00
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>✓</i>				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L - Lot 135</i>	65.00			
Opening Grave <i>and Closing.</i>	5.00			
Lining Grave <i>Ambulance Dec 27th</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	220.00			220.00

REMARKS

FUNERAL REGISTER

NO. *Like Jones Eatonville, Fla.* DATE *Dec 31st 1920*

Remains of *Christina Jones (Col)* Residence *Eatonville, Fla.*

Father's Name *Like Jones.* Residence *Eatonville, Fla.*

Mother's Name *Ada Williams Jones* How Secured *Father*

Charged to *Like Jones (Father)* Shipped to *Buried at Eatonville*

Date of Funeral *Dec 31st 1920* Date of Death *Dec 31st 1920 2 A.M.*

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

Occupation of Deceased *At Home* Age *9* years *11* months *30* days

Cause of Death *Apoplexy* Number of Burial Certificate

Certifying Physician *Dr. Callahan (Col)* Plate engraved *at Rest*




Clergyman *at Eatonville* Lot or grave No. Section

Interment at *Eatonville* Cemetery

City *Eatonville*

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>Coffin</i>	<i>22.50</i>	<i>Dec 31</i>	<i>Cr by Cash.</i>	<i>7.00</i>
Metallic Lining		<i>Mar 21</i>	<i>Cr " Cash.</i>	<i>15.20</i>
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>22.50</i>			<i>22.50</i>

REMARKS

Bought Coffin & did their own work.

FUNERAL REGISTER

NO. Geo Hyall. Winter Park, Fla. DATE Dec 31st 1920

Remains of Mrs Emma Hyall. Residence Goldenrod, Fla.

Father's Name Mr Wright. Residence Pine Castle, Fla.

Mother's Name Mary Bayter. How Secured Husband.

Charged to Geo Hyall. Shipped to Buried at Longwood.

Date of Funeral Jan 1st 1921 3 P.M. Date of Death Dec 31st 1920 7 P.M.

Place of Death Residence. Single or Married Married

Occupation of Deceased At Home. Age 38 years 5 months 28 days

Cause of Death Killed from Gun Shot in right Breast by Number of Burial Certificate Wilson (Burial in Law.)

Certifying Physician Dr. Hotard. 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 <u>1/2 Grey Cope Oct 31st</u>	115.00	Mar 5	Gr by Check.	100.00
Metallic Lining <u>No</u>		May 30	Gr .. Cash.	50.00
Outside Box <u>Req.</u>		Nov 19	Gr .. Cash.	20.00
Burial Robe <u>White Dress.</u>	12.00	Dec 31	Gr .. Check.	24.50
Embalming and Attendance <u>Emb.</u>	35.00			
Carriages <u>C. Wagon (2) at \$ 5.00</u>	10.00			
Flowers				
Hearse <u>Auto Funeral Car.</u>	20.00			
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <u>Undercar 1st floor</u>	2.50			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	194.50			194.50

REMARKS

FUNERAL REGISTER

1921

1921

1921

NO. *Mr George W. Becker, Hunter, New York.* DATE *Jan 5th*

Remains of *Mrs Lottie A. Becker.* Residence *Hunter, New York.*

Father's Name *Chas Higgins.* Residence *New York.*

Mother's Name *Mary Alexander Higgins.* How Secured *Husband.*

Charged to *Mr George W. Becker (Husband)* Shipped to *Hunter, New York.*

Date of Funeral *Jan 1921* Date of Death *Jan 5th 1921 3 a.m.*

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

Occupation of Deceased *At home.* Age *46* years *9* months *23* days

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

Certifying Physician *Lt. Ford.* Plate engraved *Name & State*




Clergyman *At Hunter, N.Y.* Lot or grave No. Section

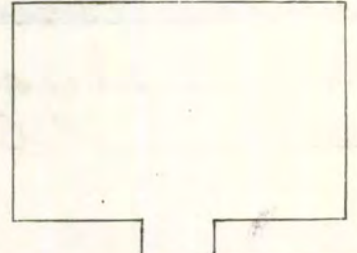
Interment at *Restinaton Cemetery*

City *Hunter.*

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 & N. Cap.</i>	190.00	Jan 5	Cr by check.	247.50
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe <i>White B. Dress.</i>	12.50			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	247.50			247.50

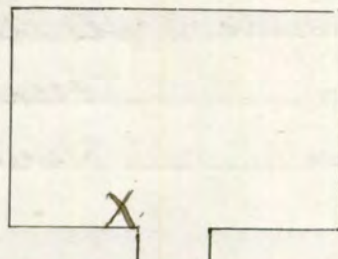
REMARKS

FUNERAL REGISTER

NO. *Mrs Eshe Brown, 206 S. Hughey St.* DATE *Jan 5th 1921*
 Remains of *Mr John Brown.* Residence *206 Hughey St. City.*
 Father's Name *Lent Know.* Residence *Italy.*
 Mother's Name *Lent Know.* How Secured *Wife.*
 Charged to *Mrs Eshe Brown.* Shipped to *Buried in Orlando.*
 Date of Funeral *Jan 7th 1920 3:30 P.M.* Date of Death *Jan 5th 1921 10:30 A.M.*
 Place of Death *Police Court.* Single or Married *Married.*
 Occupation of Deceased *Cigar Maker.* Age *38* years months days
 Cause of Death *Shot in Temple. (Automatic 25)* Number of Burial Certificate
 Certifying Physician *Dr. Edwards.* Plate engraved *At Rest.*
 Clergyman *Rev. Chisolm.* Lot or grave No. *60* Section *L*
 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>6/3 Gray B. Clo. R. Co. State</i>	<i>195.00</i>	<i>Jan 28 Cr by Check.</i>	<i>120.50</i>
Metallic Lining	<i>No</i>		<i>Apr 2 Cr " Cash.</i>	<i>125.00</i>
Outside Box	<i>Req</i>		<i>June 1 Cr " Cash.</i>	<i>35.00</i>
Burial Robe	<i>✓</i>		<i>Aug 1 Cr " Cash.</i>	<i>49.50</i>
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>		
Carriages	<i>2 Auto</i>	<i>at \$5.00</i>		
Flowers	<i>Casket Wagon.</i>	<i>5.00</i>		
Hearse	<i>Auto Funeral Car.</i>	<i>15.00</i>		
Death notices in	<i>Papers</i>			
Outlay for lot	<i>Sec 2, Lot 60</i>	<i>65.00</i>		
Opening Grave	<i>Ed Closing.</i>	<i>5.00</i>		
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>330.00</i>			<i>330.00</i>




REMARKS

*Was shot by Roy Hoatling in Police Court.
 Wed. 10:30 A.M. Jan 5th 1921*

FUNERAL REGISTER

NO. *Mr Newton Rightly, Pine Bush, N.Y.* DATE *1921 Jan 6th*
 Remains of *Mrs Alice M. Rightly.* Residence *Pine Bush, New York.*
 Father's Name *Nathan Brink.* Residence *New York.*
 Mother's Name *Mary Emblar Brink.* How Secured *Husband.*
 Charged to *Mr Newton Rightly.* Shipped to *Pine Bush, New York.*
 Date of Funeral *Jan — 1920* Date of Death *Jan 6th 1920 3:30 a.m.*
 Place of Death *Change General Hospital* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *64* years *3* months *days*
 Cause of Death *Uremia, following operation.* Number of Burial Certificate
 Certifying Physician *Dr Christ.* Plate engraved *Name & Date.*
 Clergyman *At Pine Bush, N.Y.* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Pine Bush.*
 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 Guy B. Co. Electric.</i>	<i>375.00</i>	<i>Jan 7</i>	<i>Cr. by Cash.</i>	<i>500.00</i>
Metallic Lining <i>Yes</i>			<i>Cr. by L.L.S.</i>	<i>18</i>
Outside Box <i>Chestnut Mt. Why Finish.</i>	<i>115.00</i>			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>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 <i>✓</i>				
Opening Grave <i>✓</i>				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Telegrams.</i>	<i>5.18</i>			
Total amount of bill	<i>540.18</i>			<i>540.18</i>

REMARKS

FUNERAL REGISTER

NO. *Sam. H. Usher, 710 W. Central Ave.* City *Haytona* DATE *Jan 6th 1921*
 Remains of *Mrs Elsie G. Usher.* Residence *710 W. Central Ave.*
 Father's Name *Alex Reid.* Residence *Scotland.*
 Mother's Name *Elsie Reid.* How Secured *Husband.*
 Charged to *Mr Sam. H. Usher.* Shipped to *Buried at Haytona.*
 Date of Funeral *Jan 7th 1920* Date of Death *Jan 6th 1921 5:30 a.m.*
 Place of Death *Q. General Hospital.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *18* years *9* months *19* days
 Cause of Death *Placenta Provia (Pregnancy 6 mo - Operations)* Number of Burial Certificate
 Certifying Physician *Dr. Ford.* Plate engraved *At Rest*
 Clergyman *At Haytona.* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Haytona.*
 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 .

Sam. H. Usher 115 Sec Ave. Haytona, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/4 Guy Cufe Oct 30th 1920</i>	90.00	Jan 7	<i>Cr. by Check.</i>	30.00
Metallic Lining <i>No</i>		" 7	<i>Cr. Cash.</i>	25.00
Outside Box <i>Reg.</i>		" 25	<i>Cr. M. Cider.</i>	10.00
Burial Robe <i>✓</i>		Feb 5	<i>Cr. M. Cider</i>	10.00
Embalming and Attendance <i>Emb.</i>	35.00	Feb 9	<i>Cr. M. Cider</i>	10.00
Carriages <i>at \$</i>		Feb 16	<i>Cr. M. Cider</i>	10.00
Flowers		Feb 26	<i>Cr. M. Cider</i>	10.00
Hearse <i>Auto Funeral Car to Haytona</i>	25.00	Mar 9	<i>Cr. M. Cider</i>	20.00
Death notices in <i>2</i> Papers		Mar 18	<i>Cr. M. Cider</i>	10.00
Outlay for lot		Mar 23	<i>Cr. M. Cider</i>	15.00
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	150.00			150.00

REMARKS

Will pay account by the week.

FUNERAL REGISTER

NO. ^{brock} *Mr Baxter Beasley*, 7 N. Hughey St. DATE *Jan 6th 1921*

Remains of *Infant of Mr & Mrs B. Beasley*, Residence *7 N. Hughey St., City.*

Father's Name *Mr Baxter Beasley*, Residence *7 N. Hughey St.*

Mother's Name *Eunice Page*, How Secured *Father*

Charged to *Mr Baxter Beasley*, Shipped to *Buried in Orlando.*

Date of Funeral *Jan 7th 11:30 1921*, Date of Death *Jan 6th 1921 1 P.M.*

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

Occupation of Deceased *✓*, Age *✓* years *✓* months *—* days

Cause of Death *Infancy*, Number of Burial Certificate




Certifying Physician *Dr. Beardhal*, Plate engraved

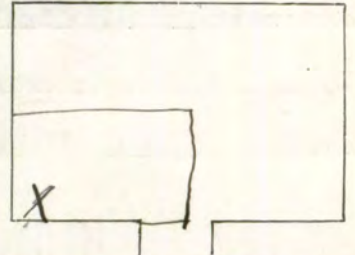
Clergyman *P. Lee. Smith*, Lot or grave No. *218 S.W. 1/4* Section *H.*

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>1/2 H.M. W. Sq.</i>	8.00	<i>Jan 6</i>	<i>Cr by Cash.</i>	8.00
Metallic Lining <i>✓</i>		<i>" 7</i>	<i>Cr .. Cash.</i>	15.00
Outside Box <i>Req.</i>	2.00	<i>Feb 28</i>	<i>Cr .. Cash.</i>	9.50
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Touring Car.</i>	5.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#218 S.W. 1/4 Sec H.</i>	12.50			
Opening Grave <i>and closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	32.50			32.50

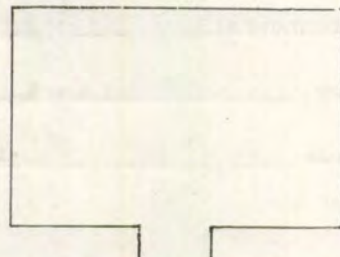
REMARKS

FUNERAL REGISTER

NO. *Mrs Lela Brooklin, Alcoa, Fla.* DATE *Jan 6th 1921*
 Remains of *M. Edwin Brooklin* Residence *Alcoa, Fla.*
 Father's Name *Ernest Brooklin* Residence *Three Lakes, Mich.*
 Mother's Name *Elnora Starr Brooklin* How Secured *County & Wife*
 Charged to *Wife & County* Shipped to *Buried at Alcoa*
 Date of Funeral *Jan 7th 1921* Date of Death *Jan 6th 1921 2 P.M.*
 Place of Death *Q. Y. Hospital* Single or Married *Married*
 Occupation of Deceased *Machinist* Age *37* years *8* months *28* days
 Cause of Death *Carcinoma of Stomach* Number of Burial Certificate
 Certifying Physician *Dr. McEwan* 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>1/2 Var Case.</i>	8.50	Jan 11	Cr by Cash.	8.00
Metallic Lining		" 11	Cr .. Lis.	6.25
Outside Box		Feb 10	Cr .. Count.	8.50
Burial Robe <i>Cheap Robe.</i>	4.25			
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>They Car to Alcoa.</i>	10.00			
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	22.75			22.75

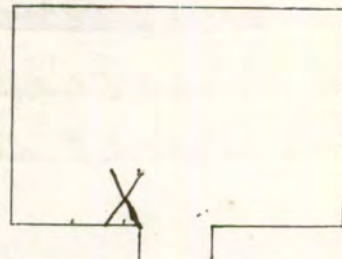
REMARKS *Very Poor. Mrs Brooklin will pay for Auto and Robe. County will pay \$8.50*

FUNERAL REGISTER

NO. *Bradford W. White* ^{*Liby*} *120 E. Concord.* DATE *Jan 7th 1921*
 Remains of *Bradford William White* Residence *120 E. Concord, Ave.*
 Father's Name *Bradford W. White* Residence *120 E. Concord, Ave.*
 Mother's Name *Emma M. White* How Secured *Father.*
 Charged to *Bradford W. White.* Shipped to *Buried in Orlando.*
 Date of Funeral *Jan 9th 1921 4 P.M.* Date of Death *Jan 7th 1921 3 P.M.*
 Place of Death *Residence.* Single or Married *Single*
 Occupation of Deceased *At Home.* Age *2* years *7* months *4* days
 Cause of Death *Dysentery* Number of Burial Certificate
 Certifying Physician *Dr. Beardsall.* Plate engraved *Our Loved One*
 Clergyman *Rev. Cooper* Lot or grave No. *117* 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>W. Plush. Couch</i>	<i>65.00</i>	<i>Feb 4</i>	<i>Cr by Check.</i>	<i>173.20</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 <i>Hudson</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Towing Car</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>117 Sec L</i>	<i>65.00</i>			
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>Shoes 2.50 Horse 70</i>	<i>3.20</i>			
Total amount of bill	<i>173.20</i>			<i>173.20</i>

REMARKS

FUNERAL REGISTER

NO. *William Laws, Orange City, Fla.* DATE *of Death Jan 7th 1921*

Remains of *Minna Nell Laws.* Residence *Orange City, Fla.*

Father's Name *W. N. Trapler.* Residence *Alachula, Fla.*

Mother's Name *Lela Nell Trapler* How Secured *Mother & Husband*

Charged to *William Laws.* Shipped to *Alachula, Fla.*

Date of Funeral *Jan 9th 1921 4PM* Date of Death *Jan 7th 1921 11:30pm.*

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

Occupation of Deceased *At home.* Age *24 years 9 months 18 days*

Cause of Death *General Peritonitis.* Number of Burial Certificate

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

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

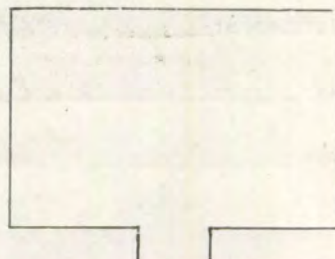
Interment at *Destin* Cemetery

City *Alachula*

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>6/3 Guy B. Co. Conch.</i>	<i>195.00</i>	<i>Jan 8</i>	<i>Cr by Check.</i>	<i>301.06</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>W. Silk Dress.</i>	<i>38.00</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>Underwear 2.00 2.00 1.00</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>3 R. R. Tickets to Alachula.</i>	<i>18.06</i>			
Total amount of bill	<i>301.06</i>			<i>301.06</i>

REMARKS

FUNERAL REGISTER

NO. *H. F. Bailey, Orlando, R.F.H. # 2* DATE *1921 Jan 9th*
 Remains of *Rev Harvey Perry Bailey*, Residence *Orlando, Fla. R.F.H. # 2*
 Father's Name *H. E. Bailey*, Residence *England*
 Mother's Name *Don't know*, How Secured *H. F. Bailey (Son)*
 Charged to *M H. F. Bailey (Son)*, Shipped to *Buried on Farm*
 Date of Funeral *Jan 9th 1921 5 P.M.*, Date of Death *Jan 9th 1921 6 A.M.*
 Place of Death *Residence*, Single or Married *Married*
 Occupation of Deceased *Minister*, Age *73* years ☒ months *15* days
 Cause of Death *Chronic Enlargement of prostate gland*, Number of Burial Certificate
 Certifying Physician *Dr. Howell*, Plate engraved *At Rest*
 Clergyman *H. F. Bailey (Son)*, Lot or grave No. Section
 Interment at *Buried on the Farm near Cemetery*
 City *Orlando*, State *Fla R.F.H. # 2*

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 Case Oct 30 P.T.</i>	<i>125.00</i>	<i>Jan 9</i>	<i>125.00</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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>125.00</i>			<i>125.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Richard H. Harris Toronto, Canada* DATE *1921 Jan 9th*

Remains of *Mr Richard H. Harris* Residence *Toronto, Canada.*

Father's Name *Thomas Harris* Residence *Wales.*

Mother's Name *Not known.* How Secured *Estate.*

Charged to *Mrs Sarah H. Harris (Wife)* Shipped to *Tully, New York.*

Date of Funeral *Jan 10th 1921 8 P.M.* Date of Death *Jan 9th 1921 4:20^{A.M.}*

Place of Death *Fila Sanitarium.* Single or Married *Married.*

Occupation of Deceased *Editor of Newspaper.* Age *66* years *5* months *2* days

Cause of Death *Broncho-Pneumonia.* Number of Burial Certificate *307*

Certifying Physician *Dr. L. L. Andrews.* Plate engraved *At Rest.*



Clergyman *Dean Adcock.* Lot or grave No. _____ Section _____

Interment at *Destinacion Cemetery*

City *Tully.*

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>7/32 lb. Cope Oct 30th</i>	135.00	Jan 15	Cr by Cash.	25.00
Metallic Lining <i>✓</i>		Feb 1	Cr " "	50.00
Outside Box <i>Lined & Painted Box.</i>	35.00	Feb 24	Cr " "	50.00
Burial Robe <i>✓</i>		Mar 10	Cr " "	50.00
Embalming and Attendance <i>Emb. ^{Sherry} Baskin</i>	45.00	Apr 5	Cr " "	50.00
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				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>225.00</i>			<i>225.00</i>

REMARKS *Shipped in train 82 apr 19-1921*

FUNERAL REGISTER

NO. *Estate of William H. Stahl* City *96 Lakeview Ave, City* DATE *Jan 10th 1921*
 Remains of *Mr William H. Stahl* Residence *96 Lakeview Ave, City*
 Father's Name *H. V. Stahl* Residence *Illinois*
 Mother's Name *Agnes Brown* How Secured *Estate*
 Charged to *Mrs W. H. Stahl* Shipped to *Buried in Orlando*
 Date of Funeral *Jan 11th 1921 3 P.M.* Date of Death *Jan 10th 1921 3 P.M.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Retired* Age *70* years *3* months *10* days
 Cause of Death *Cancer of Stomach* Number of Burial Certificate *309*
 Certifying Physician *Dr. M. Ewan* Plate engraved *Name & State*
 Clergyman *Rev. Cooper* Lot or grave No. *#130* 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>1/3 Blk. B. Clo. Exp. W. H. C.</i>	<i>285.00</i>	<i>Jan 20</i>	<i>En by Check.</i>	<i>415.00</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>at \$</i>				
Flowers <i>2 Autos</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>#130 Sec 2</i>	<i>65.00</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>415.00</i>			<i>415.00</i>

REMARKS

FUNERAL REGISTER

NO. Chas. R. Harrison. 11 E. Concord Ave. DATE Jan 11th 1921

Remains of Mrs. Adelia M. Harrison Residence 11 E. Concord Ave. City

Father's Name Menon Smith. Residence Lent Know

Mother's Name Lent Know. How Secured Husband.

Charged to Chas R. Harrison. Shipped to Buried in Orlando.

Date of Funeral Jan 12th 1921 10 A.M. Date of Death Jan 11th 1921 3 A.M.

Place of Death Residence. Single or Married Married

Occupation of Deceased At Home. Age 74 years 7 months days

Cause of Death Apoplexy & Paralysis. Number of Burial Certificate 310

Certifying Physician Dr. Kline. Plate engraved Name & Date




Clergyman Rev. Cooper. Lot or grave No. 39 Section 2

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 <u>1/3 Wey B. Co. Oct 27.</u>	<u>190.00</u>	<u>Feb 12</u>	<u>Gr by Check.</u>	<u>100.00</u>
Metallic Lining <u>✓</u>		<u>April 5</u>	<u>Gr " Check.</u>	<u>220.00</u>
Outside Box <u>Reg.</u>				
Burial Robe <u>✓</u>				
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>2 Autos at \$ 5.00</u>	<u>10.00</u>			
Flowers				
Hearse <u>Auto Funeral Car.</u>	<u>15.00</u>			
Death notices in <u>2</u> Papers				
Outlay for lot <u># 39 Sec 2</u>	<u>65.00</u>			
Opening Grave <u>Exp Closing.</u>	<u>5.00</u>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<u>320.00</u>			<u>320.00</u>

REMARKS

FUNERAL REGISTER

NO. *Mrs Philip Bunn, Orlando, Fla.* DATE *Jan 11th 1921*

Remains of *Mrs Jane Taylor.* Residence *Greenwood, Orlando.*

Father's Name *Chauncey Clark.* Residence *Litchfield, Conn.*

Mother's Name *Ester Tryon.* How Secured *Haughlin (Mrs Bunn)*

Charged to *Mrs Philip Bunn.* Shipped to *Buried in Orlando.*

Date of Funeral *Jan 12th 1921 3:30 P.M.* Date of Death *Jan 11th 1921 4 A.M.*

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

Occupation of Deceased *At Home.* Age *79* years *8* months *25* days

Cause of Death *Paralysis, incident to old age.* Number of Burial Certificate *311*

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




Clergyman *Dean Glass.* 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>5/4 Blk Cufe</i>	85.00	Jan 19	Cr by Check.	75.00
Metallic Lining <i>✓</i>		Feb 2	Cr " " "	58.00
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>Two Autos at \$ 4.00</i>	8.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	133.00			133.00

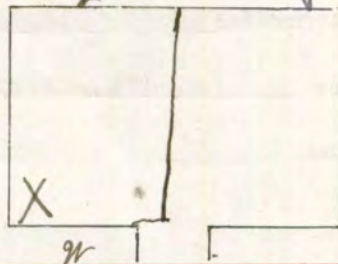
REMARKS

FUNERAL REGISTER

NO. *Theo. F. Byrd* *205 Ridgewood Ave* *City* *1921* *DATE* *Jan 13th*
 Remains of *Mrs. Marion F. Byrd* Residence *205 Ridgewood Ave*
 Father's Name *Theo. Flotard* Residence *France*
 Mother's Name *Eugenia Levin* How Secured *Son*
 Charged to *Mr. Theo. F. Byrd (Son)* Shipped to *Buried in Orlando*
 Date of Funeral *Jan 13th 1921 11 A.M.* Date of Death *Jan 12th 1921 2 A.M.*
 Place of Death *Residence* Single or Married *Widow*
 Occupation of Deceased *At Home* Age *55* years months days
 Cause of Death *Cerebral Tumor* Number of Burial Certificate *312*
 Certifying Physician *Dr. Edwards* Plate engraved *Mother*
 Clergyman *Rev. Hearn Adcock* Lot or grave No. *148 N 1/2* Section *H. 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
 x. Designate site of monument
 thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray Plush Oct 38th</i>	150.00	<i>Jan 15</i>	<i>Cr by Check</i>	236.85
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>2 Auto 4⁰⁰ at \$</i>	9.00			
Flowers <i>Chiffon for dress</i>	.85			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#148 Sec 14 N 1/2</i>	22.00			
Opening Grave <i>Ed Closing</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	236.85			236.85

REMARKS

FUNERAL REGISTER

65

NO. *1921* *Mrs James Hoig, Maitland, Fla.* DATE *of death Jan 13 1921*

Remains of *Mrs Mary R. Wiegler* Residence *Maitland, Fla.*

Father's Name *Not known* Residence *Not known*

Mother's Name *Not known* How Secured *Mrs Jas. Hoig*

Charged to *Mrs James Hoig* Shipped to *Lancaster, Penn.*

Date of Funeral *Jan 1921* Date of Death *Jan 13th 1921 1 P.M.*

Place of Death *Orange General Hospital* Single or Married *Widow*

Occupation of Deceased *Housekeeper* Age *66* years ☒ months *3* days

Cause of Death *Acute Nephritis* Number of Burial Certificate

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




Clergyman *at Lancaster* Lot or grave No. Section

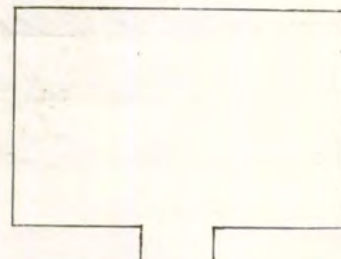
Interment at *Restoration* Cemetery

City *Lancaster*

State *Penn.*

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 Guy B. Clo. Oct 30 P.T.</i>	175.00	Jan 14	for by check.	325.32
Metallic Lining <input checked="" type="checkbox"/>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk. B. Dress.</i>	12.50			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Underwear & 1 toze</i>	5.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegrams.</i>	1.57			
Shipping charges, prepaid <i>Express on body.</i>	86.25			
Total amount of bill	325.32			325.32

REMARKS

FUNERAL REGISTER

NO. *Mr Governor Carroll, Orlando Fla.* DATE *1921 Jan 14th*
 Remains of *Mr Ruby Carroll.* Residence *Orlando, Fla.*
 Father's Name *James Beasley.* Residence *Florida.*
 Mother's Name *Mary Brannon Beasley.* How Secured *Husband & Brother*
 Charged to *Governor Carroll (Husband)* Shipped to *Buried at Orlando*
 Date of Funeral *Jan 15th 1921 3 P.M.* Date of Death *Jan 14th 1921 9 A.M.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *At home.* Age *26* years months days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. Callahan.* Plate engraved *At Rest.*
 Clergyman *Dean Adcock.* 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 . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey Cope Act 3 P.M.</i>	115.00	Jan 24	Cr by Cash.	17.00
Metallic Lining <i>No</i>		Jan 31	Cr by Cash.	5.00
Outside Box <i>Req</i>		Feb 7	Cr " "	6.00
Burial Robe <i>White Silk Dress.</i>	15.00	Feb 21	Cr " "	5.00
Embalming and Attendance <i>Emb.</i>	35.00	Mar 8	Cr " "	5.00
Carriages <i>C. Wagon at \$ 5.00</i>	5.00	Mar 14	Cr " "	5.00
Flowers <i>4 Auto</i>	20.00	Mar 28	Cr " "	5.00
Hearse <i>Auto Funeral Car.</i>	15.00	Apr 18	Cr " "	5.00
Death notices in <i>2</i> Papers		May 9	Cr " "	5.00
Outlay for lot <i>Hel. by to Cemetery</i>	3.00	May 30	Cr " "	5.00
Opening Grave <i>4 Closing.</i>	5.00	June 13	Cr " "	5.00
Lining Grave <i>Pair Gloves.</i>	1.00	July 18	Cr " "	5.00
Grave Vault		July 15	Cr " "	5.00
Shipping Charges, Prepaid				

Total amount of bill

REMARKS

214.00
 78.00
 136.00

FUNERAL REGISTER

NO. *Rev. E. P. Wheeler, Aurora, Ills.* DATE *of death Jan 14th 1920*

Remains of *Mrs Sarah. H. Wheeler.* Residence *Aurora, Ills.*

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

Mother's Name *Emma Collins Hinchliff* How Secured *Husband.*

Charged to *Rev. E. P. Wheeler.* Shipped to *Aurora, Ills.*

Date of Funeral *Jan 1921* Date of Death *Jan 14th 1921 1:40 P.M.*

Place of Death *Residence (Glendale Apts)* Single or Married *Married*

Occupation of Deceased *At home.* Age *65* years *5* months *6* days

Cause of Death *Edema of Lungs.* Number of Burial Certificate

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




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

Interment at *Hesteria Cemetery*

City *Aurora.*

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>Grey B. Cloth Electric</i>	<i>250.00</i>	<i>Jan 15</i>	<i>Cr by Cash.</i>	<i>295.00</i>
Metallic Lining <i>No.</i>		<i>" 15</i>	<i>Cr " Cash.</i>	<i>120.68</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				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>P. P. Tickets & Pullman</i>	<i>15.58</i>			
<i>Telegrams.</i>	<i>5.10</i>			
Total amount of bill	<i>415.68</i>			<i>415.68</i>

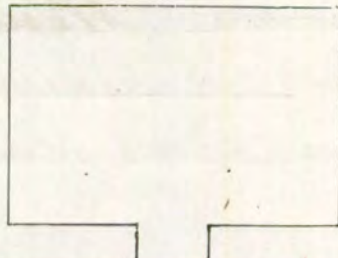
REMARKS

FUNERAL REGISTER

NO. *1921* *Ms Sarah M. Hall. Pine Castle, Fla.* DATE *Jan 14th 1921*
 Remains of *Mr Clinton C. Hall.* Residence *Westmoreland N.H.*
 Father's Name *Jasper Hall.* Residence *New Hampshire.*
 Mother's Name *Susan Poland Hall.* How Secured *Estate*
 Charged to *Ms Sarah M. Hall (Wife.)* Shipped to *Westmoreland, N.H.*
 Date of Funeral *Jan 1921* Date of Death *Jan 14th 1921 2:30 P.M.*
 Place of Death *Fla. Sanitarium.* Single or Married *Married*
 Occupation of Deceased *Farmer (Retired)* Age *63* years *4* months *7* days
 Cause of Death *General Peritonitis.* Number of Burial Certificate *320*
 Certifying Physician *Dr. Andrews.* Plate engraved *Name & State.*
 Clergyman *Rev Badger.* Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Westmoreland.*
 State *New Hampshire.*

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. No. 101</i>	<i>395.00</i>	<i>Feb 26</i>	<i>By Check.</i>	<i>448.89</i>
Metallic Lining <i>Yes</i>			<i>By " " "</i>	<i>5.00</i>
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Shipping Emb. Bill</i>	<i>45.00</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				
Grave Vault <i>Telegrams.</i>	<i>3.89</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>453.89</i>			<i>453.89</i>

REMARKS *Shipped May 3-1921*

FUNERAL REGISTER

NO. *Estate Joseph F. Umphely, Winter Park, Fla.* DATE *Jan 14th 1921*
 Remains of *Mr Joseph F. Umphely.* Residence *Winter Park, Fla.*
 Father's Name *Joseph Umphely.* Residence *England.*
 Mother's Name *Margaret Gault Umphely.* How Secured *Estate.*
 Charged to *Mrs Anna M. Umphely (Wife)* Shipped to *Buried at Winter Park*
 Date of Funeral *Jan - 1921* Date of Death *Jan 14th 1921 6:15 pm.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Salesman (Retired)* Age *82 years 9 months 5 days*
 Cause of Death *Chronic Valvular disease of heart* Number of Burial Certificate
 Certifying Physician *Dr. E. C. Coffin.* Plate engraved *Name & Date.*
 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>3 Guy B. Co. R. Co. S.</i>	200.00	Feb 26	<i>Cr by check.</i>	270.00
Metallic Lining <i>No</i>			<i>Cr .. dis</i>	3.00
Outside Box <i>Req</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>Shaving & Bathing</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Del. box Cemetery.</i>	5.00			
Opening Grave <i>Exc Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	275.00			275.00




disinterred Body -
Sept 8-1922 and shipped
by Express train 82 - Tr.
Albany N. Y.
J. Mrs & Mrs Geo E Oliver
492 Western ave
Expense 50.00
Express 93.92
\$ 143.92
Paid

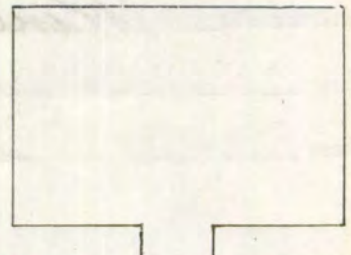
REMARKS

FUNERAL REGISTER

NO. *Estate Matilda Kemmerer,* DATE *Feb. 17th 1921*
 Remains of *Mrs. Matilda Kemmerer,* Residence *Poland, Nebraska.*
 Father's Name _____ Residence _____
 Mother's Name _____ How Secured *Estate*
 Charged to *M. S. A. Newell.* Shipped to *Havenfort, Iowa.*
 Date of Funeral *Jan 16th 1921 2 P.M.* Date of Death *Jan 15th 1921 4 P.M.*
 Place of Death *O. G. Hospital.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *72* years months days
 Cause of Death *Bar Comonia of Stomach.* Number of Burial Certificate _____
 Certifying Physician *Dr. M. E. Ewan,* Plate engraved *Name + Plate*
 Clergyman *Lean Adcock.* Lot or grave No. _____ Section _____
 Interment at *Destination.* Cemetery _____
 City *Havenfort.*
 State *Iowa.*

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. H. Cap.</i>	35 0.00	<i>Jan 20</i>	<i>Cr by Check.</i>	102.13
Metallic Lining <i>Yes.</i>		<i>Feb 4</i>	<i>Cr by check.</i>	3 95.00
Outside Box <i>Reg</i>		<i>" 4</i>	<i>Cr by Lic.</i>	5.00
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon</i> ^{2/1} <i>at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>Express.</i>	102.13			
<i>Ambulance.</i>	5.00			
Total amount of bill	502.13			502.13

REMARKS

FUNERAL REGISTER

71

NO. *Estate Lewis Smith Lindner,*

DATE

Death Jan 15th 1921

Remains of *Lewis Smith Lindner,*

Residence *404 Magnolia Ave*

Father's Name *J. L. Lindner,*

Residence *Chicago,*

Mother's Name *G. May Smith,*

How Secured *Estate,*

Charged to *Mrs Lee Lindner (Wife)*

Shipped to *Buried in Orlando,*

Date of Funeral *Jan 17th 1921 10.4. M.*

Date of Death *Jan 15th 1921 5:30 P.M.*

Place of Death *O. G. Hospital,*

Single or Married *Married*

Occupation of Deceased *Traveling Salesman*

Age *45* years months days

Cause of Death *Valvular Heart Disease*

Number of Burial Certificate *321*

Certifying Physician *Dr. Potter,*

Plate engraved *At Rest,*

Clergyman *Dean Glass,*




Lot or grave No. Section

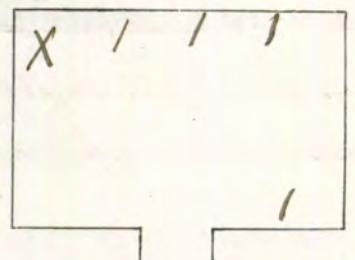
Interment at *Greenwood, Cemetery*

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 *Grey Cope Act 3 P.T.,* 115.00

Maggie Hart
Feb 24 *Dr* by *Check* 60.00

Metallic Lining *No*

Mar 14 *Dr* " *Check* 80.00

Outside Box *Req.*

Apr 22 *Dr* " *Check* 40.00

Burial Robe *✓*

Embalming and Attendance *Emb.* 35.00

Carriages *C Wagon at \$* 5.00

Flowers

Hearse *Auto Funeral Car.* 15.00

Death notices in *2* Papers

Outlay for lot

Opening Grave *And Closing.* 5.00

Lining Grave

Grave Vault *Ambulance.* 5.00

Shipping charges, prepaid

Total amount of bill

180.00

180.00

REMARKS

FUNERAL REGISTER

NO. *Estate Mr. Harvey Borshall, Cleveland Ohio* DATE *Jan 16th 1921*Remains of *Mr. Harvey Borshall.*Residence *Cleveland, Ohio.*Father's Name *Hiram Borshall.*Residence *Jamsville, Ohio.*Mother's Name *Carolina Guchery.*How Secured *Estate*Charged to *Mrs. Mary Borshall (Wife)*Shipped to *Cleveland, Ohio.*Date of Funeral *Jan 1921*Date of Death *Jan 16th 1921 14.m.*Place of Death *Fla Sanitarium.*Single or Married *Married*Occupation of Deceased *Contractor & Builder.*Age *65* years months daysCause of Death *Chronic Glanular Nephritis with acute exacerbation.*

Number of Burial Certificate




Certifying Physician *Dr. Andrews.*Plate engraved *At Rest*Clergyman *At Cleveland.*

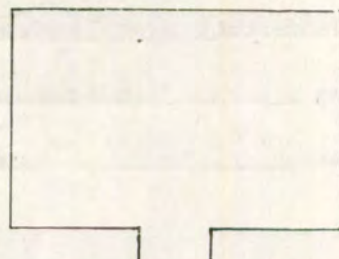
Lot or grave No.

Section

Interment at *Restoration 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>6/3 Bk B. Co. 3 P. Top.</i>	150.00	Jan 18	Cr by Cash.	312.09
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Shaving Emb.</i>	40.00			
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				
Grave Vault				
Shipping Charges, Prepaid				
<i>Tickets Pullman</i>	112.09			
Total amount of bill	312.09			312.09

REMARKS

FUNERAL REGISTER

NO. *Charles O. Babbitt. 11 W. Church St. 1921* DATE *Jan 16th 1921*

Remains of *Marion E. Babbitt* Residence *11 W. Church St. City*

Father's Name *Charles O. Babbitt* Residence *11 W. Church St.*

Mother's Name *Essie M. Leonard (Babbitt)* How Secured *Father*

Charged to *Charles O. Babbitt* Shipped to *Wellsville, New York*

Date of Funeral *Jan 17th 1921* Date of Death *Jan 16th 1921 1:30 a.m.*

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

Occupation of Deceased *at home* Age *1* years *8* months *5* days

Cause of Death *Dysentery* Number of Burial Certificate *319*

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




Clergyman *Rev Cooper* Lot or grave No. Section

Interment at *Restoration Cemetery*

City *Wellsville*

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>White Plushett & H. Rd</i>	55.00	<i>1925</i>		
Metallic Lining <i>Mo.</i>		<i>May 4</i>	<i>entry 61</i>	<i>50.00</i>
Outside Box <i>Lined Box</i>	15.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
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				
Grave Vault				
Shipping charges, prepaid <i>May 21-1921 Shipped Remains to Leis. Albany Co New York Express Co on train # 84 Fairbank Cemetery</i>				
Total amount of bill	115.00			

REMARKS

in very poor circumstances but of he had in store in New York State in June 1920

FUNERAL REGISTER

NO. *T. S. Hewke, Winter Park Fla.* DATE *of death Jan 17th 1921*

Remains of *Mary Almira Knapp.* Residence *Winter Park, Fla.*

Father's Name *Isaac Knapp.* Residence *Brunsville, N. Y.*

Mother's Name *Emma Card Knapp.* How Secured *Uncle.*

Charged to *T. S. Hewke (Uncle)* Shipped to *Buried at Winter Park.*

Date of Funeral *Jan 19th 1921 11 A.M.* Date of Death *Jan 17th 1921 4 P.M.*

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

Occupation of Deceased *Seamstress.* Age *40* years *6* months days

Cause of Death *Cerebral Embolism.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Ewan.* 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>7/4 Guy Cufe 3-P. Top.</i>	<i>125.00</i>	<i>Jan 22</i>	<i>Cr. by Check.</i>	<i>190.00</i>
Metallic Lining <i>No</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>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault <i>Underwear & Hose</i>	<i>5.00</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>190.00</i>			<i>190.00</i>

REMARKS

FUNERAL REGISTER

NO. Sam Salisbury, Alcoa, Fla. DATE March Jan 18th 1921

Remains of Agnes Lanna Salisbury Residence Alcoa, Fla.

Father's Name Sam Salisbury Residence Alcoa, Fla.

Mother's Name Lanna Bruns Salisbury How Secured Father

Charged to Sam Salisbury (Father) Shipped to Buried at Alcoa

Date of Funeral Jan 19th 1921 3 P.M. Date of Death Jan 18th 1921 7 A.M.

Place of Death Residence Single or Married Single

Occupation of Deceased at home Age 4 years 3 months days

Cause of Death Accidentally burned. Extremities Number of Burial Certificate

Certifying Physician Dr. Wheatly Plate engraved At Rest

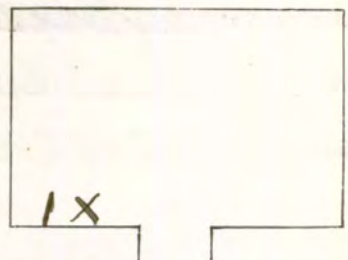
Clergyman Shearn Rev. Johnson Lot or grave No. 138 Section L

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 =.



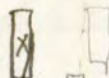
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>3/4 East Metallic</u>	110.00	Feb 9	Tr by Check.	155.00
Metallic Lining <u>H. Sealed.</u>				
Outside Box <u>Reg</u>				
Burial Robe <u>✓</u>				
Embalming and Attendance <u>Emb.</u>	25.00			
Carriages <u>Closed Car</u> at \$	10.00			
Flowers <u>1st Casket</u>	5.00			
Hearse				
Death notices in <u>2</u> Papers				
Outlay for lot <u>#138 See L.</u>				
Opening Grave <u>and Closing</u>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	155.00			155.00

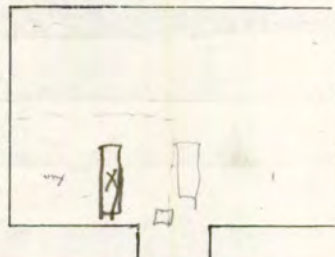
REMARKS

FUNERAL REGISTER

NO. *Estate Francis Marion Miller* City *Orlando* DATE *Jan 21st 1921*
 Remains of *Mr Francis Marion Miller*. Residence *410 Orsola St. City.*
 Father's Name *Amos Miller*. Residence *Penn.*
 Mother's Name *Sarah J. Steiner (Miller)* How Secured *Estate.*
 Charged to *Mrs Margaret Miller (Wife)* Shipped to *Buried at Orlando.*
 Date of Funeral *Jan 23rd 1921 4 P.M.* Date of Death *Jan 21st 1921, 5 a.m.*
 Place of Death *Fla. Sanitarium* Single or Married *Married*
 Occupation of Deceased *Architect.* Age *49* years *4* months *17* days
 Cause of Death *Chronic Intestinal Nephritis.* Number of Burial Certificate
 Certifying Physician *Dr Hasket (Fla. Sant.)* Plate engraved *Father.*
 Clergyman *Dr. W. C. Cornell.* Lot or grave No. *129* Section *L.*
 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>1/3 Ely B. Co. S. Couch</i>	300.00	Feb 9	Cr by Check.	597.75
Metallic Lining				
Outside Box <i>Steel Vault.</i>	154.00			
Burial Robe				
Embalming and Attendance <i>Shammy's Billing</i>	40.00			
Carriages <i>2 Autos</i> at \$ <i>4.00</i>	9.00			
Flowers				
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot # <i>129</i> Sec <i>L.</i>	65.00			
Opening Grave <i>and Closing</i>	5.00			
Lining Grave <i>C. Wagon to Fla Sant.</i>	5.00			
Grave Vault <i>Shit color 7' x 5' x 5'</i>	4.75			
Shipping Charges, Prepaid				
Total amount of bill	597.75			597.75

REMARKS




FUNERAL REGISTER

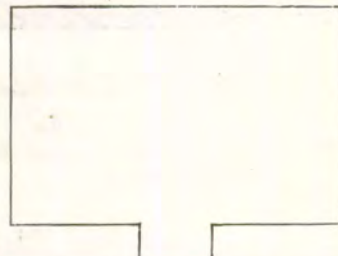
77

NO. *Estate Howard W. Keeney, Cuyler, N.Y.* DATE *Jan 26 1921*

Remains of *Mr Howard W. Keeney*, Residence *Cuyler, New York*,
 Father's Name *John E. Keeney*, Residence *New York*,
 Mother's Name *Mrs Whitmarsh Keeney*, How Secured *Estate*.
 Charged to *Mrs Hattie Keeney (Wife)* Shipped to *Cuyler, New York*.
 Date of Funeral *Jan 1921* Date of Death *Jan 26th 1921 9am*
 Place of Death *U. G. Hospital* Single or Married *Married*
 Occupation of Deceased *Farmer* Age *63* years *7* months *13* days
 Cause of Death *Venia* Number of Burial Certificate
 Certifying Physician *Dr. Christ* Plate engraved *Name & Date*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Cuyler*
 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>6 1/2 Guy B. Clo R. Co St.</i>	<i>475.00</i>	<i>Jan 27</i>	<i>Cr by Check.</i>	<i>528.38</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Enshaving</i>	<i>40.00</i>			
Carriages <i>C. Wagon</i>	<i>2 at \$ 5.00</i>			
Flowers <i>✓</i>				
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegrams</i>	<i>3.38</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>528.38</i>			<i>528.38</i>

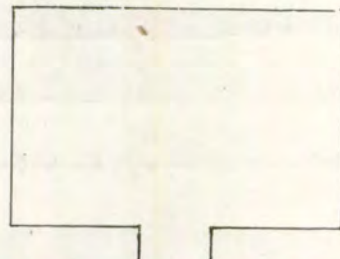
REMARKS

FUNERAL REGISTER

NO. *John Bistline, Longwood, Fla.* DATE *Jan 28th 1921*
 Remains of *Jennie Bistline.* Residence *Luncannon, Pa.*
 Father's Name *John Rice.* Residence *Penn.*
 Mother's Name *Catharine Weeks Rice.* How Secured *Husband & Son,*
 Charged to *John Bistline (Son)* Shipped to *Luncannon, Pa.*
 Date of Funeral *Jan - 1921* Date of Death *Jan 28th 1921 12 noon,*
 Place of Death *Longwood, Fla.* Single or Married *Married.*
 Occupation of Deceased *at home.* Age *60* years months days
 Cause of Death *Angina Pectoris.* Number of Burial Certificate
 Certifying Physician *Dr. H. Stuard.* Plate engraved *At Rest.*
 Clergyman *at destination.* Lot or grave No. Section
 Interment at *destination.* Cemetery
 City *Luncannon.*
 State *Penn.*

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. R. S.</i>	200.00	Feb 10	By Check	315.55
Metallic Lining <i>No.</i>				
Outside Box <i>Reg. Painted.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Grey Car to Longwood</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>Telegram.</i>	.97			
<i>R.R. Tickets & Pullman.</i>	64.58			
Total amount of bill	315.55			315.55

REMARKS

FUNERAL REGISTER

79

NO. *Estate of Mr. E. A. Bancker, Atlanta, Ga.* DATE *Jan 29th 1921*

Remains of *Mr. E. A. Bancker* Residence *Atlanta, Ga.*

Father's Name *E. A. Bancker* Residence *New York.*

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

Charged to *Mr. H. Bancker (Son)* Shipped to *Atlanta, Ga.*

Date of Funeral *Jan 1921* Date of Death *Jan 29th 1921 9a.m.*

Place of Death *Bachelor House Winter Park* Single or Married *Widower*

Occupation of Deceased *Retired* Age *88* years ☒ months *7* days

Cause of Death *Pneumo-pneumonia* Number of Burial Certificate

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




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Atlanta*

State *Ga.*

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. R. Co. State</i>	<i>400.00</i>	<i>Jan 30</i>	<i>By check.</i>	<i>500.98</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Req.</i>				
Burial Robe <input checked="" type="checkbox"/>				
Embalming and Attendance <i>E. Sharnig.</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2) at \$</i>	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>R. R. Tickets</i>	<i>50.98</i>			
Shipping charges, prepaid				
Total amount of bill	<i>500.98</i>			<i>500.98</i>

REMARKS

FUNERAL REGISTER

Estate NO. *Samuel H. Lean, Cambridge Mass* DATE *1921 Jan 29th*
 Remains of *Mr Samuel H. Lean.* Residence *Cambridge, Mass.*
 Father's Name *Not known.* Residence *Mass.*
 Mother's Name *Not known.* How Secured *Estate of Langley*
 Charged to *Mrs Amy Lean (Langley's wife)* Shipped to *Boston, Mass.*
 Date of Funeral *Feb - 1921* Date of Death *Jan 29th - 2 P.M.*
 Place of Death *Lucan Hotel.* Single or Married *Widower.*
 Occupation of Deceased *Merchant (Retired)* Age *80 years 3 months 26 days*
 Cause of Death *Acute Dilation of Heart.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Name & Date.*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Boston* 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 .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>1/3 Blk. B. Clo Oct 190.00</i>	<i>Jan 30</i>	<i>Cr. by Cash.</i>	<i>251.74</i>
Metallic Lining	<i>No</i>	<i>" 30</i>	<i>Cr. by Sci</i>	<i>.10</i>
Outside Box	<i>Reg</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Shaving 40.00</i>			
Carriages	<i>C Wagon 2 at \$ 5.00 10.00</i>			
Flowers	<i>✓</i>			
Hearse	<i>✓</i>			
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Chair to Jay "22 Phone to Jay "10 Phone to Leland "20</i>	<i>2.92</i>			
<i>Telegrams</i>	<i>8.92</i>			
Total amount of bill	<i>251.84</i>			<i>251.74</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Gust J. Jackson,* DATE *of death Jan 28th 1921*

Remains of *Mrs Hannah Jackson,* Residence *Apopka, Fla.*

Father's Name *Mr Peterson,* Residence *Sweden,*

Mother's Name *Don't Know,* How Secured *Husband,*

Charged to *Mr Gust Jackson (husband),* Shipped to *Buried at Apopka*

Date of Funeral *Jan 31st 1921 4 P.M.* Date of Death *Jan 28th 1921 5 P.M.*

Place of Death *A. General Hospital,* Single or Married *Married*

Occupation of Deceased *At home,* Age *69 years 7 months 29 days*

Cause of Death *Illus Toxic,* Number of Burial Certificate *329*

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




Clergyman *At Apopka, Fla. ^{Dioc.} Glass* 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>5/8 Grey B. Cloth Net 3 P.T.</i>	<i>165.00</i>	<i>Feb 1</i>	<i>Cr by Check.</i>	<i>257.50</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Del. box to Cemetery.</i>	<i>7.50</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Closed Car.</i>	<i>10.00</i>			
Opening Grave <i>El Closing</i>	<i>5.00</i>			
Lining Grave <i>Floral Piece</i>	<i>15.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>257.50</i>			<i>257.50</i>

REMARKS

FUNERAL REGISTER

NO. *Daniel J. Roberson Orlando, Fla.* DATE *1921 Jan 31st*
 Remains of *Mrs. Martha A. Roberson.* Residence *West of Orlando.*
 Father's Name *Robert Ivory.* Residence *Florida.*
 Mother's Name *Not known.* How Secured *Seal.*
 Charged to *Daniel J. Roberson.* Shipped to *Buried at Orlando.*
 Date of Funeral *Feb 1st 1921 3 P.M.* Date of Death *Jan 31st 1921 7:30 A.M.*
 Place of Death *Residence.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *84* years *4* months *20* days
 Cause of Death *Senility.* Number of Burial Certificate
 Certifying Physician *Dr. Ford.* Plate engraved *Mother.*
 Clergyman *Dean 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>1/4 Grey Cope Oct 30th</i>	115.00	Feb 2	Cr by Check.	50.00
Metallic Lining <i>No</i>		Mar 10	Cr by <i>Miss Sweapenger</i> Check	10.00
Outside Box <i>Reg.</i>		Sept 30	Cr by <i>Dr. Roberson</i> Check	10.00
Burial Robe		Dec 30	Cr by Check.	10.00
Embalming and Attendance <i>Emb.</i>	00.00	May 10	Cr by Cash.	10.00
Carriages <i>Towing Car. at \$</i>	5.00	Feb 24	Cr by checks Cash	55.00
Flowers <i>Hel Fox to Cemetery</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Ex. Auto.</i>				
Opening Grave <i>and Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	145.00			145.00

REMARKS

FUNERAL REGISTER

NO. *Wm Young P. Querry, Umatilla, Fla* DATE *Jan 31st 1921*
 Remains of *Mrs Vennie Querry.* Residence *Umatilla, Fla.*
 Father's Name Residence *S. Carolina.*
 Mother's Name *Mrs Cailer.* How Secured *Mr. Chas M. Roberts*
 Charged to *Mr. Chas M. Roberts Umatilla Fla.* Shipped to *by auto to Umatilla Fla.*
 Date of Funeral *Feb 1st 1921* Date of Death *Jan 31st 1921 8:45 a.m.*
 Place of Death *O. G. Hospital* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *38* years *4* months *24* days
 Cause of Death *Aminia* Number of Burial Certificate *330*
 Certifying Physician *Mr. M. E. Ewan.* Plate engraved
 Clergyman *At Umatilla* Lot or grave No. Section
 Interment at *Astoria* Cemetery
 City *Astoria*
 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>June 6 Cr by check</i>	<i>20.00</i>
Metallic Lining			<i>Cr " seis</i>	<i>20.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance	<i>Emb. 35.00</i>			
Carriages	<i>C. Wagon at \$ 5.00</i>			
Flowers				
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>40.00</i>			<i>40.00</i>




REMARKS

About 5:30 in the evening Jan 31st 1921 the family took the body by auto to Umatilla Fla and buried in the Astoria Cemetery Feb 1st. Bought casket at Umatilla.

FUNERAL REGISTER

NO. *Estate J. Havenfort, 1/4 mi W. of Jellumood* DATE *Feb 7th 1921*
 Remains of *Mr J. J. Havenfort,* Residence *Jellumood, Fla.*
 Father's Name *Havenfort.* Residence *Not known.*
 Mother's Name *Not known.* How Secured *Shie & McChure (Undertakers) Kansas City, Mo.*
 Charged to *Shie & McChure (Undertakers)* Shipped to *Kansas City, Mo.*
 Date of Funeral *Feb - 1921* Date of Death *Feb 1st 1921*
 Place of Death *1/4 mile West of Jellumood.* Single or Married *Widower*
 Occupation of Deceased *Lumber (Retired)* Age *About 80* years months days
 Cause of Death *Accident (Fall from top of Water tower)* Number of Burial Certificate
 Certifying Physician *H. Carroll.* Plate engraved *At Rest.*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Kansas City*
 State *Mo.*

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 Cpf. Oct 30th</i>	125.00	Feb 11	Ex Express check.	227.50
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Blk Suit.</i>	20.00			
Embalming and Attendance <i>Emb.</i>	50.00			
Carriages <i>at \$</i>				
Flowers <i>Shaving & Bathing.</i>	5.00			
Hearse <i>Grey Car to Jellumood</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Casket Wagon.</i>	5.00			
Opening Grave				
Lining Grave <i>200</i>				
Grave Vault <i>Underwear Ed. Socks</i>	2.50			
Shipping Charges, Prepaid				
Total amount of bill	227.50			227.50

REMARKS

FUNERAL REGISTER

NO. *Estate of Mrs Clara Williams Anderson* DATE *Feb 3rd 1921*

Remains of *Mrs Clara Williams* Residence *Anderson, Ind.*

Father's Name *Jacob Weaver.* Residence *Penn.*

Mother's Name *Long.* How Secured *Scm.*

Charged to *J. E. Williams (son) Anderson, Ind. 126 W. 14th St* Shipped to *Shelbyville, Ind*

Date of Funeral *Feb - 1921* Date of Death *Feb 3rd 2 A.M. 1921*

Place of Death *Lakeview Ave,* Single or Married *Widow*

Occupation of Deceased *At Home.* Age *58* years *2* months *4* days

Cause of Death *Uremic Toxemia (Diabetes)* Number of Burial Certificate

Certifying Physician *Dr. Ford.* Plate engraved *Mother.*




Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Shelbyville.*

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 .

J. E. Williams 126 W. 14th St Anderson, Ind

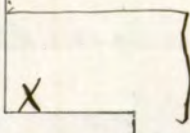


	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo R. En Clp.</i>	475.00	Mar 1	Pr by Check.	575.00
Metallic Lining <i>Yes</i>				
Outside Box <i>Steel Vault.</i>	75.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>at \$</i>				
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	575.00			575.00

REMARKS

FUNERAL REGISTER

NO. *Mr John. K. Carr, Winter Garden Fla.* DATE *Feb 4th 1921*
 Remains of *Thomas Wilborn Carr.* Residence *Winter Garden, Fla.*
 Father's Name *John K. Carr.* Residence *Winter Garden, Fla.*
 Mother's Name *Emma S. Gilmore.* How Secured *Father.*
 Charged to *John K. Carr (Father)* Shipped to *Buried in Orlando.*
 Date of Funeral *Feb 5th 1921* Date of Death *Feb 4th 1921 2:05 P.M.*
 Place of Death *C. General Hospital.* Single or Married *Single*
 Occupation of Deceased *✓* Age *✓* years *4* months *17* days
 Cause of Death *Bronchial Pneumonia.* Number of Burial Certificate
 Certifying Physician *Lt. M. E. Ewan.* Plate engraved *Carr & Darling*
 Clergyman *at Winter Garden.* Lot or grave No. *#27 N.W. 1/4* Section *Sec 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>3/8 White Plush.</i>	75.00	Feb 16	<i>Cr by Check</i>	130.50.
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Cavity</i>	15.00			
Carriages <i>Hudson</i> at \$	7.50			
Flowers				
Hearse <i>Auto.</i>	7.50			
Death notices in <i>Papers</i>				
Outlay for lot <i>N.W. 1/4 Sec J. #27</i>	12.50			
Opening Grave <i>Ed closing</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Flowers.</i>	8.00			
Total amount of bill	130.50			130.50

REMARKS

Opening & Closing grave
Lining box
Moving body to Station
Express on body

Apr 22 Cr by B. Lot 12.50
Apr 25th Cr .. Check 78.84
Cr .. Dis 1.00




25.00
31.68
3.17
66.39
\$91.29

\$91.29

FUNERAL REGISTER

NO. *Col. Hamon Lord. Change N. J.* DATE *of death Feb 4th*
 Remains of *Mrs Mary L. Lord.* Residence *Change N. J.*
 Father's Name *Thomas B. Loveland,* Residence *Penn.*
 Mother's Name *Mary Bandy.* How Secured *Husband.*
 Charged to *M Hamon Lord (Husband)* Shipped to *Newark N. J.*
 Date of Funeral *Feb - 1921* Date of Death *Feb 4th 1921 4:30 P.M.*
 Place of Death *Winter Park.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *65* years *8* months *11* days
 Cause of Death *Apoplexy.* Number of Burial Certificate
 Certifying Physician *H. H. Staid.* Plate engraved *Name & Date*
 Clergyman *Rev Vincent (Winter Park)* Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Newark.*
 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>6/3 Guy B. Co R. Co S.</i>	475.00	Feb 7	Cr by check.	629.09
Metallic Lining <i>yes</i>				
Outside Box <i>Req.</i>	20.00			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>W. H. H. H. H. H.</i>	50.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>R. R. Tickets & Pullman</i>	63.37			
Shipping charges, prepaid <i>Telegram</i>	72			
Total amount of bill	629.09			629.00

REMARKS

FUNERAL REGISTER

NO. *W. T. Brown (Father)* DATE *Feb 6th 1921*
 Remains of *James E. Brown* Residence *912 W. Church St.*
 Father's Name *W. T. Brown* Residence *Gardenville, Fla.*
 Mother's Name *Leant Know* How Secured *Sister & Brother*
 Charged to *W. T. Brown (Father)* Shipped to
 Date of Funeral *Feb- 1921* Date of Death *Feb 6th 1921 4 P.M.*
 Place of Death *Dr. Christ Office* Single or Married *Single*
 Occupation of Deceased *Window Sash Maker* Age *20* years *1* months *21* days
 Cause of Death *Crushed to death being run over by heavy truck* Number of Burial Certificate
 Certifying Physician *Dr. Christ* Plate engraved *At Rest*
 Clergyman *Lean Adcock* 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 . Designate site of monument thus .




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/4 Grey Casket Oct 3 P.T.</i>	110.00	<i>1921</i> Feb 9	<i>Cr by Cash.</i>	55.00
Metallic Lining <i>No.</i>		" 10	<i>Cr .. Check.</i>	50.00
Outside Box <i>Reg</i>		Mar 14	<i>Cr .. Telegraph Bill</i>	35.00
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon, at \$</i>	5.00			
Flowers <i>Hel box 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 <i>Exc Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
			<i>Can not collect Dis</i>	35.00
Total amount of bill	175.00			175.00

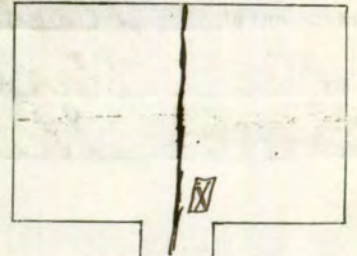
REMARKS

FUNERAL REGISTER

NO. *Mr Henry M. Fraser, 212 E Jackson St* DATE *Feb 8th 1921*
 Remains of *Mrs Clara E. Fraser.* Residence *212 E. Jackson St, City*
 Father's Name *Wm. H. Watson.* Residence *Penn.*
 Mother's Name *Clara E. Jenks.* How Secured *Husband.*
 Charged to *Mr Henry M. Fraser.* Shipped to *Buried in Orlando.*
 Date of Funeral *Feb 9th 1921 10 AM.* Date of Death *Feb 8th 1921 1:30 PM.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *72* years *7* months ☒ days
 Cause of Death *Acute dilatation* Number of Burial Certificate
 Certifying Physician *Lt. M. E. Egan.* Plate engraved *Mother.*
 Clergyman *Rev. M. E. Connell.* Lot or grave No. *223 S 1/2* Section *B.*
 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>5/4 Grey Cloth Oct 3 P.T.</i>	<i>135.00</i>	<i>Feb 15</i>	<i>Cr by Check.</i>	<i>200.00</i>
Metallic Lining <i>No</i>		<i>" 23</i>	<i>Cr " "</i>	<i>56.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>White S. Dress</i>	<i>27.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Hudson.</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 B S. 1/2 # 223</i>	<i>22.00</i>			
Opening Grave <i>End Closing</i>	<i>5.00</i>			
Lining Grave <i>Touring Car.</i>	<i>4.00</i>			
Grave Vault <i>Ex Auto</i>	<i>3.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>256.00</i>			<i>256.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate John H. Hunter Valley Falls N.Y.* DATE *Feb 10th 1921*

Remains of *Mr John. H. Hunter.* Residence *Valley Falls, N.Y.*

Father's Name *Harvey Hunter.* Residence *New York.*

Mother's Name *Katherine Keely.* How Secured *Estate*

Charged to *Mrs Mable Hunter (Wid)* Shipped to *Valley Falls, N.Y.*

Date of Funeral *Feb 15th 1921* Date of Death *Feb 10th 1921 8 p.m.*

Place of Death *405 W. Colonial Drive* Single or Married *Married.*

Occupation of Deceased *Farming.* Age *69* years ☒ months *16* days

Cause of Death *Coronary Sclerosis.* Number of Burial Certificate.

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




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Valley Falls*

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>3/4 Alb. Walnut S.H. Cap.</i>	285.00	Feb 15	Cr by Cash.	16.19
Metallic Lining		Mar 3	Cr " Check.	359.82
Outside Box <i>Reg. Painted</i>	15.00			
Burial Robe <i>Shaving & Shering</i>	5.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages at \$				
Flowers <i>Engraving Name Plate</i>	4.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegrams</i>	.82			
Shipping Charges, Prepaid <i>R.R. Tickets</i>	16.19			
Total amount of bill	376.01			376.01

REMARKS

FUNERAL REGISTER

NO. *Joseph F. Page Jr. Paoli Penn* DATE *Feb 10th 1921*
 Remains of *Mrs Josephine R. Page* Residence *Paoli, Penn.*
 Father's Name *Alfred M. Collins.* Residence *Philadelphia, Pa.*
 Mother's Name *Hannah Evans Collins.* How Secured *Husband*
 Charged to *M Joseph F. Page, Jr.* Shipped to *Philadelphia, Pa*
 Date of Funeral *Feb - 1921* Date of Death *Feb 10th 1921 1:30 P.M.*
 Place of Death *Winter Park.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *62* years *11* months *29* days
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate
 Certifying Physician *Dr. C. W. Lippincott* Plate engraved *Name & State.*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Philadelphia*
 State *Penn.*

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 Mahogany State</i>	<i>595.00</i>	<i>Mar 5</i>	<i>Cr by check</i>	<i>889.16</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Mhgy Finish</i>	<i>100.00</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				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram.</i>	<i>.82</i>			
Shipping charges, prepaid <i>R. R. Ticket Ballman,</i>	<i>148.34</i>			
Total amount of bill	<i>889.16</i>			<i>889.16</i>

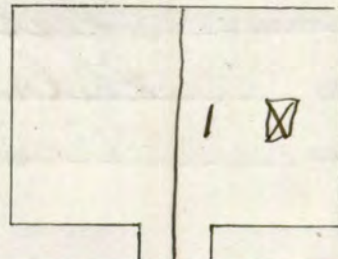
REMARKS

FUNERAL REGISTER

NO. *Estate Richard Hubbard Roberts* 508 *Magnolia* *St. Clair* *Feb 11th* 1921
 Remains of *Richard Hubbard Roberts*, Residence *508 N. Magnolia Ave.*,
 Father's Name *Elizal Hubbard Roberts*, Residence *Middleton, Conn.*,
 Mother's Name *Emma Pratt*, How Secured *Estate*.
 Charged to *Mrs E. H. Page (Ft Myers)* Shipped to *Buried in Orlando*.
 Date of Funeral *Feb 12th 1921 4 P.M.* Date of Death *Feb 11th 1921 2 A.M.*
 Place of Death *Residence*, Single or Married *Widower*.
 Occupation of Deceased *Laundry Manufacturer of Machinery*, Age *81* years *3* months *26* days
 Cause of Death *Cerebral Hemorrhage*, Number of Burial Certificate
 Certifying Physician *Dr. Beardall*, Plate engraved *Name & Date*,
 Clergyman *Rev. M. E. Cornell*, Lot or grave No. *412 S 1/2 Section 2*
 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 Guy B. Co. Elftic</i>	<i>425.00</i>	<i>Mar 2</i>	<i>En by Check.</i>	<i>534.50</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Req.</i>	<i>0.00</i>			
Burial Robe <i>White Shirt</i>	<i>3.50</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>1 Hudson Car. at \$</i>	<i>5.00</i>			
Flowers <i>Touring Car</i>	<i>4.00</i>			
Hearse <i>Auto Funeled Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>S 1/2 Sec 2 T 112</i>				
Opening Grave <i>of Closing grave</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon</i>	<i>5.00</i>			
Grave Vault <i>Six Pall Hearers</i>	<i>18.00</i>			
Shipping Charges, Prepaid <i>Minister</i>	<i>10.00</i>			
<i>Mr Wade.</i>	<i>5.00</i>			
<i>Ex Auto</i>	<i>4.00</i>			
Total amount of bill	<i>534.50</i>			<i>534.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mortimer C. Havis* DATE *Feb 14th 1921*
East Charleston, Vermont
 Remains of *M Mortimer C. Havis* Residence *East Charleston, Vermont*
 Father's Name *Samuel Havis* Residence *Vermont*
 Mother's Name *Laura Cole (Havis)* How Secured *Estate & Son*
 Charged to *O. P. Havis (Son)* Shipped to *East Charleston, Vermont*
 Date of Funeral *Feb 15th 1921 3:30 PM* Date of Death *Feb 14th 1921 6 PM*
 Place of Death *207 E. South St.* Single or Married *Widower*
 Occupation of Deceased *Farmer (Retired)* Age *84* years *8* months *12* days
 Cause of Death *Chronic Intestinal Nephritis* Number of Burial Certificate
 Certifying Physician *Mr. Roney* Plate engraved *At Rest*
 Clergyman *Rev. W. C. Connell* Lot or grave No. Section
 Interment at *Hestimation* Cemetery
 City *East Charleston*
 State *Vermont*

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
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Coffin or Casket	<i>1/2 Blk B.Cs. S. H. Cap.</i>	<i>196.00</i>	<i>Feb 19th by check.</i>	<i>312.50</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Lined & Painted</i>	<i>35.00</i>		
Burial Robe	<i>Black Lint.</i>	<i>30.00</i>		
Embalming and Attendance	<i>Emb. & Att.</i>	<i>40.00</i>		
Carriages	<i>C. Wagon 2, at \$ 5.00</i>	<i>10.00</i>		
Flowers	<i>Underwear & Locke.</i>	<i>2.50</i>		
Hearse				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill

*312.50**312.50*

REMARKS

Shipped on train 84 Apr 26-1921

FUNERAL REGISTER

NO. *W. W. Lott. 720 Grand Ave, Orlando, Fla.* DATE *Feb 15th 1921*

Remains of *Mary Elma Lott.* Residence *720 Grand Ave, Orlando, Fla.*

Father's Name *W. K. Lott.* Residence *720 Grand Ave, Orlando, Fla.*

Mother's Name *Marie Novinger (Lott.)* How Secured *Father.*

Charged to *W. K. Lott. (Father)* Shipped to *Buried in Orlando.*

Date of Funeral *Feb 16th 1921 10:30 a.m.* Date of Death *Feb 15th 1921 2 P.m.*

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

Occupation of Deceased *V* Age *1* years *2* months *21* days

Cause of Death *Cardiac Failure.* Number of Burial Certificate

Certifying Physician *Dr. Craney.* Plate engraved *An Darling.*


Clergyman *Mrs. W. Luffie* Lot or grave No. *88 N.E. 1/4 Section J.*

Interment at *Greenwood Cemetery*

City *Orlando, Fla.*

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 1/2 H. L Skin Act N.T.</i>	<i>35.00</i>	<i>Sept 27</i>	<i>Cr by Cash.</i>	<i>15.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Canby</i>	<i>5.00</i>			
Carriages <i>Auto</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>Ex Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>50.00</i>			

REMARKS

FUNERAL REGISTER

NO. *Mar Marshal T. Flake Cincinnati* DATE *Feb 16th 1921*

Remains of *Mrs Jane Flake.* Residence *Cincinnati, Ohio*

Father's Name *J. M. McEntogh.* Residence *Hamilton, Ohio*

Mother's Name *Malissa Carvain.* How Secured *Estate.*

Charged to *W. L. Freeman Son in law* Shipped to *Cincinnati, Ohio.*

Date of Funeral *Feb 17th 1921* Date of Death *Feb 16th 1921 74 m.*

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

Occupation of Deceased *At Home.* Age *77* years *7* months *22* days

Cause of Death *Acute Edema of Lungs.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan.* Plate engraved *Name & State.*




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

Interment at *Hestination Cemetery*

City *Cincinnati*

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>1/2 Blk B. Clo. Act 4. Top</i>	<i>275.00</i>	<i>May 19</i>	<i>En by check.</i>	<i>355.00</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Reg Painted</i>	<i>10.00</i>			
Burial Robe <i>Dressing.</i>	<i>5.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i>	<i>at \$ 10.00</i>			
Flowers <i>Engraving Name Plate</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				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>355.00</i>			<i>355.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr L. W. Nichols 303 S. Hughey St.* DATE *Feb 16th 1921*

Remains of *Infant.*
 Father's Name *L. W. Nichols*
 Mother's Name *Elizabeth Hammett Nichols*
 Charged to *L. W. Nichols Father*
 Date of Funeral *Feb 17th 1921*
 Place of Death *Residence*
 Occupation of Deceased
 Cause of Death *Insufficiency*
 Certifying Physician *Dr. Roney*
 Clergyman *None*
 Interment at *Greenwood Cemetery*
 City *Orlando*
 State *Fla.*

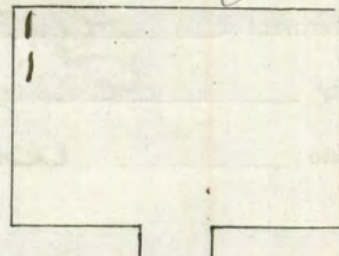
Residence *303 S. Hughey St*
 Residence *303 S. Hughey, Ala*
 How Secured *Father*
 Shipped to *Buried in Orlando*
 Date of Death *Feb 16th 1921 4 P.M.*
 Single or Married *Single*
 Age *✓* years *✓* months *✓* *4 hrs* days

Number of Burial Certificate

Plate engraved *Our Darling*Lot or grave No. *#142* Section *J*

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>2/14 Made Square</i>	7.50	Feb 17	Cr by check	12.50
Metallic Lining		" 24	Cr by Grave Exchange for Lot.	3.00
Outside Box <i>Req.</i>		Mar 1	Cr " check	26.00
Burial Robe		June 3	Cr " Cash	10.00
Embalming and Attendance		Aug 3	Cr " Cash	10.00
Carriages at \$		Oct 3	Cr " Cash	6.00
Flowers				
Hearse <i>Towing Car</i>	2.00			
Death notices in Papers				
Outlay for lot <i>#142 Sec J.</i>	40.00			
Opening Grave <i>Moving 2 infants and closing graves</i>	13.00			
Lining Grave <i>Single grave</i>	3.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	67.50			67.50

REMARKS

FUNERAL REGISTER

NO. *Estate Alfred B. Hutchinson, Trenton, N. J.* DATE *of death Feb 18th 1921*

Remains of *Mr Alfred B. Hutchinson* Residence *Trenton New Jersey.*

Father's Name *Geo. A. Hutchinson* Residence *New Jersey.*

Mother's Name *Don't Know.* How Secured *Estate*

Charged to *Mr. G. H. Hutchinson (Son)* Shipped to *Trenton, New Jersey.*

Date of Funeral *Feb - 1921* Date of Death *Feb 18th 1921 12:15*

Place of Death *Fla Sanitarium* Single or Married *Widower*

Occupation of Deceased *Real Estate* Age *81* years months days

Cause of Death *Myocarditis.* Number of Burial Certificate

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



Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination.* Cemetery

City *Trenton*

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>5/9 Blk. B. Clo. Net 3 P.T.</i>	<i>175.00</i>	<i>Feb 19</i>	<i>Cr by check.</i>	<i>281.84</i>
Metallic Lining <i>No</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>Engraving Name Plate</i>	<i>4.00</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>R. R. Ticket & Pullman</i>	<i>57.84</i>			
Shipping charges, prepaid				
Total amount of bill	<i>281.84</i>			<i>281.84</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mary Elizabeth Hunt, 606 N. Orange* DATE *Feb 20th 1921*
 Remains of *Mrs Mary Elizabeth Hunt*, Residence *606 N. Orange Ave.*
 Father's Name *Jacob Richards*, Residence *Mass.*
 Mother's Name *Hunt know*, How Secured *Estate*
 Charged to *Estate*, Shipped to *Weymouth, Mass.*
 Date of Funeral *Feb 21st 1921 4 P.M.*, Date of Death *Feb 20th 1921 1:30 a.m.*
 Place of Death *4 Miles N.W. of Orlando*, Single or Married *Widow*
 Occupation of Deceased *at home*, Age *90* years months days
 Cause of Death *Senility*, Number of Burial Certificate
 Certifying Physician *Dr. M. E. Ewan*, Plate engraved *Name*
 Clergyman *Dean Glass*, Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Weymouth*
 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>3 Grey B.Cs N.C.B.</i>	525.00	<i>Mar 3</i>	<i>By check.</i>	707.53
Metallic Lining <i>Yes.</i>			<i>By Mr Massey.</i>	
Outside Box <i>Reg Painted</i>				
Burial Robe <i>Grey Silk</i>	20.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon</i> at \$	3.00			
Flowers				
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Express to Restoration</i>	106.16			
Shipping Charges, Prepaid <i>Telegram</i>	1.37			
Total amount of bill	707.53			707.53

REMARKS *June 8 - mailed statement to L & Massey*

FUNERAL REGISTER

NO. *Estate James I. Kay, Pittsburg, Pa.* DATE *Feb 20th 1921*

Remains of *Mr James I. Kay* Residence *Pittsburg, Pa.*

Father's Name *Fredrick L. Kay* Residence *England*

Mother's Name *Anna Conrad* How Secured *Estate*

Charged to *Mrs Jennie Kay (Wife)* Shipped to *East Liberty, Pa.*

Date of Funeral *Feb 23rd 1921* Date of Death *Feb 20th 1921 3A.M.*

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

Occupation of Deceased *Druggist (Retired)* Age *67* years *6* months *8* days

Cause of Death *Pulmonary Edema, Myocarditis* Number of Burial Certificate

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

Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *East Liberty*

State *Penn.*

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 =.

James I.
Mrs Jennie Kay 5440 Forbes St. Pittsburg, Pa.

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

Coffin or Casket	<i>3 Grey B. Clo R. Cr. State</i>	<i>750.00</i>	<i>Mar 14</i>	<i>Tr by Check.</i>	<i>900.00</i>
Metallic Lining	<i>Yes</i>				
Outside Box	<i>White Finish</i>	<i>100.00</i>			
Burial Robe					
Embalming and Attendance	<i>Ed Sharning</i>	<i>40.00</i>			
Carriages	<i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers					
Hearse					
Death notices in	<i>Papers</i>				
Outlay for lot					
Opening Grave					
Lining Grave					
Grave Vault					
Shipping charges, prepaid					

Total amount of bill

900.00

900.00

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Susan H. Lyster, Winter Park, Fla.* DATE *Feb 20th 1921*

Remains of *Mrs Susan H. Lyster.* Residence *Winter Park, Fla.*

Father's Name *Oliver H. Palmer.* Residence *Palmyra, N. Y.*

Mother's Name *Susan Hart.* How Secured *Estate & Children.*

Charged to *George P. Lyster (Son)* Shipped to *Washington, D. C.*

Date of Funeral *Feb 22nd 1921 8:30 P.M.* Date of Death *Feb 20th 1921 8 A.M.*

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

Occupation of Deceased *At Home.* Age *67* years *4* months *28* days

Cause of Death *Oedema of Lungs.* Number of Burial Certificate




Certifying Physician *Dr. M. E. Egan.* Plate engraved *Name & State*

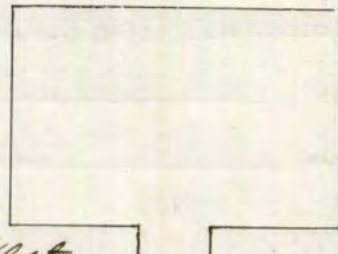
Clergyman *Rev Parker.* Lot or grave No. Section

Interment at *Destin 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 .



Mr George P. Lyster 29 Washington Sq - West New York, City

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey B. Co. R. Co. S.</i>	<i>200.00</i>	<i>Mar 7</i>	<i>En by Check.</i>	<i>357.78</i>
Metallic Lining				
Outside Box <i>Reg Painted</i>	<i>10.00</i>			
Burial Robe <i>White Silk Gilette</i>				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers <i>White Silk Cord.</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				
Grave Vault <i>Rent & Storage 200 Chairs</i>	<i>20.00</i>			
Shipping Charges, Prepaid <i>R.R. Tickets</i>	<i>72.78</i>			
Total amount of bill	<i>357.78</i>			<i>357.78</i>

REMARKS




Mrs Packard will pay for dress 37.50 and silk cord 4.00 Paid May 7th by chk. \$41.50

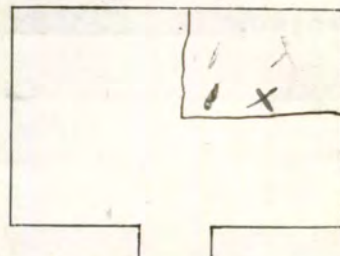
FUNERAL REGISTER

101

NO. *Estate Wm W. Mallard 402 W. Gore Ave* DATE of Death *Feb 21st 1921*
Remains of *Mr William W. Mallard* Residence *402 W. Gore Ave City*
Father's Name *Leont Know* Residence *Leont Know*
Mother's Name *Leont Know* How Secured *Estate & Son*
Charged to *Harry Mallard (Son)* Shipped to *Buried in Orlando*
Date of Funeral *Feb 23rd 1921 10 A.M.* Date of Death *Feb 21st 1921 5:45 P.M.*
Place of Death *Residence* Single or Married *Widower*
Occupation of Deceased *Merchant (Retired)* Age *76* years *1* months *1* days
Cause of Death *Apoplexy* Number of Burial Certificate
Certifying Physician *Dr. J. B. Callahan* Plate engraved *At Rest*
Clergyman *E. Lee Smith* Lot or grave No. *221 S.E. 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>1/2 Guy Cope Act 3 P. Top.</i>	<i>125.00</i>	<i>Feb 23</i>	<i>Dr by Check.</i>	<i>218.00</i>
Metallic Lining <i>✓</i>		<i>" 23</i>	<i>Dr ..</i>	<i>5.00</i>
Outside Box <i>Reg</i>				
Burial Robe <i>Blk B. Suit.</i>	<i>17.50</i>			
Embalming and Attendance <i>Emb.</i>	<i>40.00</i>			
Carriages <i>Closed Car at \$</i>	<i>5.00</i>			
Flowers <i>Touring 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 <i>#221 S.E. 1/4 Sec H</i>				
Opening Grave <i>and Closing.</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Grave Vault <i>Underwear & Socks</i>	<i>2.50</i>			
Shipping charges, prepaid <i>Ex Car.</i>	<i>4.00</i>			
Total amount of bill	<i>223.00</i>			<i>223.00</i>

REMARKS

FUNERAL REGISTER

NO. *Thomas Wilson Lockhart, Fla.* DATE *Feb 22nd 1921*
 Remains of *Wm Wilson* Residence *Lockhart, Fla.*
 Father's Name *Thomas A. Wilson* Residence *Georgia*
 Mother's Name *Miss Bullington Wilson* How Secured *Mother & Brothers*
 Charged to *M Thomas Wilson (Brother)* Shipped to *Rebecca, Ga.*
 Date of Funeral *Feb 22nd 1921 8 P.M.* Date of Death *Feb 22nd 1921 3.4. m.*
 Place of Death *O. G. Hospital* Single or Married *Single*
 Occupation of Deceased *Hay Laborer* Age *21 years 9 months 24 days*
 Cause of Death *Pyemia* Number of Burial Certificate
 Certifying Physician *Lt. M. E. Evan* Plate engraved *At Rest*
 Clergyman *E. Lee Smith* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Rebecca*
 State *Georgia*
See - 3 - 21 *S. E. Wilson*
Send mail Orlando P.O. Box 69 -

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 Grey Casket</i>	<i>125.00</i>	<i>1923 Jan 6</i>	<i>Gr. by cash.</i>	<i>5.00</i>
Metallic Lining <i>✓</i>		<i>Jan 15</i>	<i>Gr. " "</i>	<i>10.00</i>
Outside Box <i>Reg</i>		<i>Jan 29</i>	<i>Gr. " "</i>	<i>5.00</i>
Burial Robe <i>Blk. B. Suit.</i>	<i>20.00</i>	<i>Feb 26</i>	<i>Gr. " "</i>	<i>5.00</i>
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>	<i>Mar 8</i>	<i>Gr. " "</i>	<i>30.00</i>
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>	<i>Mar 17</i>	<i>Gr. " "</i>	<i>40.00</i>
Flowers		<i>Mar 22</i>	<i>Gr. " "</i>	<i>26.38</i>
Hearse		<i>Mar 30</i>	<i>Gr. " "</i>	<i>10.00</i>
Death notices in <i>2</i> Papers		<i>1924 Dec 6</i>	<i>Gr. " "</i>	<i>25.00</i>
Outlay for lot		<i>1925 Mar 21</i>	<i>Gr. " "</i>	<i>10.00</i>
Opening Grave		<i>1926 Jan 2</i>	<i>Gr. " "</i>	<i>55.00</i>
Lining Grave				
Grave Vault <i>Underwear + Socks</i>	<i>2.50</i>			
Shipping Charges, Prepaid <i>R.R. Tickets</i>	<i>28.88</i>			
Total amount of bill	<i>221.38</i>			<i>221.38</i>

REMARKS

FUNERAL REGISTER

NO. *Mrs. Harriet Hunt, Ravenna, O.* DATE *Feb 21st 1921*

Remains of *Mrs. E. Grace Letts.* Residence *Ravenna, Ohio.*

Father's Name *Mr. W. M. Smith.* Residence *Ohio.*

Mother's Name *Harriet Hunt.* How Secured *Mother.*

Charged to *Mrs. Harriet Hunt (Mother)* Shipped to *Ravenna Ohio.*

Date of Funeral *Spring 1921* Date of Death *Feb 21st 1921 11:30 a.m.*

Place of Death *206 W. Central ave* Single or Married *Married*

Occupation of Deceased *At Home.* Age *44* years *7* months *24* days

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

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




Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Ravenna*

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>4/3 Grey B. Clo. Velv. Top.</i>	<i>395.00</i>	<i>Feb 22</i>	<i>Cr by check.</i>	<i>135.00</i>
Metallic Lining <i>yes</i>		<i>Apr 4</i>	<i>Cr " W. Union chks.</i>	<i>364.20</i>
Outside Box <i>Reg - Painted.</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				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>R. R. ticket to</i>				
<i>Ravenna Ohio.</i>	<i>47.80</i>			
<i>R.R. to fax and return.</i>	<i>11.40</i>			
Total amount of bill	<i>499.20</i>			<i>499.20</i>

REMARKS

FUNERAL REGISTER

NO. *Estate of B. Palmer 22 E. Church St.* DATE *Feb 23rd 1921*

Remains of *Mr B. Palmer* Residence *22 E. Church St.*

Father's Name *Gilbi Palmer* Residence *Hart Know*

Mother's Name *Hart Know* How Secured *Wife*

Charged to *Mrs Florence Palmer* Shipped to *Buried in Atlanta*

Date of Funeral *Feb 27th 1921 2 P.M.* Date of Death *Feb 23rd 1921 11 P.M.*

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

Occupation of Deceased *Real Estate* Age *44* years *3* months *9* days

Cause of Death *Cardio-Respir Disease* Number of Burial Certificate

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

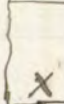
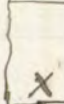
Clergyman *Dean Adcock* Lot or grave No. *130 S.W. 1/4 Sec 2*

Interment at *Greenwood Cemetery* *Bought lot of Lydia C. Stal*

City *Atlanta*

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 Casket</i>	<i>115.00</i>	<i>Mar 7</i>	<i>Dr by Cash.</i>	<i>31.50</i>
Metallic Lining <i>✓</i>		<i>Mar 4</i>	<i>Dr .. Check.</i>	<i>25.00</i>
Outside Box <i>Req.</i>		<i>Dec 24</i>	<i>Dr .. Cash.</i>	<i>10.00</i>
Burial Robe <i>✓</i>		<i>Mar 6</i>	<i>Dr .. Cash.</i>	<i>15.00</i>
Embalming and Attendance <i>W. Shaving</i>	<i>40.00</i>	<i>June 26</i>	<i>Dr .. Cash.</i>	<i>50.00</i>
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>	<i>Dec 23</i>	<i>Dr .. Cash.</i>	<i>15.00</i>
Flowers <i>Closed Car.</i>	<i>5.00</i>	<i>Apr 10</i>	<i>Dr .. Check.</i>	<i>25.00</i>
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>	<i>July 9</i>	<i>Dr .. Check.</i>	<i>22.50</i>
Death notices in <i>2</i> Papers		<i>Dec 3</i>	<i>Dr .. Cash.</i>	<i>10.00</i>
Outlay for lot # <i>130 S.W. 1/4 Sec 2</i>	<i>17.50</i>	<i>Sept 1</i>	<i>Dr .. Cash.</i>	<i>2.50</i>
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave <i>Tommy Car.</i>	<i>4.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>206.50</i>			<i>206.50</i>

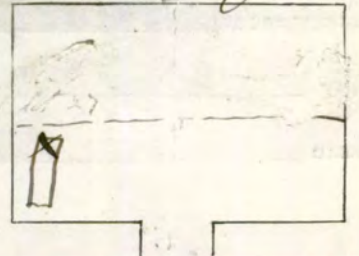
REMARKS

FUNERAL REGISTER

NO. *Estate Samuel H. Lindsay, 407 Long St.* DATE *1921 Feb 25th*
 Remains of *Mr Samuel H. Lindsay.* Residence *407 Long St.*
 Father's Name *John Lindsay.* Residence *Scotland*
 Mother's Name *Margaret Batts Lindsay* How Secured *Estate*
 Charged to *Mrs Violet Lindsay (Wife)* Shipped to *Buried in Ireland*
 Date of Funeral *Feb 26th 1921 11 A.M.* Date of Death *Feb 25th 1921 3 A.M.*
 Place of Death *Residence.* ~~Single~~ or Married *Married*
 Occupation of Deceased *Cardiac & Builder.* Age *72* years *4* months *10* days
 Cause of Death *Mythral Insufficiency.* Number of Burial Certificate
 Certifying Physician *Dr. Beathal.* Plate engraved *Father.*
 Clergyman *Captain of Salvation Army.* Lot or grave No *40* ~~42~~ Section *J.*
 Interment at *Greenwood* Cemetery
 City *Oreland,*
 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>6/3 Grey B. Clo R. Cor. State</i>	<i>225.00</i>	<i>May 9</i>	<i>Cr by Check.</i>	<i>317.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Ex Shaving</i>	<i>35.00</i>			
Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>Hudson Car & T. Car.</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>Sec 9 W. 1/4 # 40</i>	<i>22.00</i>			
Opening Grave <i>Exc Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>317.00</i>			<i>317.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Chester Simmons* DATE *Feb 26th 1921*

Remains of *Mr Chester Simmons* Residence *Minneapolis Minn*

Father's Name *Chas. W. Simmons* Residence *England*

Mother's Name *Mrs White Simmons* How Secured *Estate*

Charged to *Mrs Fanny B. Simmons* Shipped to *Minneapolis Minn*

Date of Funeral *March - 1921* Date of Death *Feb 26th - 4th M 1921*

Place of Death *Seminole Hotel Winter Park* Single or Married *Widower*

Occupation of Deceased *Retired* Age *70* years *2* months ☒ days

Cause of Death *Intestinal Obstruction* Number of Burial Certificate

Certifying Physician *Lt. H. H. Ford* Plate engraved *Plain*




Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Minneapolis*

State *Minn.*

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. Co. R. Co. S.</i>	<i>425.00</i>	<i>Feb 26</i>	<i>a. B. C. Tr by Cheque</i>	<i>846.49</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Ed Shannig</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2nd at \$ 5.00)</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>R.R. Ticket & Pullman</i>	<i>371.49</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>846.49</i>			<i>846.49</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Henry Scott. 207 W. Pine St.* DATE *Feb 26th 1921*

Remains of *Infant of Mr & Mrs Henry Scott* Residence *207 W. Pine St.*

Father's Name *Henry Scott.* Residence *207 W. Pine St.*

Mother's Name *Oliver Lee Scott.* How Secured *Father.*

Charged to *Mr Henry Scott (Father)* Shipped to *Buried in Orlando, Fla. 4 a.m.*

Date of Funeral *Feb 26th 1921* Date of Death *Feb 26th 1921*

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. Beardal.* Plate engraved *Our Darling*




Clergyman *Captain Salvation Army.* Lot or grave No. *218 S.W. 1/4* Section *7*

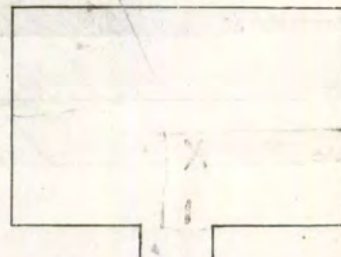
Interment at *Greenwood* Cemetery

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>4/8 N. Made Sq.</i>	8.00	<i>Feb 28</i>	<i>Cr by cash.</i>	10.00
Metallic Lining <i>✓</i>		<i>1928</i>		
Outside Box <i>Reg</i>		<i>June 25</i>	<i>Cr Charity</i>	6.00
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Auto & Service</i>	3.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave.</i>	2.00			
Opening Grave <i>End Closing</i>	3.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	16.00			16.00

REMARKS

FUNERAL REGISTER

NO. *Estate Joshua T. Parson 402 E. Jackson St. Feb 27th 1921* DATE *Feb 27th 1921*

Remains of *Mr Joshua T. Parson* Residence *402 E. Jackson St,*

Father's Name *J. T. Parson* Residence *Kentucky.*

Mother's Name *Mary E. Bell (Parson)* How Secured *Estate*

Charged to *Mrs Mary V. Parson (Wife)* Shipped to *Springfield, Tenn.*

Date of Funeral *March 1921* Date of Death *Feb 27th 1921 1:30 a.m.*

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

Occupation of Deceased *Farmer (Retired)* Age *44* years *8* months *16* days

Cause of Death *Cardiac Asthma* Number of Burial Certificate

Certifying Physician *J. H. Chiles* Plate engraved *Name & State*




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Springfield*

State *Tenn.*

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 Grey B. Clo S. H. Cap</i>	650.00	<i>1922 Mar 13</i>	<i>N. L. Trimble</i> <i>Cr. by Check</i>	788.50
Metallic Lining <i>Yes.</i>		<i>" 13</i>	<i>Cr. " Check</i>	96.50
Outside Box <i>Steel Vault</i>	100.00	<i>" 13</i>	<i>Cr. " Lis.</i>	50.09
Burial Robe				
Embalming and Attendance <i>by Sharning</i>	40.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Shut collar Tie Und. & etc</i>	7.25			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>P. R. Tichels & Pullman</i>	127.84			
Shipping Charges, Prepaid				
Total amount of bill	935.09			935.09




REMARKS *administade**1921*
Nov 15 gave acct to Robinson & Bridges

Mrs N. L. Trimble
Citizens Nat. Bank
Russellville
Ky
Oct 12 1921

FUNERAL REGISTER

NO. *M. L. Gingrich* 4 Columbia Ave. DATE *Feb 28* 1921
 Remains of *Infant*. Residence *4 Columbia Ave, City*
 Father's Name *L. Gingrich*. Residence *4 Columbia Ave, "*
 Mother's Name *Ruth Yerkes (Gingrich)* How Secured *Father*.
 Charged to *L. Gingrich*. Shipped to *Buried in Orlando*
 Date of Funeral *Feb 28th 1921 2:30 P.M.* Date of Death *Feb 28th 5:30 A.M.*
 Place of Death *City Hospital* Single or ~~Married~~ *Single*
 Occupation of Deceased *✓* Age *✓* years *✓* months *5* days
 Cause of Death *Anamtion* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *Our Darling*.
 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>4014 Made Sq.</i>	<i>8.00</i>	<i>Feb 28</i>	<i>By Cash</i>	<i>14.00</i>
Metallic Lining				
Outside Box <i>Reg</i>				
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>2.00</i>			
Opening Grave <i>and Closing</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>14.00</i>			<i>14.00</i>

REMARKS

FUNERAL REGISTER




NO. *Estate William Shuck Lake Wales Fla.* DATE *of death Mar 1st 1921*Remains of *Mr William Shuck.*Residence *Lake Wales Fla.*Father's Name *Don't know.*Residence *Don't know.*Mother's Name *Don't know.*How Secured *Estate of Brother*Charged to *Mr. M. Roberts, Lake Wales Fla.*Shipped to *Monistown, Ind.*Date of Funeral *March - 1921*Date of Death *Mar 1st 1921 8PM.*Place of Death *O. G. Hospital*Single or Married *Single*Occupation of Deceased *Retired.*Age *74* years months daysCause of Death *Nephritis. Chronic.*Number of Burial Certificate *364*Certifying Physician *Dr. Kline.*Plate engraved *At Rest*Clergyman *Destination.*

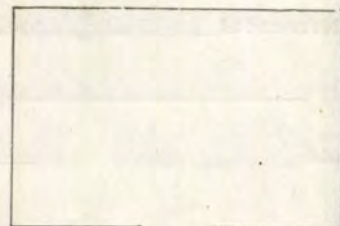
Lot or grave No.

Section

Interment at *Destination* CemeteryCity *Monistown*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 .



Send bill to
Mr M. Roberts (Executor) Lake Wales, Fla. Box 723
Phone 184 (Crown Cafe)

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Grey B. Clo. S. H. Cap</i>	200.00	<i>Apr 4 1921</i>	<i>Cr. by Check.</i>	175.00
Metallic Lining <i>No</i>		<i>June 23 1924</i>	<i>Cr. by Check.</i>	188.86
Outside Box <i>Reg Painted</i>	15.00			
Burial Robe <i>Black. B. Suit</i>	15.00			
Embalming and Attendance <i>of Shaving</i>	40.00			
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 <i>Underwear & Sock</i>	2.50			
Grave Vault <i>Express.</i>	79.74			
Shipping Charges, Prepaid				
<i>Telegram.</i>	1.62			
Total amount of bill	363.86			363.86

REMARKS

*Notify A. E. Shuck (Brother) 529 Wallace St
 Indianapolis, Ind.*

75.74
 350.90
 79.74

FUNERAL REGISTER

1921

NO. *Estate of Mrs Katherine M^cCallum Page* DATE *of Death Mar 1st*

Remains of *Mrs Katherine M^cCallum Page*, Residence *Le Land, Fla E. New York Ave*

Father's Name *Luncan M^cCallum* Residence *Scotland*

Mother's Name *Clarissa Wilcox (M^cCallum, niece)* How Secured *Estate, Houghton*

Charged to *Estate (Mrs A. M^cCallum Gordon)* Shipped to *New York City*

Date of Funeral *March 2nd 1921* Date of Death *Mar 1st 1921 10 P.M.*

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

Occupation of Deceased *At Home* Age *57* years *2* months *23* days

Cause of Death *Acute Dilatation of heart* Number of Burial Certificate *363*

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



Clergyman *at Le Land* Lot or grave No. _____ Section _____

Interment at *Restoration Cemetery*

City *New York City*

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>Gray B. Clo. Electric</i>	<i>490.00</i>	<i>May 23</i>	<i>Pa. by Check.</i>	<i>925.32</i>
Metallic Lining				
Outside Box <i>Mahogany</i>	<i>150.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>50.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>2 Trip to Le Land</i>	<i>100.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>100 chains & survey</i>	<i>10.00</i>			
Opening Grave				
Lining Grave				
Grave Vault <i>Telegrams</i>	<i>4.19</i>			
Shipping charges, prepaid <i>R. R. Tickets & Sect</i>	<i>116.13</i>			
<i>Le Land Box to Le Land Junction & House</i>				
Total amount of bill	<i>925.32</i>			<i>925.32</i>

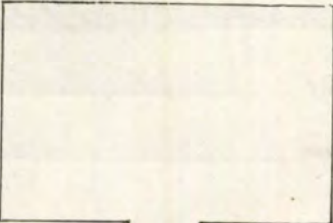
REMARKS *Send Statement to*
Mrs Adelaide Gordon - Le Land

FUNERAL REGISTER

NO. *Estate Rev William M. Pettis, H.H. 106 America St City* DATE *Mar 1st 1921*

Remains of *Rev. William M. Pettis H. H.* Residence *106 America St City*
Father's Name *Madison Pettis.* Residence *Virginia.*
Mother's Name *Elija Semple* How Secured *Estate & Houghton*
Charged to *Miss E. Semple Pettis (Daughter)* Shipped to *Washington D.C.*
Date of Funeral *Mar - 1921* Date of Death *Mar 1st 1921 11 P.m.*
Place of Death *Residence* Single or Married *Widowed*
Occupation of Deceased *Pastor in Episcopal Church* Age *83 years 4 months 15 days*
Cause of Death *Angina Pectoris.* Number of Burial Certificate
Certifying Physician *Dr. Chiles.* Plate engraved *Name & Date*
Clergyman *Dean 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 **=**.



Wm Wm W. Pettis 416-417 First Nat Bank Bldg. Cincinnati, Ohio.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>43 Blk. B. Co. Oct 30. 74.</i>	<i>190.00</i>	<i>Apr 29</i>	<i>Gr by Check.</i>	<i>244.00</i>
Metallic Lining				
Outside Box <i>Reg Painted</i>				
Burial Robe <i>Eng Name Plate</i>	<i>4.00</i>			
Embalming and Attendance <i>W. Houghton</i>	<i>40.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>244.00</i>			<i>244.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mrs George Sexter, Lancaster New Hampshire* DATE *1921*
 Remains of *M Fredrick Genge Sexter.* Residence *Lancaster New Hampshire*
 Father's Name *George Sexter.* Residence *Lancaster New Hampshire*
 Mother's Name *Lillian Stevens Sexter.* How Secured *Mother.*
 Charged to *Mrs George Sexter.* Shipped to *Lancaster New Hampshire*
 Date of Funeral *March 2nd 1921 8 P.M.* Date of Death *Mar 2nd 1921 4 P.M.*
 Place of Death *Auto Tourist's Camp.* Single or Married *Single*
 Occupation of Deceased *Farming.* Age *22* years *1* months *1* days
 Cause of Death *Pulmonary Tuberculosis.* Number of Burial Certificate *362*
 Certifying Physician *Dr. Beardhal.* Plate engraved *At Rest.*
 Clergyman *E. Lee. Smith* Lot or grave No. Section
 Interment at *Hestination Cemetery*
 City *Lancaster.*
 State *New Hampshire.*

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 Grey Hloc Oct 30. Tot.</i>	<i>135.00</i>	<i>Mar 2</i>	<i>Cash</i> <i>Or by check.</i>	<i>299.27</i>
Metallic Lining				
Outside Box <i>Reg Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb & Ther.</i>	<i>40.00</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				
Grave Vault				
Shipping charges, prepaid <i>Ex to Hestination</i>	<i>108.82</i>			
<i>War Tax</i>	<i>5.45</i>			
Total amount of bill	<i>299.27</i>			<i>299.27</i>

REMARKS

FUNERAL REGISTER.

NO. *Estate Charles Pierce* *116 Putman St* *1921* DATE *of Death Mar 1st*
 Remains of *Mr Charles Pierce* Residence *116 Putman St City*
 Father's Name *Joseph Pierce* Residence *New York*
 Mother's Name *Not Known* How Secured *Wife & Estate*
 Charged to *Mrs Emma C. Pierce* Shipped to *Coshocton, Ohio*
 Date of Funeral *March - 1921* Date of Death *March 1st 1921 6:30 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Mechanic Retired* Age *73* years *10* months *11* days
 Cause of Death *Was dead when he saw him* Number of Burial Certificate *361*
 Certifying Physician *Dr. Crenshaw* Plate engraved *At Rest*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Coshocton*
 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>9/16 Blk Cope Oct 30/21</i>	100.00	Mar 2	<i>Cr by cash.</i>	244.45
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Embs Shaw</i>	40.00			
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 <i>Shirt 2.00 Underwear 2.00 Collar .25</i>	4.25			
Grave Vault <i>Express.</i>	87.14			
Shipping Charges, Prepaid <i>Telegrams.</i>	3.06			
Total amount of bill	244.45			244.45

REMARKS

FUNERAL REGISTER

NO. *Estate Henry Victor Crawford.* *Montclair* *New Jersey* DATE *March Mar. 5th 1921*

Remains of *Mr Henry Victor Crawford.* Residence *Mont Clair, New Jersey.*

Father's Name *Samuel Crawford.* Residence *Crawford Tenn New York.*

Mother's Name *Elija Winniah (Crawford)* How Secured *Estate & Household*

Charged to *Hennietta N. Crawford (Daughter)* Shipped to *Newark New Jersey.*

Date of Funeral *March - 1921* Date of Death *March 5th 1921 2:30 a.m.*

Place of Death *Wyoming Hotel (Deland)* Single or Married *Widower*

Occupation of Deceased *Shuggit (Retired)* Age *76* years *8* months *24* days

Cause of Death *Acute Dilatation of Heart.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan,* Plate engraved *Name & State.*

Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Newark.*

State *New Jersey.*

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 =.

Hennietta N. Crawford. 31 Cypress St. Mont Clair New Jersey.

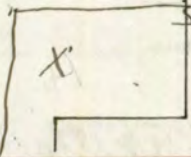
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>By Guy B. Cloth & Co. St.</i>	<i>450.00</i>	<i>Mar 31</i>	<i>Cr by Check,</i>	<i>641.86</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Chestnut Nat Finish</i>	<i>125.00</i>			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Ed Shaving.</i>	<i>40.00</i>			
Carriages <i>C. Wagon 2at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Name Plate Engraved</i>	<i>4.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram</i>	<i>1.52</i>			
Shipping charges, prepaid <i>Pullman.</i>	<i>1-1.34</i>			
Total amount of bill	<i>641.86</i>			<i>641.86</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Robert Hughes Sparrow's Point Md* DATE *Mar 5th 1921*
 Remains of *Mr Robert Hughes* Residence *Sparrow's Point Md.*
 Father's Name *Lent Know* Residence *Lent Know*
 Mother's Name *Lent Know* How Secured *K of P. Lodge Sparrow's Point Md.*
 Charged to *K of P. Lodge* L. J. Mason Shipped to *Buried in Orlando*
 Date of Funeral *Mar 13th 1921 10 A.M.* Date of Death *March 5th 1921 4:30 AM*
 Place of Death *A. G. Hospital* Single or Married *Widower*
 Occupation of Deceased *Night Watchman* Age *about 50* years ☒ months ☒ days
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate
 Certifying Physician *Lt. Person* Plate engraved *At Rest*
 Clergyman *K of P. Services* Lot or grave No. *27 S.W. 1/4 Section 1*
 Interment at *Destination* 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>5/8 Grey Casket Oct. 07</i>	<i>135.00</i>	<i>May 20</i>	<i>By J. L. Mason</i> <i>Cr by Check</i>	<i>223.43</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>E. Tharing</i>	<i>40.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>One Casket</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>#27. S.W. 1/4 Sec 1</i>	<i>12.50</i>			
Opening Grave <i>Telegrams</i>	<i>4.15</i>			
Lining Grave <i>Telegram</i>	<i>1.27</i>			
Grave Vault <i>Telegram</i>	<i>51</i>			
Shipping Charges, Prepaid				
<i>Ambulance Mar 3rd</i>	<i>5.00</i>			
Total amount of bill	<i>223.43</i>			<i>223.43</i>

REMARKS

FUNERAL REGISTER

NO. *E. O. Roe Clement, Fla.* DATE *March 5th 1921*

Remains of *Chas. O. Tonny.*

Father's Name *Alonso Tonny.*

Mother's Name *L. Cherry Tonny.*

Charged to *E. O. Roe.*

Date of Funeral *March - 1921*

Place of Death *Fla. Sanitarium*

Occupation of Deceased *Funeral Director Retired*

Cause of Death *Firm Dislocation of Hip*

Certifying Physician *Dr. Hailell*

Clergyman *at Clement.*

Interment at *Restoration* Cemetery

City *Manchester*

State *Iowa*

Residence *Clement.*

Residence *Vermont.*

How Secured *E. O. Roe Clement, Fla.*

Shipped to *Taken to Clement and shipped north*

Date of Death

Single or Married *Widower*

Age *84 years 7 months 24 days*




Number of Burial Certificate

Plate engraved

Lot or grave No.

Section

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 .

Clarence A. Tonny Chicago, Ills.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Apr 4</i>	<i>Cr by Ch</i>	<i>35.25</i>
Metallic Lining			<i>Cr by %</i>	<i>5.00</i>
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 <i>Collar</i>	<i>.25</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>40.25</i>			<i>40.25</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Joseph Fry. Paull, Wheeling W. Va.* DATE *1921 Mar 7th*
 Remains of *Joseph Fry Paull.* Residence *Wheeling West Virginia*
 Father's Name *Joseph F. Paull Sr.* Residence *Wellburg West Virginia*
 Mother's Name *Emma Sensensy.* How Secured *Estate & Mrs. Lisk.*
 Charged to *Mary H. Paull.* Shipped to *Wheeling W. Virginia*
 Date of Funeral *March 8th 1921 4 P.M.* Date of Death *Mar 7th 1921 12:15*
 Place of Death *Winter Park.* Single or Married *Married*
 Occupation of Deceased *Insurance.* Age *39* years *5* months *21* days
 Cause of Death *Myocarditis, Mitral Regurgitation* Number of Burial Certificate
 Certifying Physician *Lt. Hotard.* Plate engraved *Name & Date*
 Clergyman *At Winter Park.* *1881-1921*
 Interment at *Restoration* Cemetery Lot or grave No. Section
 City *Wheeling.*
 State *West 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 .

Mrs James S. Paull, Wheeling, West, Va.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy S. Co Metal Office</i>	<i>590.00</i>	<i>April 4</i>	<i>Tr by Check.</i>	<i>1194.04</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Whig. Shipping Case</i>	<i>115.00</i>			
Burial Robe				
Embalming and Attendance <i>E. Sharnig.</i>	<i>40.00</i>			
Carriages at \$				
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Eng Plate</i>	<i>4.00</i>			
Lining Grave				
Grave Vault <i>Excess baggage</i>	<i>6.15</i>			
Shipping Charges, Prepaid				
Casket wagon & Sta	<i>5.00</i>			
Shaving Room, supper & 4 coppers to Washington 6 cents. 1 cop. for	<i>418.89</i>			
Total amount of bill	<i>1194.04</i>			<i>1194.04</i>

REMARKS *Shpf. about apr 18-*

Mail State T.
M. Edward Haglett.
Wheeling West Va.

FUNERAL REGISTER

NO. *M. A. H. Ayland. Pine Castle, Fla.* DATE *March 7th 1921*Remains of *Infant.*Residence *Pine Castle, Fla.*Father's Name *A. H. Ayland.*Residence *Pine Castle, Fla.*Mother's Name *Ella Wise (Ayland.)*How Secured *Father.*Charged to *A. H. Ayland.*Shipped to *Medina, Ohio*Date of Funeral *March - 1921*Date of Death *March 7th 1921*Place of Death *Pine Castle, Fla.*Single or Married *Single.*Occupation of Deceased */*Age */* years */* months */* daysCause of Death *Still born.*

Number of Burial Certificate




Certifying Physician *Lt. Edwards*Plate engraved *Our Darling*Clergyman */*

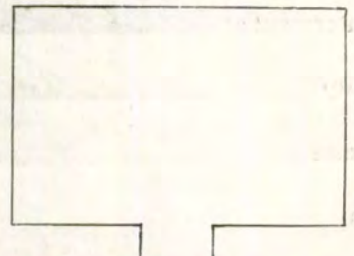
Lot or grave No.

Section

Interment at *Destination* CemeteryCity *Medina*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 .

*of C. J. Wall.*

AMOUNT

DATE

PAYMENTS

AMOUNT

Coffin or Casket *2/6 W. Lam. Sgr. Flat top* 35.00 *Mar 22* *Ex by check.* 103.38Metallic Lining */*Outside Box *Reg Painted*

Burial Robe

Embalming and Attendance *Care of body* 15.00Carriages *Auto 2 trips at \$5.00* 5.00

Flowers

Hearse

Death notices in *2* Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping charges, prepaid *R. R. Ticket* 41.09 *Tax* 3.29 44.38*C. Cloth 1.00 Cotton, Gauge Lysol* 4.00

Total amount of bill

103.38

103.38

REMARKS

FUNERAL REGISTER

NO. *Estate J. C. Stewart, Plymouth, Fla.* DATE *1921 Mar 9th*

Remains of *Mr J. C. Stewart* Residence *Plymouth, Fla.*

Father's Name *Mathew Stewart* Residence *Georgia*

Mother's Name *Stanton (Stewart)* How Secured *Sons Estate*

Charged to *Clay Stewart (Son)* Shipped to *Buried at Apopka*

Date of Funeral *March 1921* Date of Death *Mar 9th 1921 1 P.M.*

Place of Death *Plymouth* Single or Married *Married*

Occupation of Deceased *Farmer* Age *64* years months days

Cause of Death *was found dead about 1 P.M. Mar 9th 1921 - aside of the road. Had fall from his horse.* Number of Burial Certificate

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




Clergyman *At Apopka* 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>4 Blk B. Clo S. H. Cap</i>	<i>225.00</i>	<i>Apr 8</i>	<i>Ex. by Check</i>	<i>335.00</i>
Metallic Lining <i>no</i>				
Outside Box <i>Reg-</i>				
Burial Robe <i>Blk. Suit</i>	<i>37.50</i>			
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Carriages <i>Hel of box at \$</i>	<i>7.50</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Moving body to Res.</i>	<i>10.00</i>			
Opening Grave <i>End Closing</i>	<i>0.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>355.00</i>			<i>355.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr George Tresher, 413 Rosalind Ave* DATE *1921 Mar 9th*

Remains of *Mr George Tresher.* Residence *413 Rosalind Ave*

Father's Name *Mr Jacob Tresher.* Residence *Shennah.*

Mother's Name *Mrs Stump Tresher.* How Secured *Estate, Wife*

Charged to *Mrs Lizzie Tresher (Wife)* Shipped to *Buried in Orlando.*

Date of Funeral *March 15th - 1920* Date of Death *Mar 9th - 1921 5 P.M.*

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

Occupation of Deceased *Bridge Builder (Retired)* Age *70* years *1* months *3* days

Cause of Death *Edema of Lungs.* Number of Burial Certificate

Certifying Physician *Lt. M^c. Egan.* Plate engraved *Name & Plate*



Clergyman *Rev M^c. Connell & Cooper* Lot or grave No. *139* Section *L*

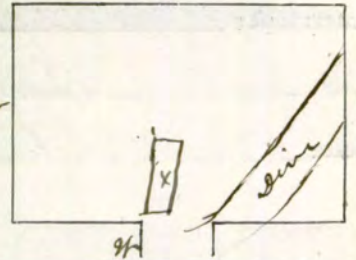
Interment at *Greenwood* Cemetery

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 Coffin S. H. Cap & Fret 1750.00</i>	<i>June 6</i>	<i>Cr by check.</i>	<i>2065.00</i>
Metallic Lining	<i>Yes</i>			
Outside Box	<i>E. Closing Vault</i>	<i>160.00.</i>		
Burial Robe				
Embalming and Attendance	<i>Ed Shaving.</i>	<i>40.00.</i>		
Carriages	<i>Closed Car at \$</i>	<i>5.00.</i>		
Flowers	<i>Touring 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>139 Sec L.</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>		
Grave Vault	<i>B Curoz</i>	<i>15.00.</i>		
Shipping charges, prepaid				
Total amount of bill	<i>2065.00</i>			<i>2065.00</i>

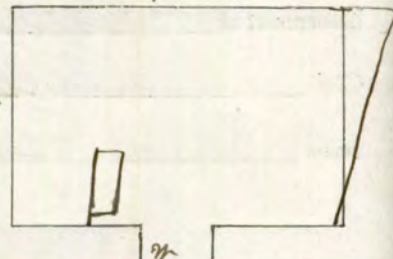
REMARKS

FUNERAL REGISTER

NO. *James Kincaid, 916 W. Central Ave.* DATE *1921 Mar 16*
 Remains of *James Rodney Kincaid* Residence *W. Central Ave*
 Father's Name *James Kincaid.* Residence *W. Central Ave.*
 Mother's Name *Willie T. Kincaid.* How Secured *Father*
 Charged to *Mr James Kincaid.* Shipped to *Buried in Orlando*
 Date of Funeral *Mar 17th 1921 4 P.M.* Date of Death *Mar 16th 1921 4:30 A.M.*
 Place of Death *L. G. Hospital.* Single or Married *Single.*
 Occupation of Deceased *Student.* Age *21* years *7* months *19* days
 Cause of Death *Fracture of base and top of skull*
motor cycle accident. Number of Burial Certificate *373*
 Certifying Physician *Dr. Beardhal.* Plate engraved *Name & State.*
 Clergyman *Rev W. E. Cornell.* Lot or grave No. *155* Section *L*
 Interment at *Greenwood Cemetery*
 City *Orlando*
 State *Fla.*

CEMETERY CHART

Put in the diagram one mark *N*
 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. Electric</i>	445.00	Apr 5	Cr by Check	700.00
Metallic Lining <i>Yes.</i>		" 5	Cr " Lis	47.00
Outside Box <i>Steel Vault.</i>	115.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
<i>1-12 forming car</i>				
Carriages <i>5 Autos</i> at \$4.00	20.00			
Flowers <i>Family Car. (Hudson)</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#155 Sec L.</i>	75.00			
Opening Grave <i>Ed Closing</i>	5.00			
Lining Grave <i>Minister</i>	10.00			
Grave Vault <i>Casket Wagon.</i>	5.00			
Shipping Charges, Prepaid <i>Telegrams</i>	1.00			
<i>Large Pillow.</i>	15.00			
<i>Fern for Grave.</i>	1.00			
Total amount of bill	747.00			747.00

REMARKS

FUNERAL REGISTER

NO. *John Smith, Wauson, Ohio* DATE *1921*
of death Mar 16th
 Remains of *Mary E. Smith.* Residence *Wauson, Ohio.*
 Father's Name *James Andrews.* Residence *Stout Know.*
 Mother's Name *Emma Andrews.* How Secured *Husband.*
 Charged to *John Smith (Husband)* Shipped to *Wauson, Ohio.*
 Date of Funeral *March — 1921* Date of Death *Mar 16th 1921 11:15 a.m.*
 Place of Death *Windemere.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *57* years months days
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate *372*
 Certifying Physician *H. Lawrence.* Plate engraved *At Rest.*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Wauson.*
 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>Wm B. Clo. Oct 30. 1914</i>	<i>165.00</i>	<i>Mar 17</i>	<i>By Check + Cash</i>	<i>366.59</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Ed B. Dressing</i>	<i>40.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>0.00</i>			
Flowers <i>C. Wagon to Windemere</i>	<i>15.00</i>			
Hearse <i>Hel. of body to R.R. Sta</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>R.R. Tickets.</i>	<i>140.16</i>			
<i>Telegrams.</i>	<i>1.43</i>			
Total amount of bill	<i>366.59</i>			<i>366.59</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Alfred Shakespeare, Auburn, N.Y.* DATE *1921 March 18th*
 Remains of *Mr Alfred Shakespeare* Residence *Auburn, N.Y.*
 Father's Name *Bent Snow.* Residence *England*
 Mother's Name *Bent Snow.* How Secured *Estate*
 Charged to *Mrs Louise Shakespeare.* Shipped to *Auburn, N.Y.*
 Date of Funeral *March 21st 11 A.M. 1921* Date of Death *March 18th 1921*
 Place of Death *Residence Lake Harris* Single or Married *Married*
 Occupation of Deceased *Mason.* Age *58* years *2* months *20* days
 Cause of Death *Mitral Insufficiency.* Number of Burial Certificate
 Certifying Physician *Dr. Neal* Plate engraved *Name & State.*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Auburn.*
 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 .

24 1/2 Fitch Ave, Auburn, N.Y.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Quainted Oak S. H. Oak</i>	<i>300.00</i>	<i>Apr 21</i>	<i>Cr by P. O. Order</i>	<i>200.00</i>
Metallic Lining			<i>Sept 24 Cr by Value on Est.</i>	<i>155.92</i>
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>E. Sharning</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2) at \$5.00</i>	<i>10.00</i>			
Flowers <i>Engraving N. Plate.</i>	<i>4.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram.</i>	<i>1.92</i>			
Shipping Charges, Prepaid				
			<i>Bought through Bank of Orange, lot # Lake & Hill subdivision.</i>	
			<i>Account \$155.92 Paid to Bank \$190.00 Paid to Wilson \$15.00</i>	
Total amount of bill	<i>355.92</i>			<i>355.92</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Margaret Stewart Jellwood* DATE *Mar 18th 1921*
 Remains of *Mrs Margaret Stewart* Residence *Jellwood, Fla.*
 Father's Name *James Smith.* Residence *England.*
 Mother's Name *Jean Thompson.* How Secured *Mrs Wm Edwards (daughter)*
 Charged to *Mrs Wm Edwards (daughter)* Shipped to *Buried at Apopka*
 Date of Funeral *Mar 20th - 1921 3 P.M.* Date of Death *Mar 18th - 1921 3 P.M.*
 Place of Death *Jellwood (Residence)* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *68* years *9* months *3* days
 Cause of Death *Cerebrosis of Liver.* Number of Burial Certificate
 Certifying Physician *Dr. Person.* Plate engraved *Mother.*
 Clergyman *At Jellwood.* 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>Gray B. Co. B. Co. State</i>	<i>190.00</i>	<i>May 5</i>	<i>Tr. by check.</i>	<i>282.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>35.00 + 10.00</i>	<i>45.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>25.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot <i>Del. of Casket + Shrouding.</i>	<i>15.00</i>			
Opening Grave <i>Del. box to Cemetery</i>	<i>7.50</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>282.50</i>			<i>282.50</i>

REMARKS

FUNERAL REGISTER

NO *Estate Philip Ruhlman, Portsmouth, Ohio* DATE *Mar 19th 1921*
 Remains of *Mr Philip Ruhlman.* Residence *Portsmouth, Ohio*
 Father's Name *Lunt Know.* Residence *Ohio*
 Mother's Name *Lunt Know.* How Secured *Estate & Son.*
 Charged to *Fredrick Ruhlman, (Son)* Shipped to *Portsmouth, Ohio.*
 Date of Funeral *Mar — 1921* Date of Death *Mar 19th 1921 4:25^{p.m.}*
 Place of Death *O. G. Hospital.* Single or Married *Married*
 Occupation of Deceased *Wife of Cement Blocks* Age *68* years months days
and other cement works.
 Cause of Death *Septic Cholangitis.* Number of Burial Certificate
 Certifying Physician *Lt. Person.* Plate engraved *Name & Date*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Portsmouth*
 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>1/2 Blk. B. Clo. w. L. O. T. H.</i>	<i>350.00</i>	<i>Mar 27</i>	<i>Cr. by Express Order</i>	<i>445.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>Blk B. Suit.</i>	<i>37.50</i>			
Embalming and Attendance <i>E. Sharning</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2 at \$ 5.00)</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers			<i>amb pd on date.</i>	
Outlay for lot			<i>of service</i>	
Opening Grave			<i>Enter in Chg -</i>	
Lining Grave			<i>Please return same</i>	
Grave Vault <i>Underwear & Horse</i>	<i>2.50</i>			
Shipping Charges, Prepaid			<i>5⁰⁰ pd to Son Fred - Ruhlman</i>	
<i>amb Mar 15th</i>	<i>5.00</i>		<i>3/-30-</i>	
Total amount of bill	<i>445.00</i>			<i>445.00</i>

REMARKS

Shipped by express, train #82 - Sunday 3-20-21
C.O. L. (See Henry Roberts, Arcade Hotel)

FUNERAL REGISTER

1921

NO. *Estate John W. Newman, 709 E. Anderson St. City* DATE *Mar 21*

Remains of *Mr John W. Newman* Residence *709 E. Anderson St City*

Father's Name *Thomas Newman* Residence *Albando*

Mother's Name *Allice Thompson Newman* How Secured *Estate of Family*

Charged to *Wilbur Newman (Brother)* Shipped to *Buried in Albando*

Date of Funeral *Mar 23rd 1921 10 a.m.* Date of Death *Mar 21st 1921 7 p.m.*

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

Occupation of Deceased *Artist* Age *42* years *5* months days

Cause of Death *Cancer of Stomach with Hemorrhage* Number of Burial Certificate

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




Clergyman *Rev. W. E. Cornell* Lot or grave No. *72 N 1/2* Section *L*

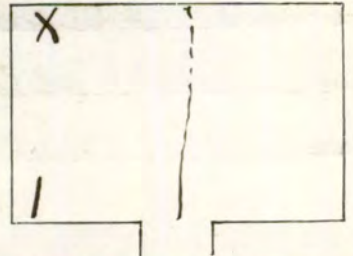
Interment at *Greenwood Cemetery*

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 . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Casket Oct 3 P.T.</i>	<i>125.00</i>	<i>Apr 25</i>	<i>Cr. by Cash.</i>	<i>218.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Grey Suit</i>	<i>26.00</i>			
Embalming and Attendance <i>Ex Shaving</i>	<i>35.00</i>			
Carriages <i>3 Autos at \$ 4.00</i>	<i>12.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#72 N 1/2 Sec L</i>				
Opening Grave <i>Ex Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>218.00</i>			<i>218.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Walter M^c Knight, 1000 S. Le Loney St.* DATE *1921 Mar 23rd*

Remains of *Infant of Mr & Mrs W. M^c Knight* Residence *1000 S. Le Loney St.*

Father's Name *Walter M^c Knight* Residence *1000 S. Le Loney St.*

Mother's Name *Elizabeth M^c Knight* How Secured *Father*

Charged to *Mr Walter M^c Knight* Shipped to *Buried in Orlando.*

Date of Funeral *Mar 23rd 1921* Date of Death *Mar 23rd 1921 10 a.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 *Dr. Craney.* Plate engraved

Clergyman *✓* Lot or grave No. *69* Section *L-*

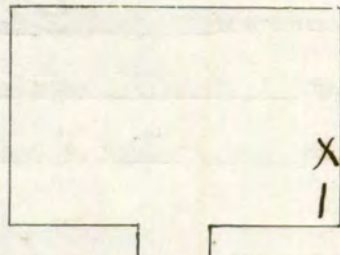
Interment at *Greenwood Cemetery*

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>2/6 H. Made White</i>	<i>5.00</i>	<i>Apr 4</i>	<i>Cr. by check</i>	<i>9.00</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>H 69 Sec L 1</i>				
Opening Grave <i>and Closing</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>9.00</i>			<i>9.00</i>

REMARKS *will pay apr 1-*

FUNERAL REGISTER

NO. *Estate Mrs Harriet Tutwiler Moor, Formosa, Fla.* DATE *Mar 23rd 1921*
 Remains of *Mrs Harriet Tutwiler Moor*, Residence *Formosa, Fla.*
 Father's Name *Thomas Tutwiler*, Residence *Virginia*
 Mother's Name *Harriet Shange Tutwiler*, How Secured *Estate*
 Charged to *M. E. M. Tutwiler*, Shipped to *Birmingham, Ala*
 Date of Funeral *March - 1921*, Date of Death *March 23rd 1921 1:30 p.m.*
 Place of Death *Residence*, Single or Married *Widow*
 Occupation of Deceased *at home*, Age *68* years *5* months *12* days
 Cause of Death *Acute Dilatation of heart*, Number of Burial Certificate
 Certifying Physician *Dr. M. E. Ewan*, Plate engraved *Name & Date*
 Clergyman *Adventists*, Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Birmingham*
 State *Alabama*

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 .

M. E. M. Tutwiler, 1028 Jefferson Co. Bank Bldg
Birmingham, Ala.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 44 B. Clo. Eptic</i>	350.00	Apr 6	Tr by check	485.77
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse <i>Funeral Auto Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>House.</i>	2.00			
Grave Vault				
Shipping charges, prepaid <i>2 R. R. Tickets 1/2 Ticket</i>	57.35			
<i>9.72 5.70 10.00</i>	16.42			
<i>24 Apr 17. to fax Phone</i>				
Total amount of bill	485.77			485.77

REMARKS

FUNERAL REGISTER

NO. *Mr. J. H. Mallory* *Mr. J. H. Mallory* DATE *of death 1903*
 Remains of *Mr. J. H. Mallory* Residence *Body was*
 Father's Name *Don't know* Residence *Cremated and*
 Mother's Name *Don't know* How Secured *deposited in Chicago*
 Charged to *Mr. W. R. O'Neal* Shipped to *in 1913*
 Date of Funeral *Mar 22nd 1921* Date of Death *1903*
 Place of Death *Containing ashes were* Single or Married *Married*
 Occupation of Deceased *buried in Greenwood* Age *78* years months days
 Cause of Death *in Family plot,* Number of Burial Certificate
 Certifying Physician *with the family* Plate engraved *Name & Date 1835-1903*
 Clergyman *Present + (Lean Glass)* Lot or grave No. *127* Section *R*
 Interment at *Greenwood* Cemetery
 City *Olando*
 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>May 14 Cr by Check.</i>	<i>33.50</i>
Metallic Lining <i>Wooden box.</i>	<i>3.50</i>		<i>Less Personal Service</i>	<i>10.00</i>
Outside Box <i>Cement box.</i>	<i>12.00</i>			
Burial Robe <i>Lining of box.</i>	<i>3.00</i>			
Embalming and Attendance <i>Soldiering box</i>	<i>2.00</i>			
Carriages at \$				
Flowers <i>Personal Services.</i>				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave <i>and Closing.</i>	<i>3.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>23.50</i>			<i>23.50</i>

REMARKS

FUNERAL REGISTER

NO. *Le Witt Miller, 11 Magnolia Ave.,* DATE *1921 Mar 23rd*

Remains of *Minnie Neafie* Residence *Pine Brook, New Jersey*

Father's Name *Hunt Know* Residence *Hunt Know,*

Mother's Name *Hunt Know.* How Secured *Le Witt Miller.*

Charged to *Le Witt Miller.* Shipped to *Caldwell, New Jersey*

Date of Funeral *March - 1921* Date of Death *Mar 23rd 11:30 P.M.*

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

Occupation of Deceased *Hotel Waitress* Age *25* years months days

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

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




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Caldwell*

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 .

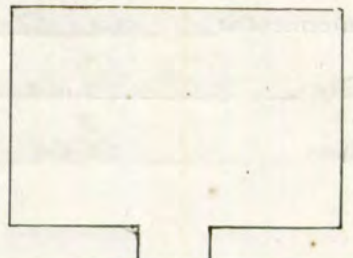
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Guy Rufe Det 3 P. Top</i>	<i>100.00</i>	<i>Mar 24</i>	<i>Cr by Cash.</i>	<i>45.00</i>
Metallic Lining <i>No</i>		<i>" 25</i>	<i>Cr .. Check.</i>	<i>90.00</i>
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>Casket Wagon</i> ⁽²⁾ at \$ <i>5.00</i>	<i>10.00</i>			
Flowers <i>✓</i>				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>135.00</i>			<i>135.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Chas Magnuson. 8 mi* *1921* DATE *Mar 25th*
 Remains of *Mrs Margaret Magnuson*, Residence *8 mi on Ft Christmas Road,*
 Father's Name *Mr Douglas*, Residence *Scotland*,
 Mother's Name *Louise Snow*, How Secured *Husband*,
 Charged to *Mr Chas. Magnuson (Husband)*, Shipped to *Buried at Olands,*
 Date of Funeral *Mar 28th 1921 9 A.M.*, Date of Death *Mar 25th 1921*
 Place of Death *Residence*, Single or Married *Married*.
 Occupation of Deceased *At Home*, Age *27* years months days
 Cause of Death *Septicemia, following birth*, Number of Burial Certificate
 Certifying Physician *Dr. Ford*, Plate engraved *Crucifix*,
 Clergyman *Father Fox*, Lot or grave No. Section
 Interment at *Catholic* Cemetery
 City *Olands*,
 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 =.



Send bill to:-

*Mrs Margaret Douglas, 162 Webster Ave,
 Providence, R.I.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey Casket 40x30x27</i>	<i>125.00</i>	<i>June 13</i>	<i>Bt by P.O. Order</i>	<i>25.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg. lid of box</i>	<i>2.50</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>Tombing Car. at \$</i>	<i>5.00</i>			
Flowers <i>Casket Wagon to Residence</i>	<i>15.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave Catholic</i>	<i>3.00</i>			
Opening Grave <i>Ear Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				

July-1-1921
Mrs Margaret Douglas
290 Dudley St
Roxbury Mass Sect 3

Total amount of bill

205.50


REMARKS

25
180

FUNERAL REGISTER

NO. ^{Estate} *Mr Samuel M. Patrick, Lawson. Ga.* DATE *of death Mar 25th 1921*
 Remains of *Mr Samuel M. Patrick* Residence *Lawson. Ga.*
 Father's Name *Mr Patrick.* Residence *Georgia.*
 Mother's Name *Hent Stuv.* How Secured *See.*
 Charged to *Milton Patrick (Son)* Shipped to *Lawson. Ga.*
 Date of Funeral *March - 1921* Date of Death *Mar Mar 25th 1921*
 Place of Death *Acree, Fla.* Single or Married *Widower*
 Occupation of Deceased *Farming (Retired)* Age *about 76* years months days
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate
 Certifying Physician *H. Wheatly of W. G.* Plate engraved *Father.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Lawson.*
 State *Ga.*

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 Crepe Oct 30 P.T.</i>	<i>100.00</i>	<i>Mar 26</i>	<i>to by Check.</i>	<i>208.90</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg- Painted</i>	<i>10.00</i>			
Burial Robe <i>Black. B. Suit</i>	<i>20.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon (2) at \$ 3.50</i>	<i>12.50</i>			
Flowers <i>Underwear & Hosi.</i>	<i>2.50</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>(2) R. R. Tickets</i>	<i>28.90</i>			
Total amount of bill	<i>208.90</i>			<i>208.90</i>

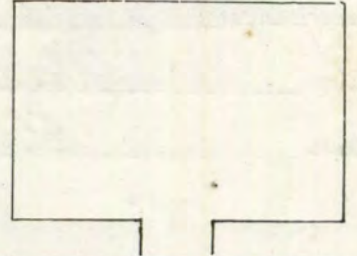
REMARKS

FUNERAL REGISTER

NO. *Francis Chas. Harding, Ky. Ave. Cor. Amelia* DATE *1921 Mar 26th*
 Remains of *Eveline Maud Harding* Residence *Kentucky Ave. Cor. of Amelia*
 Father's Name *Francis Chas. Harding* Residence *Kentucky " " "*
 Mother's Name *C. B. Godwin Harding* How Secured *Father*
 Charged to *F. Chas. Harding* Shipped to *Titusville, Fla.*
 Date of Funeral *Mar - 1921* Date of Death *Mar 26th 9 P.M. 1921*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *3* years *2* months *days*
 Cause of Death *Bronchial Pneumonia* Number of Burial Certificate
 Certifying Physician *Lt. Person* Plate engraved *Our Harding*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Titusville*
 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>3/6 W. L. Skin</i>	<i>50.00</i>	<i>Apr 4</i>	<i>Cr by Check.</i>	<i>60.00</i>
Metallic Lining		<i>July 2</i>	<i>Cr .. Cash.</i>	<i>23.00</i>
Outside Box		<i>" 2</i>	<i>Cr .. Lis.</i>	<i>.30</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				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>3 R.R. Tickets</i>	<i>10.80</i>			
Total amount of bill	<i>83.30</i>			<i>83.30</i>

REMARKS

FUNERAL REGISTER

NO. *J. N. Mooney, N. Orange Ave* DATE *1921 Mar 28*
 Remains of *Barney Gordon.* Residence *7 mi W. of Orlando.*
 Father's Name *Pinck Gordon.* Residence *7 " W of Orlando*
 Mother's Name *Don't know* How Secured *Mr Mooney.*
 Charged to *Pinck Gordon (Father)* Shipped to *Buried in Orlando.*
 Date of Funeral *Mar - 1921* Date of Death *Mar 28th 1921*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *2* years *2* months days
 Cause of Death *Alcoholitis.* Number of Burial Certificate
 Certifying Physician *Dr. Callahan.* Plate engraved *Our Darling.*
 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>3/6 W. L. Skin</i>	<i>35.00</i>	<i>Apr 9¹⁹²¹ Tr</i>	<i>by Cash.</i>	<i>17.00</i>
Metallic Lining		<i>June 9¹⁹²¹ Tr</i>	<i>" Check</i>	<i>23.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in _____ Papers				
Outlay for lot <i>Single Grave (Cd)</i>	<i>3.00</i>			
Opening Grave <i>End Closing.</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>40.00</i>			<i>40.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Chas. E. Cleveland, Winter Garden* DATE *1921*
of Hearsh Mar 30th
 Remains of *Mr Chas. E. Cleveland*, Residence *Winter Garden, Fla.*
 Father's Name *George Cleveland*, Residence *Georgia*
 Mother's Name *Pollana Nipher Cleveland*, How Secured *L. L. Kennedy*
 Charged to *L. L. Kennedy*, Shipped to *Colquitt, Georgia*
 Date of Funeral *April - 1921*, Date of Death *March 30th 1921 1:30 P.M.*
 Place of Death *Winter Garden*, Single or Married *Single*
 Occupation of Deceased *Hay work (General)* Age *37* years months days
 Cause of Death *Suicide, killed himself*, Number of Burial Certificate
 Certifying Physician *W. E. Wilson Justice of Peace*, Plate engraved *At Rest*
 Clergyman *Destination*, Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Colquitt*
 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>3/4 Chey Casket Oct. O.P.</i>	<i>125.00</i>	<i>Mar 31</i>	<i>En by Check.</i>	<i>217.07</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted.</i>				
Burial Robe				
Embalming and Attendance <i>W. H. Sharning</i>	<i>40.00</i>			
Carriages <i>C. Wagon to W. Garden</i>	<i>12.50</i>			
Flowers <i>C. Wagon to Station</i>	<i>5.00</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot <i>Underwear, Socks</i>	<i>2.50</i>			
Opening Grave <i>Collar & Tie</i>	<i>.75</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>L.R.R. Tickets</i>	<i>31.32</i>			
Total amount of bill	<i>217.07</i>			<i>217.07</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Edward Johnston, Omaha, Neb.* DATE *March 30th 1921*

Remains of *Mr Edward Johnston*, Residence *Omaha, Neb.*

Father's Name *Geo. M. Johnston*, Residence *Ireland*.

Mother's Name *Matilda Mitchell Johnston*, How Secured *Estate & Wife*

Charged to *Mrs Emma Johnston (Wife)* Shipped to *Omaha, Neb.*

Date of Funeral *April - 1921* Date of Death *March 30th 1921 6:10 PM*

Place of Death *Kanatenah Apts. Omaha*, Single or Married *Married*

Occupation of Deceased *Real Estate* Age *74* years *5* months *days*

Cause of Death *Chronic Bronchitis* Number of Burial Certificate *388*

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




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Omaha*

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>1/3 Grey B. Cloth Electric</i>	435.00	<i>Apr 5</i>	<i>Cr. by Cash.</i>	632.46
Metallic Lining <i>Yes</i>				
Outside Box <i>Req. Painted</i>	10.00			
Burial Robe <i>Engraving Name Plate</i>	4.00			
Embalming and Attendance <i>Shaving</i>	40.00			
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				
Grave Vault				
Shipping charges, prepaid <i>2 R.R. Tickets 58.64</i>	117.28			
<i>Pullman.</i>	12.96			
<i>Phone 4.00 Chair to Jar 1.22</i>	3.22			
Total amount of bill	632.46			632.46

REMARKS

FUNERAL REGISTER

NO. *Mr Eugene Carper, Glen Ridge N.J.* DATE *1921*
 Remains of *Mrs Jessie Ritta Carper,* Residence *Glen Ridge New Jersey,*
 Father's Name *Friederich C. Platt,* Residence *Brooklyn, N. Y.*
 Mother's Name *Mary A. Mathews* How Secured *Mother,*
 Charged to *Mrs Mary A. Platt.* Shipped to *Glen Ridge N. J.*
 Date of Funeral *April — 1921* Date of Death *April 2nd 1921 7 a.m.,*
 Place of Death *A. G. Hospital.* Single or Married *Married.*
 Occupation of Deceased *At Home* Age *23* years *11* months *13* days
 Cause of Death *Bichrolide Poisoning* Number of Burial Certificate
 Certifying Physician *Hr. Christ* Plate engraved, *Name & State*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination. Cemetery*
 City *Glen Ridge.*
 State *New Jersey.*
 (Address) *196 Hillside Ave Glen Ridge 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>White Plush. ^{Extra}</i>	445.00	Apr 2	<i>Ex by Checks.</i>	360.00
Metallic Lining <i>yes</i>		" 4	<i>Ex .. Telegraph Money.</i>	306.73
Outside Box <i>Reg- Painted.</i>				
Burial Robe <i>White B. Dress</i>	50.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers <i>Engraving Name Plate</i>	5.00			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>Pullman.</i>	121.73			
Total amount of bill	666.73			666.73

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Annie A. Cakes, Altamont* DATE *1921 Apr 2nd*
 Remains of *Mrs Annie A. Cakes*, Residence *Altamont, Fla.*
 Father's Name *Francis Phillips*, Residence *England*,
 Mother's Name *Anna Jones Phillips*, How Secured *Estate*
 Charged to *Charles Haines (Altamont)* ^{son-in-law} Shipped to *New Bedford, Mass*
 Date of Funeral *April 2nd 1921 3 P.M.* Date of Death *April 2nd 1921*
 Place of Death *Altamont Hotel (Altamont)* Single or Married *Widow*
 Occupation of Deceased *At home*, Age *60* years *5* months *17* days
 Cause of Death *Pericarditis Anemia* Number of Burial Certificate
 Certifying Physician *Dr. Hotard*, Plate engraved *Name & State*,
 Clergyman *From Altamont*, Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *New Bedford*
 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 =.

Chas. Haines, Altamont, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey B. Clo.</i>	<i>225.00</i>	<i>May 9</i>	<i>By check.</i>	<i>394.15</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg- Painted</i>				
Burial Robe <i>Eng- Name Plate</i>	<i>4.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>Casket Wagon to Altamont</i>	<i>10.00</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave <i>1 Log. Palm Leaves</i>	<i>3.00</i>			
Grave Vault <i>Telegram</i>	<i>.82</i>			
Shipping charges, prepaid <i>Express on body</i>	<i>111.33</i>			
Total amount of bill	<i>394.15</i>			<i>394.15</i>

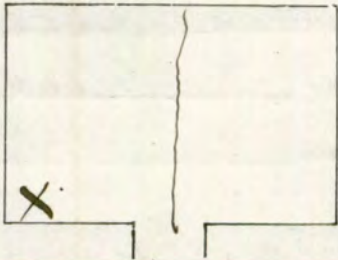
REMARKS

FUNERAL REGISTER

NO. *Mr George Greenmore, Orlando, Fla.* DATE *1921* *April 2nd*

Remains of *Nora E. Greenmore.* Residence *Orlando, Fla.*
Father's Name *Robert F. Carroll.* Residence *Indiana*
Mother's Name *Laura Peaches Carroll.* How Secured *Husband.*
Charged to *Mr George Greenmore (Husband)* Shipped to *Buried in Orlando,*
Date of Funeral *April 1921* Date of Death *April 4th - 1921 9 A.M.*
Place of Death *Fla. Sanitarium.* Single or Married *Married*
Occupation of Deceased *At Home* Age *34* years *11* months *16* days
Cause of Death *Periconitis.* Number of Burial Certificate
Certifying Physician *Lt. Andrews.* Plate engraved *At Rest.*
Clergyman *Rev.* Lot or grave No. *223* Section *W 1/2 - 13.*
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>W. Plushet Oct. 30th</i>	<i>135.00</i>	<i>Apr 22</i>	<i>Cr by Cash.</i>	<i>231.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe <i>White B. Dress</i>	<i>9.00</i>			
Embalming and Attendance <i>Emb</i>	<i>25.00</i>			
Carriages <i>C. Wagon. at \$</i>	<i>5.00</i>			
Flowers <i>F. L. and Piece.</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>W 1/2 B. # 223</i>	<i>22.00</i>			
Opening Grave <i>Ed Closing.</i>	<i>5.00</i>			
Lining Grave <i>Auto</i>	<i>5.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>231.00</i>			<i>231.00</i>

REMARKS *Has money due. May not pay until Fall.*

FUNERAL REGISTER

NO. *Mr E. S. Wakefield* 109 E. Amelia ¹⁹²¹ DATE *April 2nd*
 Remains of *Infant* Residence *109 E. Amelia ave*
 Father's Name *Mr E. S. Wakefield* Residence *109 E. Amelia ave*
 Mother's Name *Mrs* How Secured *Father*
 Charged to *Mr E. S. Wakefield* Shipped to *Buried in Orlando*
 Date of Funeral *April - 3rd 1921* Date of Death *April 2nd 1921*
 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 *Our Darling*
 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>2/4 H. M. Square</i>	<i>7.50</i>	<i>April 4</i>	<i>Ex by Cash</i>	<i>15.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Auto + Service</i>	<i>4.00</i>			
Death notices in Papers				
Outlay for lot <i>Single Grave</i>	<i>1.50</i>			
Opening Grave <i>Ent Closing</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>




REMARKS

FUNERAL REGISTER

NO. *Estate William Goodrich, Lake City Minn.* DATE *1921* *April 3rd*

Remains of *Mr William Goodrich.* Residence *Lake City Minnesota.*
 Father's Name *Ashville, Goodrich.* Residence *New York.*
 Mother's Name *Don't know.* How Secured *Estate of Son.*
 Charged to *Vincent Goodrich (Son)* Shipped to *Marand Wisconsin.*
 Date of Funeral *April - 1921* Date of Death *April 3rd 1921 2:30 PM.*
 Place of Death *C. G. Hospital.* Single or Married *Widower.*
 Occupation of Deceased *Merchant.* Age *79* years *1* months *21* days
 Cause of Death *Broncho Pneumonia.* Number of Burial Certificate
 Certifying Physician *Dr. Person.* Plate engraved *Father.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Marand* Cemetery
 City *Marand*
 State *Wisconsin.*

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>Wm. B. Co. S. Chap.</i>	<i>235.00</i>	<i>April 4</i>	<i>H. M. Katz. Only Check.</i>	<i>285.00</i>
Metallic Lining	<i>no.</i>			
Outside Box	<i>Reg. Painted</i>			
Burial Robe				
Embalming and Attendance <i>E. Sharnig</i>	<i>40.00</i>			
Carriages <i>C. Wagner</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>285.00</i>			<i>285.00</i>

REMARKS

FUNERAL REGISTER

NO. *Colan Scott, W. Robinson St* DATE *1921 of death April 3rd*

Remains of *Infant.* Residence *W. Robinson St.*

Father's Name *Colan Scott.* Residence *W. Robinson Ave.*

Mother's Name *Bella Kelly.* How Secured *Father.*

Charged to *Colan Scott.* Shipped to *Buried at Orlando*

Date of Funeral *April 4th 1921* Date of Death *April 3rd 5 P.M. 1921*

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

Occupation of Deceased *_____* Age *_____* years *_____* months *_____* days

Cause of Death *_____* Number of Burial Certificate *_____*

Certifying Physician *H. Neal.* Plate engraved *Our Darling.*




Clergyman *_____* Lot or grave No. *_____* Section *_____*

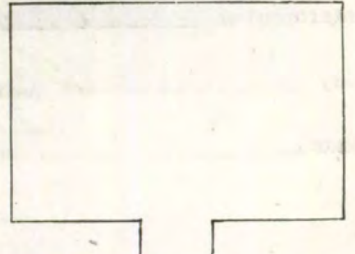
Interment at *Patrick* Cemetery *_____*

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 . Designate site of monument thus .






	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/0 H.M. Lg & Box</i>	<i>8.00</i>	<i>May 2</i>	<i>Cr by Cash.</i>	<i>12.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Auto.</i> at \$ <i>4.00</i>				
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>12.00</i>			<i>12.00</i>

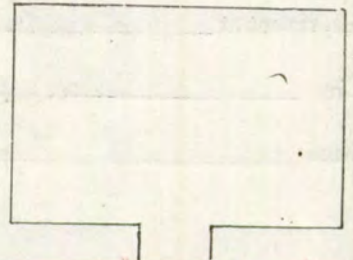
REMARKS

FUNERAL REGISTER

NO. *M. J. A. Wilkes, Sparks, La.* DATE *1921* *of Death Apr 3rd*
 Remains of *Mrs Lula Parker Wilkes* Residence *Farm near Sparks, La.*
 Father's Name *Mr Parker.* Residence *Lout Know.*
 Mother's Name *Mrs Parker.* How Secured */husband.*
 Charged to *M. J. A. Wilks (Husband)* Shipped to *Albando from Sparks Ga.*
 Date of Funeral *April 6th 1921 3 P.M.* Date of Death *April 3rd 1921 5 P.M.*
 Place of Death *Residence Farm* Single or Married *Married*
 Occupation of Deceased *At Home* Age *45* years — months — days
 Cause of Death *Chronic Nephritis* Number of Burial Certificate
 Certifying Physician *At Sparks, La.* Plate engraved *At Rest.*
 Clergyman *Rev Chisolm* Lot or grave No. Section
 Interment at *Acce.* Cemetery
 City *Acce.*
 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>Apr 7</i>	<i>Cr by Check.</i>	<i>47.50</i>
Metallic Lining				
Outside Box				
Burial Robe <i>White B. Dress.</i>	<i>15.00</i>			
Embalming and Attendance				
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				
Opening Grave <i>and Closing.</i>	<i>5.00</i>			
Lining Grave <i>Del. of box.</i>	<i>7.50</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>47.50</i>			<i>47.50</i>




REMARKS

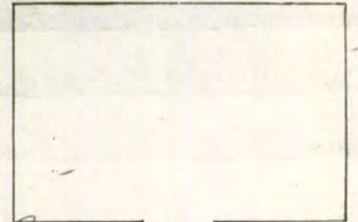
FUNERAL REGISTER

NO. *J. B. Jones, Oviedo, Fla.* DATE *1921*
of death April 9th

Remains of *Alonso, M. Allister* Residence *Oviedo, Fla.*
 Father's Name *Don't know* Residence *Don't know*
 Mother's Name *Don't know* How Secured *J. B. Jones*
 Charged to *J. B. Jones (Oviedo Fla.)* Shipped to *Oviedo, Fla.*
 Date of Funeral *April 10th - 1921* Date of Death *April 9th - 1921 6:40 A.M.*
 Place of Death *O. G. Hospital* Single or Married *Widower*
 Occupation of Deceased *Day Laborer* Age *67* years months days
 Cause of Death *Strangulated Hernia* Number of Burial Certificate
 Certifying Physician *Lt. Christ* Plate engraved *At Rest*
 Clergyman *At Oviedo* Lot or grave No. Section
 Interment at *Desideration* Cemetery
 City *Oviedo*
 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 .



(Frank M. Allister (Son) Oviedo, Fla., P.O. Box #134

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/9 Coffin & Box.</i>	25.00	June 30	Cr by check.	31.00
Metallic Lining <i>No</i>		Oct 31	Cr .. check.	10.00
Outside Box <i>Req.</i>		Apr 10	Cr .. check.	26.35
Burial Robe <i>Blk Robe.</i>	4.50			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon. (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot <i>Underwear & Locks.</i>	1.50			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>2 R. R. Tickets.</i>	1.35			
Total amount of bill	67.35			67.35

REMARKS

FUNERAL REGISTER

NO. *Mr John W. Patrick Umatilla Fla*

DATE *1921*

Remains of *Horace Patrick*

Residence *Umatilla, Fla*

Father's Name *John W. Patrick*

Residence *Umatilla, Fla*

Mother's Name *Lula Giffin*

How Secured *Father*

Charged to *Mr John W. Patrick*

Shipped to *Umatilla Fla*

Date of Funeral *April 11th 1921*

Date of Death *April 10th 1921 4:30 a.m.*

Place of Death *Orange G. Hospital*

Single or Married *Single*

Occupation of Deceased

Age *8* years months days

Cause of Death *Pneumonia Lobar*

Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan*

Plate engraved *Our Darling*



Clergyman *Destination*

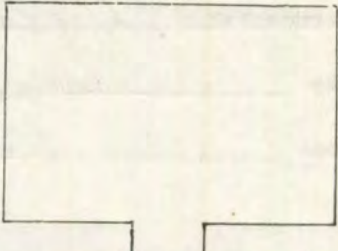
Lot or grave No. Section

Interment at *Destination* Cemetery

City *Umatilla*

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 =.



Jan-23-1922 address *Sainsville R.F.D #3 Box 22*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/8 White Plush. Old Carol.</i>	60.00	Apr 19	Cr by Check.	20.00
Metallic Lining <i>No</i>		May 16	Cr " "	3.00
Outside Box <i>Req.</i>		Dec 2	Cr " "	13.00
Burial Robe		Jan 23	Cr " "	10.00
Embalming and Attendance <i>Emb.</i>	25.00	Mar 9	Cr " "	10.00
Carriages <i>2 C. Wagon at \$5.00</i>	10.00	Apr 8	Cr " "	10.00
Flowers		May 9	Cr " "	10.00
Hearse		July 8	Cr " "	10.00
Death notices in <i>Papers</i>		Sept 9	Cr " "	10.00
Outlay for lot		July 16	Cr " "	10.00
Opening Grave		July 16	Cr " <i>dis</i>	.36
Lining Grave				
Grave Vault <i>50 2.00 1.00 1.00 .50 Tie- Pants shirt Under Socks</i>	5.50			
Shipping Charges, Prepaid <i>2 Tickets</i>				
<i>to Umatilla</i>	4.86			
<i>Cent to Sanford.</i>	5.00			
Total amount of bill	110.36			110.36



REMARKS *Will pay by the month.*

FUNERAL REGISTER

NO. *Estate Dr. Herman H. Brown.* DATE *1921*
offleath April 10th

Remains of *Dr. Herman Hampton Brown.* Residence *1019 Byron Manor Ave*
 Father's Name *George R. Brown.* Residence *North Ireland.*
 Mother's Name *Mrs Brown.* How Secured *Estate.*
 Charged to *Mrs H. H. Brown. (Wife)* Shipped to *Chicago, Ills.*
 Date of Funeral *April - 1921* Date of Death *April 10th 1921 7:42 a.m.*
 Place of Death *44 Lancy St.* Single or Married *Married*
 Occupation of Deceased *Eye & Throat Specialist* Age *57* years *9* months days
 Cause of Death *Pernicious Anemia* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Egan.* Plate engraved *Name & State*
 Clergyman *Rev. Badger.* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Chicago.*
 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>3/4 Guy B. Co. B. Co. State.</i>	<i>535.00</i>	<i>Apr 11</i>	<i>Tr by check.</i>	<i>715.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Oak -</i>	<i>115.00</i>			
Burial Robe				
Embalming and Attendance <i>Bmb -</i>	<i>50.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Moving body to Station</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>715.00</i>			<i>715.00</i>

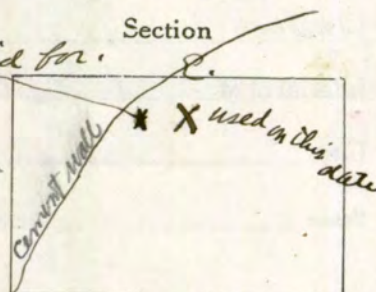
REMARKS

FUNERAL REGISTER

NO. *Mr. E. J. Laflie, 708 W. Church St.* DATE *Death Apr 11th 1921*
 Remains of *Mrs Jennie Elizabeth Laflie*, Residence *St Cloud, Fla.*
 Father's Name *Israel Nedz.* Residence *Penn*
 Mother's Name *Mrs Heaton Nedz.* How Secured *Son & Husband*
 Charged to *Mr E. J. Laflie (Son)* Shipped to *Buried in Orlando*
 Date of Funeral *April 12th 1921 3:30 P.M.* Date of Death *April 11th 1921 2 P.M.*
 Place of Death *708 W. Church St.* Single or Married *Married*
 Occupation of Deceased *At Home* Age *77* years months days
 Cause of Death _____ Number of Burial Certificate _____
 Certifying Physician *Dr. Christ* Plate engraved *Mother*
 Clergyman *Rev - Cooper*
 Interment at *Greenwood Cemetery* Lot or grave No. _____ Section _____
 City *Orlando* Reserved & Paid for. *E.*
 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 =.



Burial Pl. G. A. R.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7/4 Grey Cope Oct 30th</i>	90.00	May 19	Cr. by check.	158.00
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk. B. Robe.</i>	8.00			
Embalming and Attendance <i>Emb-</i>	25.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers	5.00			
Outlay for lot <i>one lot reserved.</i>	5.00			
Opening Grave <i>of closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	158.00			158.00

REMARKS

FUNERAL REGISTER

NO. *Mr F. I. Reynolds. Mt Vernon ave,* DATE *1921 Death April 12th*

Remains of *Mrs Nancy L. Reynolds.* Residence *Mt Vernon Ave. City*

Father's Name *Mr John Abbott.* Residence *New Hampshire.*

Mother's Name *Huldia Perry.* How Secured *Scm*

Charged to *Mr F. I. Reynolds (Son)* Shipped to *Fort Fairfield, Maine*

Date of Funeral *April 1921* Date of Death *April 12th 1921 11:30 AM.*

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

Occupation of Deceased *At Home.* Age *82* years *3* months *16* days

Cause of Death *Senility.* Number of Burial Certificate

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




Clergyman *Rev. Mr. Connell.* Lot or grave No. Section

Interment at *Restoration Cemetery*

City *Fort Fairfield*

State *Maine*

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 Black. B.Cs. Oct. V.T.</i>	<i>165.00</i>	<i>Apr 13</i>	<i>Cr by Cash.</i>	<i>270.34</i>
Metallic Lining <i>No</i>		<i>" 28</i>	<i>Cr " "</i>	<i>101.18</i>
Outside Box <i>Reg. Painted</i>				
Burial Robe <i>Grey Silk.</i>	<i>12.00</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				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegram</i>	<i>1.18</i>			
Grave Vault <i>2 R. R. Tickets, 74.17</i>	<i>148.34</i>			
Shipping charges, prepaid				
Total amount of bill	<i>371.52</i>			<i>371.52</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Frances Benton, Summerlin St. City* DATE *1921* *Death April 13th*
 Remains of *Mrs Frances Benton.* Residence *Summerland St. City*
 Father's Name *Joe Smith.* Residence *Don't know.*
 Mother's Name *Don't know.* How Secured *Estate of Daughter.*
 Charged to *Kate Humphrey (Daughter)* Shipped to *Guilford, Conn.*
 Date of Funeral *April - 1921* Date of Death *April 13th 1921 3:30 P.M.*
 Place of Death *Residence.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *84* years *7* months *13* days
 Cause of Death *Progressive Anemia.* Number of Burial Certificate *408*
 Certifying Physician *Lt. Rooney.* Plate engraved *Name & Place*
 Clergyman *Dean Glass, Bishop Mann.* Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Guilford*
 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 .

Mrs Kate Humphrey Washington, Maine.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Co. - Oct 07.</i>	<i>190.00</i>	<i>Apr 15</i>	<i>62 by check.</i>	<i>350.00</i>
Metallic Lining <i>No</i>		<i>" 15</i>	<i>61 " Lis</i>	<i>2.54</i>
Outside Box <i>Reg - Painted</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>Engraving N. Plate</i>	<i>4.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Minister</i>	<i>5.00</i>			
Grave Vault <i>2 R. R. Tichels & Pullman</i>	<i>108.54</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>352.54</i>			<i>352.54</i>

REMARKS

Shipped on Train #82 April 16th

FUNERAL REGISTER

NO. *Estate of Wm. M. Walker Fairville* DATE *1921 of death April 13th*

Remains of *Mr Wm M. Walker.* Residence *Fairville, Fla.*

Father's Name *Thomas F. Walker.* Residence *Fairville Fla.*

Mother's Name *Mary L. Skates.* How Secured *Estate.*

Charged to *Mrs Mary L. Walker (Wife)* Shipped to *Buried in Orlando*

Date of Funeral *April 17th 1921 3:30 P.M.* Date of Death *April 13th 1921 3:30 P.M.*

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

Occupation of Deceased *Bairn Man.* Age *47* years *3* months *27* days

Cause of Death *Toxemia* Number of Burial Certificate

Certifying Physician *Dr. Craney.* Plate engraved *A. C. C. F. Emblem.*

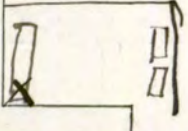
Clergyman *Rev H. Adcock.* Lot or grave No. *10 N.W. 1/4* Section *A.*

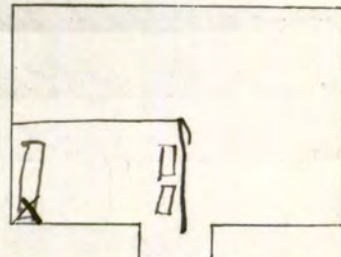
Interment at *Greenwood Cemetery*

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>6/3 Guy B. Co R. Co St.</i>	<i>195.00</i>	<i>May 1</i>	<i>Cr by check.</i>	<i>287.50</i>
Metallic Lining			<i>Cr by air</i>	<i>5.00</i>
Outside Box <i>Reg.</i>				
Burial Robe <i>Grey Suit</i>	<i>25.00</i>			
Embalming and Attendance <i>Emb & Shaving</i>	<i>35.00</i>			
Carriages <i>2 Autos, at \$500 each</i>	<i>1000</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>#10 N.W. 1/4 Sec 6.</i>				
Opening Grave <i>End Closing</i>	<i>5.00</i>			
Lining Grave <i>Underwear & Socks</i>	<i>2.50</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>292.50</i>			<i>292.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr P. Moody, Groveland, Fla.* DATE *1921 April 14th*

Remains of *Mr. P. Moody.* Residence *Groveland, Fla.*

Father's Name *John B. Moody.* Residence *Georgia.*

Mother's Name *Don't know.* How Secured *Wife.*

Charged to *Mr Pinkston Moody.* Shipped to *Glennville, Ga.*

Date of Funeral *April - 1921* Date of Death *April 14th 1921 1:30 P.M.*

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

Occupation of Deceased *Day Laborer.* Age *30* years months days

Cause of Death *Typhoid Fever* 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 *Glennville*

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 V. Coffin & box</i>	45.00	Apr 14	By Check.	95.90
Metallic Lining		" 14	By ..	24.74
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>incl Shaving</i>	40.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Underwear & Socks</i>	.90			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>2 R.R. Tickets</i>	24.74			
Shipping Charges, Prepaid				
Total amount of bill	120.64			120.64

REMARKS

Account paid by Mr John. F. Burns, Groveland, Fla. Shipped on Train #80 April 14th

FUNERAL REGISTER

NO. *Estate Joseph L. Sunday, Pine Castle, Fla.* DATE *April 14th 1921*

Remains of *Mr. Joseph L. Sunday* Residence *Pine Castle, Fla.*

Father's Name *Mr. George Sunday* Residence *Alabama*

Mother's Name *Martha Johnson (Sunday)* How Secured *Estate*

Charged to *Mr. Joseph L. Sunday (Wife)* Shipped to *Quincy, Fla.*

Date of Funeral *April 16th 1921* Date of Death *April 14th 1921 1:30 a.m.*

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

Occupation of Deceased *Farming (Retired)* Age *72* years *1* months *2* days

Cause of Death *Senile Bronchitis* Number of Burial Certificate *409*

Certifying Physician *Dr. Brannon (Pine Castle)* Plate engraved *At Rest*




Clergyman *From Pine Castle* Lot or grave No. _____ Section _____

Interment at *Mt. Pleasant* Cemetery

City *Quincy*

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>5/4 Grey Cope Oct 3 R.T. Co.</i>	<i>125.00</i>	<i>June 25</i>	<i>Cr by check</i>	<i>205.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>E. Shaving</i>	<i>40.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Bow Tie</i>	<i>.25</i>			
Hearse <i>✓</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegrams</i>	<i>4.13</i>			
Grave Vault <i>2 R.R. Tickets</i>	<i>26.12</i>			
Shipping charges, prepaid				
Total amount of bill	<i>205.50</i>			<i>205.50</i>

REMARKS

Shipped on Train #82 April 16th

FUNERAL REGISTER

NO. *H. W. Barr 400 E. Central St. City*

DATE *1921*
of death Apr 14th

Remains of *Mrs. Henrietta Graham.*

Residence *Geneva, Fla.*

Father's Name *Samuel Johnson.*

Residence *Ohio.*

Mother's Name *Nancy Carson (Johnson)*

How Secured *Estate.*

Charged to *Mrs. H. W. Barr*

Shipped to *Loveland, Colo.*

Date of Funeral *April 14th 1921 1 P.M.*

Date of Death *April 14th 9 P.M. 1921*

Place of Death *400 E. Central Ave.*

Single or Married *Widow*

Occupation of Deceased *At Home*

Age *75* years *10* months *27* days

Cause of Death *Arterial Thrombosis.*

Number of Burial Certificate *410*

Certifying Physician *Lt. Person.*

Plate engraved *Name & Date.*

Clergyman *Rev M. E. Cornell*




Lot or grave No. _____ Section _____

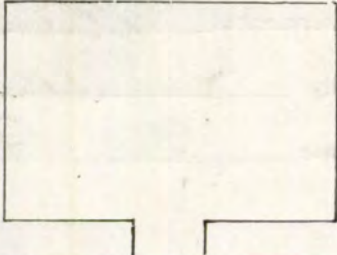
Interment at *Restoration Cemetery*

City *Loveland.*

State *Colo.*

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 Guy 13 Clo R. Co. S. 2 25.00</i>	<i>Apr 16</i>	<i>N. W. Barr. Cr by check.</i>	<i>443.00</i>
Metallic Lining	<i>No.</i>			
Outside Box	<i>Reg - Painted</i>			
Burial Robe				
Embalming and Attendance	<i>Emb. 35.00</i>			
Carriages	<i>C. Wagon 2, at \$ 5.00</i>			
Flowers	<i>✓</i>			
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault	<i>R. R. Tichels 173.00</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>443.00</i>			<i>443.00</i>

REMARKS

FUNERAL REGISTER

NO. *Nelson Hill, E. South St. City.* DATE *1921*
 Remains of *Rhoda Hill.* Residence *East South St.*
 Father's Name *Lost Know.* Residence *Georgia.*
 Mother's Name *Lost Know.* How Secured *Grandson & Husband.*
 Charged to *Moody Robinson 210 Line St. (Grandson.)* Shipped to *Buried in Orlando.*
 Date of Funeral *April 16th 1921 10 A.M.* Date of Death *April 14th 1921 10 P.M.*
 Place of Death *Residence.* Single or Married *Married.*
 Occupation of Deceased *At Home.* Age *78 years 3 months 20 days*
 Cause of Death *La Grippe & Bronchitis.* Number of Burial Certificate
 Certifying Physician *H. Callahan.* Plate engraved *At Rest.*
 Clergyman *From Colored Church* Lot or grave No. *39* Section *K*
 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 .

X

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey Cope Oct 3 P.M.</i>	100.00	Apr 15	<i>Fr. M. Robinson by check.</i>	70.00
Metallic Lining <i>No</i>		" 15	<i>Charlotte Shackelford</i>	29.00
Outside Box <i>Reg.</i>		" 17	<i>by Single Grave</i>	3.00
Burial Robe <i>Grey Silk Robe</i>	11.00	" 22	<i>by check Fr. M. Robinson</i>	27.00
Embalming and Attendance <i>Emb.</i>	25.00	" 26	<i>by check Fr. M. Robinson</i>	25.00
Carriages <i>at \$</i>		June 8	<i>by check Fr. M. Robinson</i>	30.00
Flowers				
Hearse <i>Grey Auto Car.</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	3.00			
Opening Grave <i>Ed Closing</i>	5.00			
Lining Grave <i>Burial Lot</i>	30.00			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	184.00			184.00

REMARKS

FUNERAL REGISTER

NO.

E. L. Sphaler.

DATE

1920
April 20th

Remains of Infant of Mrs Freeman

Father's Name Lent Know

Mother's Name Mrs Freeman

Charged to E. L. Sphaler.

Date of Funeral April 21st 1921

Place of Death Windemere

Occupation of Deceased At home

Cause of Death

Certifying Physician Mr. Lawrence

Clergyman

Interment at Beulah Cemetery

City

State Florida

Residence Windemere

Residence Lent Know.

How Secured E. L. Sphaler.

Shipped to Buried at Beulah

Date of Death April 20th 1921

Single or Married Single

Age years 7 months days



Number of Burial Certificate

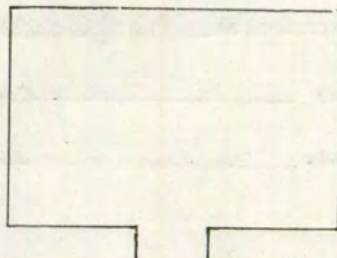
Plate engraved

Lot or grave No.

Section

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 2/6 W. L. Skin

11.50 Apr 20th by Check

11.50

Metallic Lining

Outside Box

Burial Robe

Embalming and Attendance

Carriages at \$

Flowers

Hearse

Death notices in Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Total amount of bill

11.50

11.50

REMARKS

One of the employees at Mill. Bought Casket and done their own work.

FUNERAL REGISTER

1921

NO. *Estate Mrs Frieda Taylor, E. Robinson Ave.* DATE *of Learch Apr 21st*

Remains of *Mrs Frieda Taylor.* Residence *E. Robinson, Ave.*

Father's Name *Lonie Foss.* Residence *Germany.*

Mother's Name *Filora Emily Foss.* How Secured *Estate & Mother.*

Charged to *Mrs Filora Foss, Mich (Mother)* Shipped to *Buried at Bay Ridge.*

Date of Funeral *April 23rd 1921 1 P.M.* Date of Death *April 21st 1921 7:30 P.M.*

Place of Death *Orange. G. Hospital.* Single or Married *Widow.*

Occupation of Deceased *At Home.* Age *35* years *11* months *2* days

Cause of Death *Petrans.* Number of Burial Certificate

Certifying Physician *Mr. Chiles.* Plate engraved *At Rest.*




Clergyman *Sean Glass.* Lot or grave No. Section

Interment at *Bay Ridge* Cemetery

City *Bay Ridge*

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 .

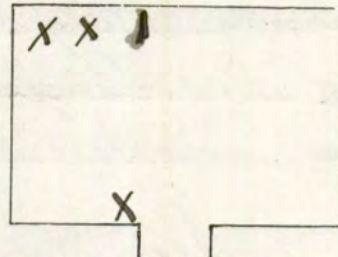
See Russell Taylor (Son) about account.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey H. Skin Oct 3 P.T.</i>	125.00	May 30	Cr by Check.	222.50
Metallic Lining <i>✓</i>		30	Cr ..	8.50
Outside Box <i>Reg.</i>	15.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Tombing Car at \$</i>	10.00			
Flowers <i>Auto to B. Ridge locate grave</i>	10.00			
Hearse <i>Auto Funeral Car,</i>	25.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Casket Wagon</i>	5.00			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Ambulance</i>	5.00			
Total amount of bill	230.00			230.00

REMARKS

FUNERAL REGISTER

NO. *Mr Alfred Porter, Orlando, Fla.* DATE *1921 April 23rd*
 Remains of *Infant.* Residence *3 mi S.E. of Orlando.*
 Father's Name *Alfred Porter.* Residence *3 mi S.E. of Orlando.*
 Mother's Name *Mamie Amick Porter.* How Secured *Father.*
 Charged to *Alfred Porter (Father)* Shipped to *Buried at Conway.*
 Date of Funeral *April 24th 1921* Date of Death *April 23rd 9 a.m.*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *2* Age *—* years *—* months *—* days
 Cause of Death *Still Born.* Number of Burial Certificate
 Certifying Physician *Dr. Howell* Plate engraved *Our Darling.*
 Clergyman *None* Lot or grave No. Section
 Interment at *Conway.* Cemetery *Lot in Conway Cemetery.*
 City *Conway.* CEMETERY CHART
 State *Fla.* 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>2/8 H.M. Sgr</i>		<i>8.50 May 4</i>	<i>Cr by Check.</i>	<i>12.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Touring Car.</i>	<i>2.00</i>			
Death notices in Papers				
Outlay for lot				
Opening Grave <i>& Closing</i>	<i>1.50</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>12.00</i>			<i>12.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. Thomas Mizell, Kissimmee of Leach Apr 25th* 1921

Remains of *Mrs Jessie Mizell* Residence *Kissimmee, Fla.*

Father's Name *Mr James Rogers,* Residence *England.*

Mother's Name *Mary Arnold Rogers,* How Secured *Husband,*

Charged to *Mr J. Thor Mizell (Husband)* Shipped to *Buried in Orlando*

Date of Funeral *April 26th 1921 3 PM.* Date of Death *April 25th 1921 6:15 PM.*

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

Occupation of Deceased *At Home* Age *54* years months days

Cause of Death Number of Burial Certificate

Certifying Physician *Dr. Rivers (Kissimmee)* Plate engraved *At Rest.*




Clergyman *Rev Mr. Connell,* Lot or grave No. Section

Interment at *Mizell* Cemetery

City *N. of 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>5/9 Grey Casket Oct 3 P.T.</i>	100.00	July 2	<i>En by check.</i>	52.50
Metallic Lining <i>No</i>		July 23	<i>En .. Cash.</i>	50.00
Outside Box <i>Req</i>		Aug 6	<i>En .. Cash.</i>	50.00
Burial Robe <i>White B. Robe.</i>	12.50			
Embalming and Attendance <i>Emb.</i>	10.00			
Carriages <i>C. Wagon at \$</i>	10.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>En Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	152.50			152.50




REMARKS

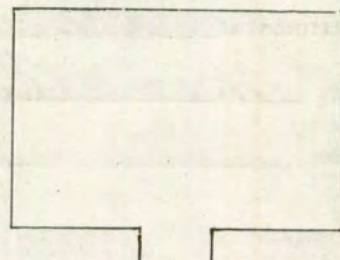
Account OK'd. by R. L. Holland (Brother-in-law)

FUNERAL REGISTER

NO. Mr. John F. Kline, Petersburg, Ind. DATE 1921 Apr 25th
 Remains of Aileen Margaret Kline Residence Petersburg, Ind
 Father's Name Mr. John F. Kline Residence Indiana
 Mother's Name Effa C. Porey Kline How Secured Father
 Charged to Mr. John F. Kline Shipped to Petersburg, Ind
 Date of Funeral April - 1921 Date of Death April 25th 9 P.M. 1921
 Place of Death O. G. Hospital Single or Married Single
 Occupation of Deceased In School Age 19 years 9 months 29 days
 Cause of Death Appendicitis Number of Burial Certificate
 Certifying Physician Mr. R. R. Kline Plate engraved Aileen - just asleep
 Clergyman Destination Lot or grave No. Section
 Interment at Destination Cemetery
 City Petersburg
 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>White Velvet Cloth</u>	<u>350.00</u>	<u>Apr 27</u>	<u>Cr. by Check</u>	<u>412.16</u>
Metallic Lining <u>Yes</u>				
Outside Box <u>Reg. Painted</u>				
Burial Robe				
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>C. Wagon (2) at \$ 5.00</u>	<u>10.00</u>			
Flowers <u>Engraving W. Plate</u>	<u>4.00</u>			
Hearse				
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<u>Lower Rich Phone 2 seats to Jax. 9.72 1.50 2.44</u>	<u>19.16</u>			
Total amount of bill	<u>412.16</u>			<u>412.16</u>


REMARKS

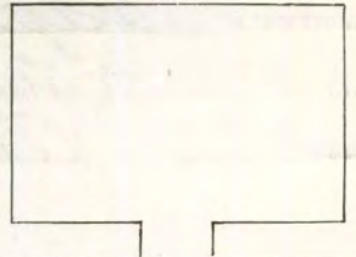
FUNERAL REGISTER

161

NO. *Chas. H. Rouse, Orlando, Fla* DATE *1921 April 25th*
 Remains of *Mr George W. Rouse* Residence *Orlando, Fla R.F.H.*
 Father's Name *W. A. Rouse* Residence *Georgia*
 Mother's Name *Susan Hancock Rouse* How Secured *Brother*
 Charged to *Chas. H. Rouse* Shipped to *Buried at Lion Bridge*
 Date of Funeral *April 27th 1921* Date of Death *April 25th 1921*
 Place of Death *A. G. Hospital* Single or Married *Single*
 Occupation of Deceased *Farming* Age *17* years months days
 Cause of Death *Intestinal Obstruction* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *At Rest*
 Clergyman *Rev Kelly* Lot or grave No. Section
 Interment at *Lion Bridge 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>1/3 Grey Cape Oct 3 P.T.</i>	<i>125.00</i>	<i>May 31 Br by Cash + Check.</i>	<i>95.00</i>
Metallic Lining	<i>No</i>		<i>Sept 16 Br by Cash.</i>	<i>20.00</i>
Outside Box	<i>Req.</i>		<i>Sept 16 Br by dis.</i>	<i>16.00</i>
Burial Robe	<i>Grey Suit.</i>	<i>26.00</i>	<i>1924 Dec 18 Br by Mr J.S. Rouse</i>	<i>30.00</i>
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>		
Carriages	<i>C. Wagon at \$</i>	<i>5.00</i>		
Flowers				
Hearse	<i>Funeral Car.</i>	<i>20.00</i>		
Death notices in	<i>Papers</i>			
Outlay for lot	<i>Inst 6% on acct</i>			
Opening Grave	<i>Mar - 23 - 1931</i>	<i>52.50</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill

263.50

REMARKS

*145.
118.50*

*1931
Mar - 23 - Gave
Intg on small Farm
for this acct and
Joe Kirkland acct
of Mar 21 - 1923*

FUNERAL REGISTER

NO. *Estate R. V. Loccy, Montville, O.* DATE *1921. 28th April*

Remains of *Mr R. V. Loccy.*

Father's Name *Harris Loccy.*

Mother's Name *Hannah Savage.*

Charged to *A. J. Rhodes Custis Fld*

Date of Funeral *May - 1921*

Place of Death *A. G. Hospital*

Occupation of Deceased *Farming*

Cause of Death *Chronic Alcoholism.*

Certifying Physician *H. M. Ewan.*

Clergyman *Destination*

Interment at *Destination* Cemetery

City *Chardon*

State *Ohio.*

Residence *Montville, Ohio.*

Residence *Ohio.*

How Secured *A. J. Rhodes.*

Shipped to *Chardon, Ohio.*

Date of Death *April 28th 1921 3:30 A.M.*

Single or Married *Widower.*

Age *38* years months days




Number of Burial Certificate

Plate engraved *At Rest*

Lot or grave No.

Section

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>7/9 Gray Cope Wd 3 P.T.</i>	<i>125.00</i>	<i>Apr 29</i>	<i>Cr by Check.</i>	<i>172.47</i>
Metallic Lining				
Outside Box <i>Reg- Painted.</i>				
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 <i>Telegram.</i>	<i>1.72</i>			
Grave Vault <i>Collar²⁵ Tie⁵⁰</i>	<i>.75</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>172.47</i>			<i>172.47</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mr. Geo. Porter, 403 N. Magnolia Ave.* DATE *1920 April 29th*

Remains of *Mr. George Porter.* Residence *403 N. Magnolia Ave.*

Father's Name *George Porter.* Residence *Manchester, N. H.*

Mother's Name *Irene Sealed Porter.* How Secured *Estate.*

Charged to *Estate of Elizabeth Porter (Sister)* Shipped to *New London, Conn.*

Date of Funeral *May 1st 1921 3 P.M.* Date of Death *April 29th 1921 8 A.M.*

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

Occupation of Deceased *Practicing Physician.* Age *65 years 1 months 14 days*

Cause of Death *Was found dead in his room.* Number of Burial Certificate

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




Clergyman *Dean Glass.* Lot or grave No. Section

Interment at *Destination Cemetery*

City *New London.*

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>765.00</i>	<i>July 11</i>	<i>Cr by Check.</i>	<i>1046.72</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>White Finish</i>	<i>125.00</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 <i>Engraving Name Plate.</i>	<i>4.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers.				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram 94.32</i>	<i>1.18</i>			
Shipping charges, prepaid <i>Express</i>	<i>94.32</i>			
<i>War Tax.</i>	<i>4.72</i>			
Total amount of bill	<i>1046.72</i>			<i>1046.72</i>

REMARKS

FUNERAL REGISTER

NO. *D. E. Roe Clement, Fla.* DATE *of death* ¹⁹²¹ *Apr 29*Remains of *Mrs M. E. Collier*Residence *Clement, Fla.*

Father's Name

Residence

Mother's Name

How Secured

Charged to

Shipped to

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

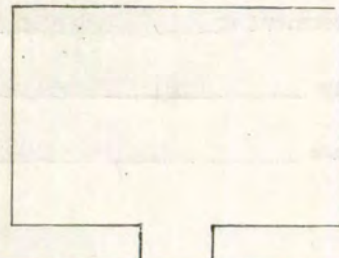
Interment at _____ Cemetery

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>May 4</i>	<i>Cr by check</i>	<i>65.00</i>
Metallic Lining			<i>Cr .. dis.</i>	<i>5.00</i>
Outside Box				
Burial Robe <i>Grey Dress.</i>	<i>35.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>70.00</i>			<i>70.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Charles. O. Landwehr* *109 W. Summerline* DATE *May 2nd 1921*

Remains of *Mr Charles Landwehr* Residence *109 W. Summerline*

Father's Name *Arthur Landwehr* Residence *Germany*

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

Charged to *Mrs Isabella Landwehr (Wife)* Shipped to *Buried at Orlando*

Date of Funeral *May 5th 1921 8:30 a.m.* Date of Death *May 2nd 1921 3 P.M.*

Place of Death *at Federal Bakery* Single or Married *Married*

Occupation of Deceased *Baker* Age *69* years *1* months *9* days

Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate

Certifying Physician *Dr. Christ* Plate engraved *Crucifix*




Clergyman *Father Fox* Lot or grave No. Section

Interment at *Catholic* 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 Ply Cufe Oct 30 Tot.</i>	<i>125.00</i>	<i>June 2 Dr.</i>	<i>by check.</i>	<i>135.18</i>
Metallic Lining <i>No</i>		<i>Aug 23 Cr</i>	<i>.. cash.</i>	<i>20.00</i>
Outside Box <i>Req.</i>		<i>Jan 17 1922 Dr</i>	<i>.. Cash.</i>	<i>35.00</i>
Burial Robe <i>Burial Suit</i>	<i>20.00</i>	<i>" 29 Dr</i>	<i>.. Cash.</i>	<i>25.00</i>
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>	<i>" 30 Dr</i>	<i>by Lic.</i>	<i>2.86</i>
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Del. box to Cemetery.</i>	<i>2.50</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers <i>3.00</i>				
Outlay for lot <i>2 Graves</i>	<i>6.00</i>			
Opening Grave <i>Ext. Closing.</i>	<i>5.00</i>			
Lining Grave <i>Underwear & Socks</i>	<i>2.50</i>			
Grave Vault <i>Telegrams.</i>	<i>2.04</i>			
Shipping charges, prepaid				
Total amount of bill	<i>218.04</i>			<i>218.04</i>

REMARKS

Lied very sudden, while at work in the Federal Bakery.

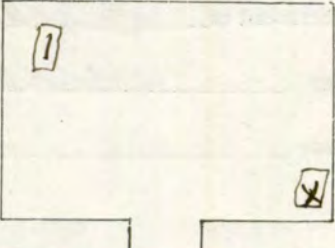
** Paid Rev. Michael Fox \$6.00 for graves in Catholic Cemetery June 27th 1921*

FUNERAL REGISTER

NO. *Estate Mrs Emma V. Walker 204 Lurie St* DATE *May 3rd 1921*

Remains of *Mrs Emma V. Walker* Residence *204 Lurie St. City*
Father's Name *Shaduck Beavis* Residence *Maryland*
Mother's Name *Don't know* How Secured *Langeth*
Charged to *Mrs H. B. Rooney (Langeth)* Shipped to *Buried in Orlando*
Date of Funeral *May 5th 1921 10:30* Date of Death *May 3rd 1921 5:40 a.m.*
Place of Death *Residence* Single or Married *Widow*
Occupation of Deceased *At home* Age *87* years *11* months *16* days
Cause of Death *Senility* Number of Burial Certificate
Certifying Physician *Dr. Chiles* Plate engraved *At Rest*
Clergyman *Rev. Cooper* Lot or grave No. *# 67* 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 x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Blk B. Co Oct 3 P.T.</i>	<i>140.00</i>	<i>May 18</i>	<i>Cr by Cash.</i>	<i>212.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Blk Dress.</i>	<i>12.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>2 Autos 4.00</i>	<i>8.00</i>			
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#67 Sec J.</i>				
Opening Grave <i>Exc. Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault <i>1.50 Blk S. Graves 1.50</i>	<i>2.50</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>212.50</i>			<i>212.50</i>

REMARKS

FUNERAL REGISTER

NO. *Mr John H. Cooper. Winter Garden.* DATE *of Death May 4th 1921*

Remains of *Mrs Nettie E. Cooper.* Residence *Winter Garden, Fla.*

Father's Name *Lawrence O. Welborn.* Residence *Peher, S. C.*

Mother's Name *Mrs Canon Welborn.* How Secured *Husband.*

Charged to *Mr John H. Cooper.* Shipped to *Buried at Oakland.*

Date of Funeral *May 1921* Date of Death *May 4th 4 A.M.*

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

Occupation of Deceased *At Home.* Age *46* years *7* months *20* days

Cause of Death *Acute dilation of Stomach.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Evan.* Plate engraved *Mother.*

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

Interment at *Oakland* Cemetery

City *Oakland.*

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>1/8 White B. Cloth, Electric</i>	<i>390.00</i>	<i>May 28</i>	<i>Tr by check.</i>	<i>487.00</i>
Metallic Lining <i>Yes</i>		<i>.. 20</i>	<i>Tr .. Mrs C. Wagon</i>	<i>5.00</i>
Outside Box <i>Reg -</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Embr</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Pr. Horse</i>	<i>2.00</i>			
Opening Grave <i>Lel. body to Res.</i>	<i>10.00</i>			
Lining Grave				
Grave Vault <i>Labor on Vault.</i>	<i>20.00</i>			
Shipping charges, prepaid <i>By Labor & Car.</i>	<i>10.00</i>			
Total amount of bill	<i>492.00</i>			<i>492.00</i>

REMARKS

FUNERAL REGISTER

NO. *(Estate) Chas. Horner Morse* DATE *May 1921*
 Remains of *Mr Chas. Horner Morse* Residence *Winter Park, Fla.*
 Father's Name *John Morse* Residence *Vermont*
 Mother's Name *Elizabeth Morse* How Secured *Estate*
 Charged to *Mrs Helen H. Morse* Shipped to *Chicago, Ill.*
 Date of Funeral *May 7th 1921 11 a.m.* Date of Death *May 5th 1921 6 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *President of Fairbanks Morse Co* Age *88* years *1* months *12* days
 Cause of Death *Hemorrhage Pancreatic* Number of Burial Certificate
 Certifying Physician *Lt. Wm. Egan* Plate engraved *Name & State*
 Clergyman *At Winter Park* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Chicago*
 State *Ill.*

CEMETERY CHART




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

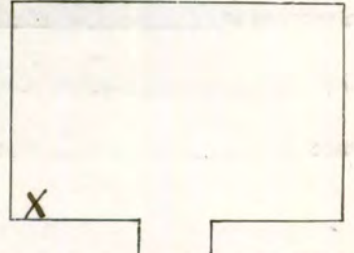
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>1/2 Solid Coffin S.H.C. 1850.00</i>	<i>Sept 19</i>	<i>Cr by Check.</i>	<i>2040.82</i>
Metallic Lining	<i>yes</i>			
Outside Box	<i>Wherry Finish 115.00</i>			
Burial Robe				
Embalming and Attendance	<i>1 Care of body 50.00</i>			
Carriages	<i>at \$</i>			
Flowers				
Hearse	<i>Auto Funeral Car. 15.00</i>			
Death notices in	<i>Papers</i>			
Outlay for lot	<i>1st of box W.P. Sta 5.00</i>			
Opening Grave				
Lining Grave				
Grave Vault	<i>1st. body to Res. 5.00</i>			
Shipping Charges, Prepaid	<i>Telegram. .82</i>			
Total amount of bill	<i>2040.82</i>			<i>2040.82</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Henry C. Bryan, 205 Hawthood Ave* DATE *1921 May 5*
Remains of *Mr Henry C. Bryan* Residence *205 Hawthood Ave*
Father's Name *Oscar Bryan* Residence *Harmond, Fla.*
Mother's Name *Mary F. Clefton* How Secured *Estate*
Charged to *Mrs May Bryan (Wife)* Shipped to *Buried in Orlando*
Date of Funeral *May 7th 1921 4 P.M.* Date of Death *May 5th 1921 7 A.M.*
Place of Death *Residence* Single or Married *Married*
Occupation of Deceased *Fruit Grower* Age *33 years 11 months 14 days*
Cause of Death *Endocarditis* Number of Burial Certificate
Certifying Physician *Dr. Beardhall* Plate engraved *Name & State*
Clergyman *Rev. M. E. Connell* Lot or grave No. *# 141* Section *L*
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 Metal, State H. Cap.</i>	<i>525.00</i>	<i>May 12</i>	<i>Cr. by Check</i>	<i>500.00</i>
Metallic Lining <i>Inner</i>		<i>May 18</i>	<i>Cr. " "</i>	<i>298.00</i>
Outside Box <i>Steel Vault (Gal)</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>and Shaving</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Eng. Name Plate</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 L # 141</i>	<i>65.00</i>			
Opening Grave <i>and closing</i>	<i>5.00</i>			
Lining Grave <i>Two Caskets</i>	<i>8.00</i>			
Grave Vault <i>Dr. M. E. Connell</i>	<i>10.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>798.00</i>			<i>798.00</i>

REMARKS

FUNERAL REGISTER

NO. *1921* *Mr Morgan C. Britt* DATE *May 6th*
Infant of Mr & Mrs
 Remains of *Morgan C. Britt* Residence *Winter Garden*
 Father's Name *Morgan C. Britt* Residence *Georgia (Winter Garden)*
 Mother's Name *Blanch Gainer* How Secured *Father*
 Charged to *Morgan C. Britt* Shipped to *Stone Mountain, Ga.*
 Date of Funeral *May 7th 1921* Date of Death *May 6th 1921, 6 a.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 *Dr. Harris* Plate engraved *Our Darling*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Stone Mountain*
 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>2 1/2 W. L. S. Oct. H. Top.</i>	<i>30.00</i>	<i>June 6</i>	<i>Cr by check.</i>	<i>91.68</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Care of body</i>	<i>15.00</i>			
Carriages <i>C. Wagon to Sta at \$</i>	<i>3.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Pullman Ex (2) R.R. Tickets</i>	<i>43.68</i>			
Total amount of bill	<i>91.68</i>			<i>91.68</i>

REMARKS

Shipped on train #80 May 7th 1921

FUNERAL REGISTER

NO. *Estate Frank J. Terry.* DATE *Heath May 9th 1921*

Remains of *Mr Frank. James Terry.* Residence *Hellman St. City.*

Father's Name *Hart Simon.* Residence *New York.*

Mother's Name *Ellanora Purdy.* How Secured *Estate & Wife.*

Charged to *Mrs Jessie Terry.* Shipped to *Buried in Orlando.*

Date of Funeral *May 12th 1921 3 P.M.* Date of Death *May 9th 1921 11:30 a.m.*

Place of Death *died in his auto on the way home on main St at home.* Single or Married *Married*

Occupation of Deceased *Monument (marble shop).* Age *56* years *10* months *28* days

Cause of Death *Sudden death. Cardiac heart lesion.* Number of Burial Certificate

Certifying Physician *Dr. Neal.* Plate engraved *I.O.O.F. Emblem.*




Clergyman *Rev. M. E. Connell.* Lot or grave No. *1* Section *M*

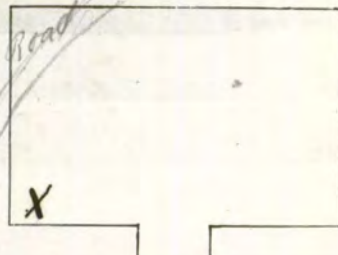
Interment at *Greenwood Cemetery*

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. Uplite.</i>	175.00	<i>July 20</i>	<i>Pa by Check.</i>	422.75
Metallic Lining <i>No.</i>				
Outside Box <i>Gahin Vault Bolt End.</i>	125.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>Colored Car</i> at \$	5.00			
Flowers				
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#1 Sec M.</i>	65.00			
Opening Grave <i>End Closing grave</i>	5.00			
Lining Grave <i>Shirt Collar Tie Socks</i>	3.75			
Grave Vault				
Shipping charges, prepaid				
<i>Lumber for curbing of grave.</i>	4.00			
Total amount of bill	422.75			422.75

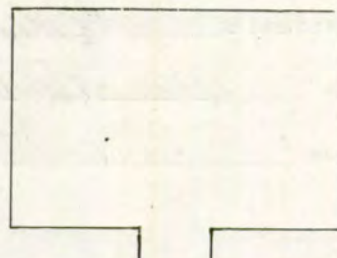
REMARKS

FUNERAL REGISTER

NO. *Eva Hartwright, Umatilla, Fla.* DATE *1921 May 13th*
 Remains of *Mrs Ella Hartwright* Residence *Umatilla, Fla.*
 Father's Name *Eugene Neighbor* Residence *Germany.*
 Mother's Name *Don't know.* How Secured *Husband.*
 Charged to *Mr Eva Hartwright,* Shipped to *Umatilla, Fla by auto.*
 Date of Funeral *May 15th 1921* Date of Death *May 13th 1921 12:30*
 Place of Death *O. General Hospital* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *61* years months days
 Cause of Death *Cancer of Stomach.* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Ewan.* Plate engraved
 Clergyman *At Umatilla.* Lot or grave No. Section
 Interment at *Umatilla* Cemetery
 City *Umatilla,*
 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>May 13</i>	<i>By Cash.</i>	<i>25.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>25.00</i>			
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

REMARKS *+ Died in Orange G. Hospital. We embalmed body of Mr Hartwright took body in auto truck to Umatilla for burial. Casket was bought at Umatilla,*

FUNERAL REGISTER

NO. *Miss Nellie M. Zimmer* ^{Sister} *270 W. Newton St* ¹⁹²¹ *May 13th* DATE
 Remains of *Miss Ethel Mae Zimmer* Residence *Boston, Mass.*
 Father's Name *Anthony M. Zimmer* Residence *New York.*
 Mother's Name *Josephine Wade Zimmer* How Secured *Sister*
 Charged to *Miss Nellie M. Zimmer* ^(sister) Shipped to *Newark Valley, New York.*
 Date of Funeral *May - 1921* Date of Death *May 13th 7.4.M. 1921*
 Place of Death *G. General Hospital* Single or Married *Single*
 Occupation of Deceased *Musician.* Age *41* years *4* months *4* days
 Cause of Death *Acute Yellow Atrophy of Liver* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Egan* Plate engraved
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Newark Valley.*
 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	\$ 65.00	May 13	Cr by Cash.	45.50
Metallic Lining		" 18	Cr .. Check.	101.92.
Outside Box <i>Reg- Painted,</i>	00.00			
Burial Robe	37.50			
Embalming and Attendance	35.00			
Carriages <i>C. Wagon 2) at \$ 5.00</i>	10.00			
Flowers <i>Undewear & hose,</i>	5.00			
Hearse <i>Engraving W. Plate</i>	2.50			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram.</i>	.82			
Shipping charges, prepaid <i>Express</i>	101.10			
Total amount of bill	556.92			556.92

REMARKS

FUNERAL REGISTER

NO. *T. J. Minor*

DATE *of death May 14th 1921*

Remains of *Mr Henry G. Minor.*

Residence *Ocoee, Fla.*

Father's Name *T. J. Minor.*

Residence *Ocoee, Fla.*

Mother's Name *Mrs T. J. Minor.*

How Secured *Father.*

Charged to *Mr T. J. Minor.*

Shipped to *Orlando from Jax. Fla.*

Date of Funeral *May 16th 1921 3 P.M.*

Date of Death *May 14th 1921*

Place of Death *Jacksonville, Fla.*

Single or Married *Single*

Occupation of Deceased *Office Clerk.*

Age *28* years months days

Cause of Death *General Septicemic*

Number of Burial Certificate

Certifying Physician *At Jacksonville*

Plate engraved *at Rest.*




Clergyman *Rev. Chisolem*

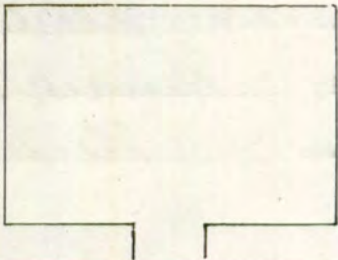
Lot or grave No. Section

Interment at *Ocoee.* Cemetery

City *Ocoee.*

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>At 3 P.M. 1/2 Grey Cufe.</i>		<i>Aug 22</i>	<i>Cr. by Cash.</i>	<i>20.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
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				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>

REMARKS *Was prepared & shipped from Jax by Wm. G. Cooper Jr.*

FUNERAL REGISTER

NO. *Mrs Wm H. Read. Baltimore, Md.* DATE *of Death May 15th 1921*

Remains of *Mrs Anna Louise Read.* Residence *Baltimore, Md.*

Father's Name *Thomas V. Reid.* Residence *Maryland.*

Mother's Name *Helena Miller.* How Secured *Husband.*

Charged to *Mrs Wm H. Read (Husband)* Shipped to *Baltimore, Md.*

Date of Funeral *May - 1921* Date of Death *May 15th 1921 9:30 P.M.*

Place of Death *103 E. Colonial Drive* Single or Married *Married*

Occupation of Deceased *At Home.* Age *69* years *6* months *7* days

Cause of Death *Cardiac Inefficiency.* Number of Burial Certificate

Certifying Physician *Lt. Ward.* Plate engraved *Name & State.*




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

Interment at *Restoration Cemetery*

City *Baltimore.*

State *Md.*

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. Clo. Vlt & Top.</i>	175.00	May 17	By Check.	363.89
Metallic Lining <i>No.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>2 Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Engraving N. Plate.</i>	5.00			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegrams 1.62</i>	1.92			
Grave Vault <i>2 Phones</i>	2.00			
Shipping charges, prepaid <i>3 R. R. Tickets</i>	113.82			
<i>Upper & Lower Litch</i>	21.15			
Total amount of bill	363.89			363.89

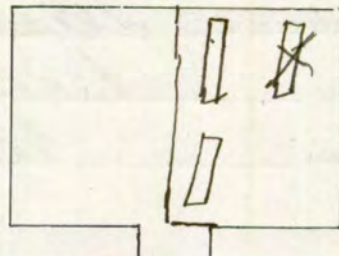
REMARKS

FUNERAL REGISTER

NO. *Estate Han J. Beidler.* DATE *1921*
of Death May 15th
 Remains of *Mr Han J. Beidler.* Residence *Orlando Fla.*
 Father's Name *Mr Beidler.* Residence *Orlando Fla.*
 Mother's Name *Mrs Beidler.* How Secured *Estate*
 Charged to *Mrs Fry (Sister)* Shipped to *Orlando from Hendersonville*
 Date of Funeral *May 18th 1921* Date of Death *May 15th 1921*
 Place of Death *Hendersonville, N.C.* Single or Married *Single.*
 Occupation of Deceased *In Fruit Business* Age *53* years *6* months *15* days
 Cause of Death *Pulmonary Tuberculosis.* Number of Burial Certificate
 Certifying Physician *At Hendersonville* Plate engraved *At Rest.*
 Clergyman *Dean Glass.* Lot or grave No. *17* Section *A 5 1/2*
 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>May 27</i>	<i>Cr. by Check.</i>	<i>25.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>From Sta. C. Wagon</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot <i>#17 Sec A 5 1/2</i>				
Opening Grave <i>& Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

REMARKS

Lied in Hendersonville N.C. Remains shipped to Orlando & escorted by J. C. Harrington, a friend.

FUNERAL REGISTER

NO. *Estate George C. Giegler, 3 mi. on Pinck Castle Road, Deland, Fla.* DATE *May 17th 1921*

Remains of *Mr George C. Giegler.* Residence *Deland, Fla.*

Father's Name *Jacob Giegler.* Residence *Germany.*

Mother's Name *Katherine Gommer (Giegler)* How Secured *Estate.*

Charged to *Mrs Elizabeth Giegler (Wife)* Shipped to *Carmi, Ills.*

Date of Funeral *May 19th 1921 10 a.m.* Date of Death *May 17th 1921 1:37 a.m.*

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

Occupation of Deceased *Fruit Grower.* Age *72* years *11* months *17* days

Cause of Death *Carcinoma of Liver* Number of Burial Certificate *439*

Certifying Physician *Dr. W. E. Ewan.* Plate engraved *Father.*

Clergyman *Rev. Chisler.* Lot or grave No. _____ Section _____

Interment at *Destinaton Cemetery*

City *Carmi.*

State *Ills.*

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>	<i>210.00</i>	<i>Aug</i>	<i>Tr by check,</i>	<i>521.86</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Steel Vault.</i>	<i>115.00</i>			
Burial Robe <i>Suit.</i>	<i>37.50</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2 at \$</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Thru RR tickets</i>	<i>114.36</i>			
Total amount of bill	<i>521.86</i>			<i>521.86</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Wm Martin, Orlando, Fla.* DATE *1921* *May 17th*

Remains of *Judge Wm Martin* Residence *Orlando, Fla.*

Father's Name *John Martin* Residence *North Carolina*

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

Charged to *Estate* Shipped to *Elizabeth City N.C.*

Date of Funeral *May 18th 1921 4 P.M.* Date of Death *May 17th 1921 6:30 a.m.*

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

Occupation of Deceased *Attorney (County Judge)* Age *65* years *8* months *23* days

Cause of Death *Chronic Nephritis* Number of Burial Certificate *# 440*

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




Clergyman *Dean Glass* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Elizabeth City*

State *N. 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>Gray B.C. S.H.C. & F.</i>	<i>525.00</i>	<i>July 6</i>	<i>Or by Check.</i>	<i>649.54</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg - Painted</i>				
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 <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>litogram</i>	<i>2.04</i>			
Shipping Charges, Prepaid <i>Express</i>	<i>62.40</i>			
Total amount of bill	<i>649.54</i>			<i>649.54</i>

REMARKS

FUNERAL REGISTER

NO. *Clarence M. Hunter, Winter Park, Fla.* DATE *May 18th 1921*

Remains of *Ellen Elizabeth Hunter.* Residence *Winter Park, Fla.*

Father's Name *Clarence M. Hunter.* Residence *Winter Park, Fla.*

Mother's Name *Elizabeth Lemons Hunter* How Secured *Father & Grandfather*

Charged to *Clarence M. Hunter (Father)* Shipped to *Buried at Winter Park.*

Date of Funeral *May 18th 1921* Date of Death *May 18th 1921. 9:30a.*

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

Occupation of Deceased *✓* Age *2* years *7* months *7* days

Cause of Death _____ Number of Burial Certificate _____

Certifying Physician *H. Coffin.* Plate engraved _____




Clergyman *At Winter Park.* Lot or grave No. _____ Section _____

Interment at *Winter Park.* Cemetery _____

City *Winter Park.*

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>7/8 W. L. Skin.</i>	<i>17.00</i>	<i>May 18</i>	<i>By Cash.</i>	<i>17.00</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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>17.00</i>			<i>17.00</i>

REMARKS *Sold casket and did their own work.*

FUNERAL REGISTER

NO. *M. M. B. Burkett, Altamont, Fla.* DATE *May 23 1921*
 Remains of *Wm Maranda K. Burkett*, Residence *Altamont, Fla.*
 Father's Name *Warren Jones*, Residence *England*,
 Mother's Name *Annie Jones*, How Secured *Son & Daughter*,
 Charged to *M. B. Burkett & Wm Minnie Grant* Shipped to *Buried at Conway*,
 Date of Funeral *May 24th 1921 10 A.M.* Date of Death *May 23rd 1921 12:30 A.M.*
 Place of Death *Residence*, Single or Married *Widow*,
 Occupation of Deceased *At Home*, Age *82* years *6* months *29* days
 Cause of Death *Chronic Nephritis*, Number of Burial Certificate
 Certifying Physician *Dr. Beaudall*, Plate engraved *Mother*,
 Clergyman *Rev Kelly*, 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>7 Plk. B.C. Oct 3 P.T.</i>	135.00	May 23	<i>Tr by Cash.</i>	70.00
Metallic Lining <i>No.</i>		" 23	<i>Tr .. Check</i>	30.00
Outside Box <i>Reg. Painted</i>		Dec 26	<i>Tr .. Check</i>	25.00
Burial Robe		1922 Jan 24	<i>Tr .. Check</i>	40.00
Embalming and Attendance <i>Emb.</i>	25.00	Jan 30	<i>Tr .. Note</i>	25.00
Carriages <i>C. Wagon to Res</i>	10.00			
Flowers <i>Pr. Horse</i>				
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Del. box to grave</i>	5.00			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	190.00			190.00

REMARKS

Wm Grant (Daughter)
May 23rd Plk. B. Less 32.00
32.00

May 23 Tr by Cash 32.00
32.00

FUNERAL REGISTER

NO. *Mr. F. B. Lawton, 207 W. Pine St.* DATE *off leave May 25th 1921*

Remains of *Infant Mr & Mrs F. B. Lawton* Residence *207 Pine St. Orlando.*

Father's Name *Mr F. B. Lawton.* Residence *207 Pine St. Orlando.*

Mother's Name *Arthur Langford Lawton.* How Secured *Father.*

Charged to *Mr F. B. Lawton (Father)* Shipped to *Buried in Orlando.*

Date of Funeral *May 25th* Date of Death *May 25th 1921 34 M.*

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

Occupation of Deceased *✓* Age *✓* years *✓* months *✓* days *5 hrs.*

Cause of Death *Premature Birth.* Number of Burial Certificate

Certifying Physician *Dr. Beaudall.* Plate engraved *See Harding*




Clergyman *Rev. Kelly.* 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>2/8 H. Made - Boy</i>	<i>12.50</i>			
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages at \$				
Flowers				
Hearse <i>Towing Car.</i>	<i>2.50</i>			
Death notices in Papers				
Outlay for lot <i>1/2 White S. Grave.</i>	<i>1.50</i>			
Opening Grave <i>and Closing.</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>18.50</i>			




*People very poor
can not pay*

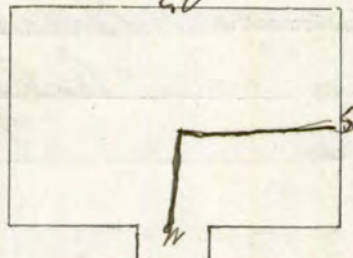
REMARKS

FUNERAL REGISTER

NO *Estate Samuel J. B. Irwin* DATE *May 27th 1921*
 Remains of *Mr Samuel J. B. Irwin* Residence *414 N. Orange Ave. City*
 Father's Name *Samuel Irwin* Residence *Ireland*
 Mother's Name *Matilda Seaton Irwin* How Secured *Estate*
 Charged to *Mrs Sadie Irwin (Wife)* Shipped to *Buried in Orlando*
 Date of Funeral *May 28th 1921 4 P.M.* Date of Death *May 27th 1921 12:30 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Supt in Steel Co. Fla.* Age *58* years *8* months *13* days
 Cause of Death *Purpura Anemia* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Gowan* Plate engraved *F & A. M. Emb.*
 Clergyman *Rev. Cooper & Adcock* Lot or grave No. *#148* Section *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>1/2 Guyloc Oct 30 P.T.</i>	135.00	July 2	Cr by check.	234.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Blk. B. Suit</i>	17.50			
Embalming and Attendance <i>Emb. Shaw</i>	95.00			
Carriages <i>2 Autos 4.00 + \$5.00</i>	9.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec 1 S.W. 1/4 #148</i>	12.50			
Opening Grave <i>1st Closing</i>	5.00			
Lining Grave <i>Final Price</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	234.00			234.00

REMARKS *F & A. M. had charge of services May 28th 4 P.M.*

FUNERAL REGISTER

NO. *Alex Alston, Lockhart, Fla.*Buried May 30th 1921
DATE of Death Oct 3rd 1918Remains of *Alex Alston.*Residence *Lockhart, Fla.*Father's Name *Mr Alston.*Residence *Lockhart, Fla.*Mother's Name *Mrs Sallie Alston.*How Secured *Wochen & Government*Charged to *Government.*Shipped to *Islands from New York.*Date of Funeral *May 30th 4 P.M. 1921*Date of Death *Oct 3rd 1918*Place of Death *France.*Single or Married *Single*Occupation of Deceased *In Service U.S.A.* Age *20* years months daysCause of Death *Pneumonia.*




Number of Burial Certificate

Certifying Physician *In France.*

Plate engraved

Clergyman *Rev. Cooper.*Lot or grave No. *134* Section *Sec 2.*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 .# 129785-Private Hdqrs. Co. 15th F.A. Gr 61-Gen 519

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket *Oak, State* May 28 Cr by Cash. 65.00

Metallic Lining " 28 Cr " " 13.00

Outside Box *Box # 195-98* June 1 Cr " " 30.00

Burial Robe

Embalming and Attendance

Carriages *C. Wagon* at \$ 5.00Flowers *Flowers.* 13.00Hearse *Auto Funeral Car.* 15.00

Death notices in Papers

Outlay for lot # 134 Sec 2. 65.00

Opening Grave *Ent Closing.* 5.00Lining Grave *Auto to Lockhart* 5.00

Grave Vault

Shipping charges, prepaid

Total amount of bill

108.00

108.00




REMARKS

Funeral at the grave Monday May 30th at 4-P.M. in charge of American Legion.

FUNERAL REGISTER

NO. *Mr Wm. J. Miles, Titusville, Fla.* DATE *1921*
of death May 28th
 Remains of *Mary Lee Anna Miles* Residence *Titusville, Fla.*
 Father's Name *Mr Freeman.* Residence *S. Carolina.*
 Mother's Name *Mary Wise* How Secured *Husband.*
 Charged to *Mr Wm. J. Miles (Husband)* Shipped to *Titusville, Fla.*
 Date of Funeral *May 30th 1921* Date of Death *May 28th 1921 11 P.M.*
 Place of Death *O. G. Hospital.* Single or Married *Married.*
 Occupation of Deceased *At home.* Age *52* years months days
 Cause of Death *Cerebral Embolus.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Mother.*
 Clergyman *at Destination.* Lot or grave No. Section
 Interment at *Destination, Cemetery*
 City *Titusville.*
 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 Grey Cup Oct 3 P.T.</i>	110.00	Oct 11	<i>By Marion Kelley</i> <i>On ly check.</i>	150.00
Metallic Lining <i>No</i>		" 11	<i>On .. Cash.</i>	30.00
Outside Box <i>Reg-Painted</i>		" 11	<i>On .. Dis</i>	3.27
Burial Robe <i>Grey B. Dress.</i>	10.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Slip & Skirt</i>	2.00			
Hearse <i>Telegrams</i>	.98			
Death notices in <i>2</i> Papers			<i>Paid by</i> <i>Marion O. Kelley.</i>	
Outlay for lot <i>telephone</i>	.65			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>2 R.R. Tickets</i>	14 64			
Total amount of bill	183.27			183.27

REMARKS

FUNERAL REGISTER

NO. *Mr Bryan J. Rhame, 112 E. Washington St* DATE *May 29th 1921*

Remains of *Infant* Residence *112 E. Washington St*

Father's Name *Bryan J. Rhame* Residence *112 E. Washington St City*

Mother's Name *Nokie Boyd Rhame* How Secured *Father*

Charged to *Bryan J. Rhame (Father)* Shipped to *Buried in Orlando*

Date of Funeral *May 30th 1921 5 PM* Date of Death *May 29th 1921 5 PM*

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

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

Cause of Death *Still Born* Number of Burial Certificate

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




Clergyman *✓* Lot or grave No. Section

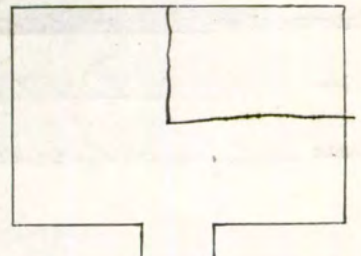
Interment at *Greenwood Cemetery*

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. & Box</i>	<i>8.00</i>	<i>June 6 Tr. by check.</i>	<i>24.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages	<i>Auto. at \$</i>	<i>2.00</i>		
Flowers				
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot	<i>#148 S.E. 1/4 Sec J.</i>	<i>12.50</i>		
Opening Grave	<i>Ent Closing</i>	<i>2.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill




*24.50**24.50*

REMARKS

FUNERAL REGISTER

NO. Mr Frank Hale, Cooperstown, N.Y. DATE 1921
March May 30th
 Remains of Mrs Ella M. Hale. Residence Cooperstown, N.Y.
 Father's Name John McEwan. Residence Albego, N.Y.
 Mother's Name Nancy Fletcher McEwan. How Secured Husband,
 Charged to Mr Frank Hale (Husband) Shipped to Cooperstown, N.Y.
 Date of Funeral June - 1921 Date of Death May 30th 1921 104.m.
 Place of Death Orange St. Hospital Single or Married Married.
 Occupation of Deceased At Home - Age 46 years months 7 days
port operation
 Cause of Death Thurs (Construction of hand of Aunt) Number of Burial Certificate
 Certifying Physician Dr. Edwards, Plate engraved Name of Hale
 Clergyman Destination, Lot or grave No. Section
 Interment at Destination, 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 <u>1/2 Guy B Co, Electric</u>	<u>175.00</u>	<u>June 30</u>	<u>Cr. by Check.</u>	<u>175.00</u>
Metallic Lining <u>No</u>		<u>July 18</u>	<u>Cr by Check.</u>	<u>41.35</u>
Outside Box <u>Reg-Painted</u>				
Burial Robe <u>✓</u>				
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>C. Wagon, at \$</u>	<u>5.00</u>			
Flowers <u>Transfer of trunk in N.Y.</u>	<u>1.35</u>			
Hearse				
Death notices in <u>Papers</u>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<u>216.35</u>			<u>216.35</u>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. R. Sample, Haines City, Fla.* DATE *1921 30th May*
Colored man called
Remains of *Kid Anthon.* Residence *Unknown.*
Father's Name *Don't know* Residence *Don't know.*
Mother's Name *Don't know.* How Secured *J. R. Sample.*
Charged to *J. R. Sample.* Shipped to *Orlando from Haines City*
Date of Funeral *June 1st 1921* Date of Death *Buried in Orlando*
Place of Death *Orlando died on way to Hotel* *May 31st 1921*
Occupation of Deceased *Day Laborer.* Age *30* years months days
Cause of Death *Shot with high power rifle* Number of Burial Certificate
Certifying Physician *Signed by Chief Vestel.* 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>3/4 Coffin & Box</i>	<i>20.00</i>	<i>May 31</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>C. Wagon</i>	<i>5.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot	<i>Single Grave</i>	<i>3.00</i>		
Opening Grave	<i>Labr</i>	<i>2.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>30.00</i>			<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. R. Sample, Haines City, Fla.* DATE *1921 30th May*
Colored man called
Remains of *Kid Anthon.* Residence *Unknown.*
Father's Name *Don't know* Residence *Don't know.*
Mother's Name *Don't know.* How Secured *J. R. Sample.*
Charged to *J. R. Sample.* Shipped to *Orlando from Haines City*
Date of Funeral *June 1st 1921* Date of Death *Buried in Orlando*
Place of Death *Orlando died on way to Hotel* *May 31st 1921*
Occupation of Deceased *Day Laborer.* Age *30* years months days
Cause of Death *Shot with high power rifle* Number of Burial Certificate
Certifying Physician *Signed by Chief Vestel.* 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>3/4 Coffin & Box</i>	<i>20.00</i>	<i>May 31</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>C. Wagon</i>	<i>5.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot	<i>Single Grave</i>	<i>3.00</i>		
Opening Grave	<i>Labr</i>	<i>2.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>39.00</i>			<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. R. Sample, Haines City, Fla.* DATE *1921 30th May*
Colored man called
Remains of *Kid Arthur,* Residence *Unknown,*
Father's Name *Don't know* Residence *Don't know,*
Mother's Name *Don't know,* How Secured *J. R. Sample,*
Charged to *J. R. Sample,* Shipped to *Orlando from Haines City*
Date of Funeral *June 1st 1921* Date of Death *Buried in Orlando*
Place of Death *Orlando died on way to Hotel* *May 31st 1921*
Occupation of Deceased *Day Laborer,* Age *30* years months days
Cause of Death *Shot with high power rifle* Number of Burial Certificate
Certifying Physician *Signed by Chief Vestel,* 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>3/4 Coffin & Box</i>	<i>20.00</i>	<i>May 31</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>C. Wagon</i>	<i>5.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot	<i>Single Grave</i>	<i>3.00</i>		
Opening Grave	<i>Labr</i>	<i>2.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>30.00</i>			<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. R. Sample, Haines City, Fla.* DATE *1921 30th May*
Colored man called
Remains of *Kid Arthur,* Residence *Unknown,*
Father's Name *Don't know* Residence *Don't know,*
Mother's Name *Don't know,* How Secured *J. R. Sample,*
Charged to *J. R. Sample,* Shipped to *Orlando from Haines City*
Date of Funeral *June 1st 1921* Date of Death *Buried in Orlando*
Place of Death *Orlando died on way to Hotel* *May 31st 1921*
Occupation of Deceased *Day Laborer,* Age *30* years months days
Cause of Death *Shot with high power rifle* Number of Burial Certificate
Certifying Physician *Signed by Chief Vestel,* 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>3/4 Coffin & Box</i>	<i>20.00</i>	<i>May 31</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance	<i>C. Wagon</i>	<i>5.00</i>		
Carriages	at \$			
Flowers				
Hearse				
Death notices in	<i>Papers</i>			
Outlay for lot	<i>Single Grave</i>	<i>3.00</i>		
Opening Grave	<i>Labr</i>	<i>2.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>30.00</i>			<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Samuel Davis, Tavares, Fla.* DATE *of death June 7th 1921*

Remains of *Mr Samuel Davis,* Residence *Tavares, Fla.*

Father's Name *Hart Know,* Residence *Hart Know.*

Mother's Name *Hart Know,* How Secured *Estate Wife & Sons.*

Charged to *Mrs Emily Davis (Wife)* Shipped to *Umatilla by auto.*

Date of Funeral *June 9th 1921* Date of Death *June 7th 1921 9:30 P.M.*

Place of Death *Lied between Apopka and Orlando Hospital* Single or Married *Married*

Occupation of Deceased *Farming.* Age *65* years *7* months *7* days

Cause of Death *Gunshot wound in Abdominal Cavity* Number of Burial Certificate

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

Clergyman *at destination* Lot or grave No. Section

Interment at *Umatilla* Cemetery

City *Umatilla*

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>1/3 Grey Case Oct 30 P.T.</i>	125.00	<i>Sept 20</i>	<i>Cr by Check.</i>	180.00
Metallic Lining <i>No</i>		<i>" 20</i>	<i>Cr .. Laid</i>	5.00
Outside Box <i>Reg-</i>				
Burial Robe <i>Blk. B. Suit.</i>	17.50			
Embalming and Attendance <i>W. Dressing</i>	35.00			
Carriages <i>C. Wagon, at \$</i>	5.00			
Flowers <i>Suit Underwear & Socks</i>	2.50			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>telephone</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	185.00			185.00

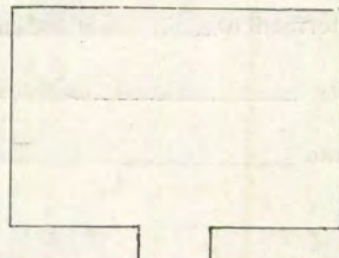
REMARKS + *Mr Rabburn (Undertaker at Mt Hope Called for body with truck June 8th. Lied of gunshot wound in abdominal cavity at Tavares. Lied before reaching hospital in Orlando. Three sons gave acceptance note First State Bank of Eustis OK'd account by telephone.*

FUNERAL REGISTER

NO. *Wm A. J. Busbee, Winter Garden* DATE *June 9th 1921*
 Remains of *Infant* Residence *Winter Garden, Fla.*
 Father's Name *Wm A. J. Busbee* Residence *Winter Garden, Fla.*
 Mother's Name *Louise Honey Busbee* How Secured *Father* *(Mrs. R. R. Rives)*
 Charged to *Wm A. J. Busbee* Shipped to *Buried in Orlando*
 Date of Funeral *June 9th 1921* Date of Death *June 9th 1921 1 P.M.*
 Place of Death *C. 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 _____
 Clergyman *Not Any* 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>W. H. M. Sgr.</i>	4.00			
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Touring Car.</i> at \$	1.00			
Flowers				
Hearse				
Death notices in _____ Papers				
Outlay for lot <i>1/2 Single Grave.</i>	1.50			
Opening Grave <i>and Closing</i>	2.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	8.50			

People very poor

REMARKS

FUNERAL REGISTER

1921
Funeral June 10th
DATE of Death Dec 9-1918

NO. *Mrs. Gregory, Winter Garden* #1—3rd Pioneer Inf.

Remains of *1st Lieut. Hugh T. Gregory* Residence *Winter Garden, Fla.*

Father's Name *Gregory* Residence *Winter Garden, Fla.*

Mother's Name *Mrs. Gregory* How Secured *Widow*

Charged to *Mrs. Gregory Mother* Shipped to *Albando from France*

Date of Funeral *June 10th 1921 11 A.M.* Date of Death *Dec 9th 1921*

Place of Death *In France* Single or Married *Single*

Occupation of Deceased *In the Service* Age *31* years months days

Cause of Death *Pancreatitis* Number of Burial Certificate

Certifying Physician *In France* Plate engraved




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

Interment at *Oakland* Cemetery

City *Oakland*

State *Fla.*

Serial # *114850*

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 .

1st Lieut 3rd Pioneer Inf G-304 Officer Plot G-10 Box #24207




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket			<i>and on Vining Vault</i>	
Metallic Lining			<i>June 25 Ex. by Sack Cement</i>	<i>1.05</i>
Outside Box	<i>Del of box to Cemetery 10.00</i>		<i>July 5 Ex. by Check.</i>	<i>33.95</i>
Burial Robe				
Embalming and Attendance				
Carriages	<i>C. Wagon at \$ 5.00</i>			
Flowers				
Hearse	<i>Auto Funeral Car. 20.00</i>			
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>35.00</i>			<i>35.00</i>

REMARKS *Lied in France. Shipped home on train #89 June 9th 1921. Burial in Oakland Cemetery June 10th 1921 in charge of Gregory Post of Winter Garden (Sam Salisbury Capt.)*

FUNERAL REGISTER

NO. *G. Heling, Lockhart, Fla.* DATE *1921 June 16th*
 Remains of *Wm Jennie Harmon*, Residence *Lockhart, Fla.*
 Father's Name *Wm Austin*, Residence *Hunt Know*
 Mother's Name *Hunt Know*, How Secured *Brother's Estate*
 Charged to *G. Heling (Brother)*, Shipped to *Buried in Orlando*
 Date of Funeral *June 11th 1921 4 P.M.*, Date of Death *June 10th 1921 7 P.M.*
 Place of Death *Orange G. Hospital*, Single or Married *Widow*
 Occupation of Deceased *at home*, Age *76* years months days
 Cause of Death *Strangulated Hernia*, Number of Burial Certificate
 Certifying Physician *Dr. Christ*, Plate engraved *at Rest*
 Clergyman *Rev. M. E. 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>4/3 by Var. Casket</i>	<i>50.00</i>	<i>June 12</i>	<i>Cr by cash.</i>	<i>50.00</i>
Metallic Lining <i>No</i>		<i>July 4</i>	<i>Cr " check.</i>	<i>25.00</i>
Outside Box <i>Req.</i>		<i>July 4</i>	<i>Cr " dis.</i>	<i>35.64</i>
Burial Robe				
Embalming and Attendance <i>of dressing</i>	<i>25.00</i>			
Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>1 Auto.</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2 Papers</i>			<i>Aug-14 Rec'd two rings</i>	
Outlay for lot <i>W. Single Grave</i>	<i>3.00</i>		<i>from C. B. Spill and mailed</i>	
Opening Grave <i>of closing</i>	<i>5.00</i>		<i>same to G. Heling</i>	
Lining Grave			<i>North Benington Vt.</i>	
Grave Vault <i>3 Telegrams ⁸²</i>	<i>2.46</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>110.64</i>			<i>110.64</i>

REMARKS

FUNERAL REGISTER

NO. *Arthur Beckham. Claricona Fla* DATE *1921 June 18th*
 Remains of *Francis Pauline Beckham* Residence *Claricona, Fla.*
 Father's Name *Arthur Beckham* Residence *Claricona, Fla.*
 Mother's Name *Lizzie Owen* How Secured *Father*
 Charged to *Arthur Beckham* Shipped to *Amburndale, Fla by auto*
 Date of Funeral *June 12th 1921* Date of Death *June 10th 1921 9:45 AM*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *7* years *7* months *17* days
 Cause of Death *Complication of disease* Number of Burial Certificate
 Certifying Physician *Dr. Carroll (Apoka)* Plate engraved *Our Darling*
 Clergyman *✓* Lot or grave No. Section
 Interment at *Amburndale Cemetery*
 City *Amburndale*
 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 W.L. Skin & Box</i>	<i>15.00</i>	<i>June 11</i>	<i>\$1 by Cash.</i>	<i>15.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>


REMARKS *Bought casket - Hone-thee our work. Drove to Amburndale in auto Sunday morning June 12th*

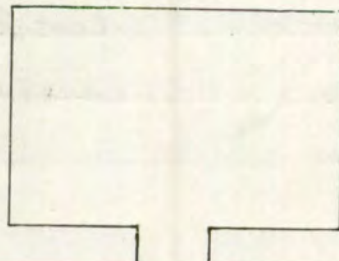
FUNERAL REGISTER

NO. *Wm Hall, Lockhart, Fla.* DATE *June 14th 1921*

Remains of *Mrs Henrietta Hall.* Residence *East Part of Orlando, Fla.*
 Father's Name *Littleton Hancock.* Residence *Georgia*
 Mother's Name *Don't know.* How Secured *Mrs S.A. Hall.*
 Charged to *Wm Hall, (Lockhart)* Shipped to *Buried at Orlando.*
 Date of Funeral *June 15th 1921 4 P.M.* Date of Death *June 14th 1921 6.30 a.m.*
 Place of Death *O. G. Hospital.* Single or Married *Married*
 Occupation of Deceased *At home.* Age *73* years months days
 Cause of Death *Carcinoma of Bladder.* Number of Burial Certificate
 Certifying Physician *Dr. Beardall.* Plate engraved *At Rest.*
 Clergyman *Dean Adcock.* Lot or grave No. Section
 Interment at *Powell* Cemetery
 City *Orlando*
 State *Fla.*

CEMETERY CHART

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



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Var. Casket Sgr.</i>	70.00	Aug 4	Cr. by check.	142.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>White Robe.</i>	12.00			
Embalming and Attendance <i>of dressing</i>	25.00			
Carriages <i>C. Wagon (incl. top & wheels) at \$</i>	2.50			
Flowers <i>2 Auto 5.00</i>	10.00			
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>of Closing.</i>	5.00			
Lining Grave				
Grave Vault <i>Underwear + Horse</i>	2.50			
Shipping Charges, Prepaid				
Total amount of bill	142.00			142.00




REMARKS

FUNERAL REGISTER

195

NO. *John E. Fisher 418 S. Lake St Orlando* DATE *June 14th 1921*
 Remains of *Wm Edgar Fisher* Residence *418 S. Lake, St Orlando*
 Father's Name *John E. Fisher* Residence *418 S. Lake St Orlando*
 Mother's Name *Mae Kirby Fisher* How Secured *Father*
 Charged to *John E. Fisher (Father)* Shipped to *Buried in Orlando*
 Date of Funeral *June 16th 1921 4:30 P.M.* Date of Death *June 14th 1921 9 A.M.*
 Place of Death *C. G. Hospital* Single or Married *Single*
 Occupation of Deceased *at home* Age *3* years *8* months *14* days
 Cause of Death *Acute appendicitis* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *Our Darling*
 Clergyman *Dean Adcock* Lot or grave No. *174 S 1/2* 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>3/6 W. Plush S. Couch</i>	<i>85.00 July 1</i>	<i>Ex by check.</i>	<i>149.00</i>
Metallic Lining			
Outside Box	<i>Req.</i>		
Burial Robe	<i>V</i>		
Embalming and Attendance	<i>Emb. 25.00</i>		
Carriages	<i>at \$</i>		
Flowers	<i>Shoes, Hosiery, W. Suit under 7.00</i>		
Hearse	<i>Closed Car, 5.00</i>		
Death notices in	<i>2 Papers</i>		
Outlay for lot	<i>Sec J S 1/2 #174 22.00</i>		
Opening Grave	<i>and Closing, 5.00</i>		
Lining Grave			
Grave Vault			
Shipping charges, prepaid			
Total amount of bill	<i>149.00</i>		<i>149.00</i>

REMARKS

FUNERAL REGISTER

NO. *I. J. Carter, Orlando, Fla.*

DATE *1921*
of death June 15th
5 mi S.W.

Remains of *Edna Louise Carter*

Residence *Orlando, Fla.*

Father's Name *I. J. Carter*

Residence *Orlando, Fla.*

Mother's Name *Marcella Kiser Carter*

How Secured *Father*

Charged to *I. J. Carter (Father)*

Shipped to *Buried at Orlando*

Date of Funeral *June 16th 1921 9:30 a.m.*

Date of Death *June 15th 1921 9:10 a.m.*

Place of Death *Residence*

Single or Married *Single*

Occupation of Deceased _____

Age _____ years *10* months *3* days

Cause of Death *Cholera Infantum*

Number of Burial Certificate _____

Certifying Physician *Dr. Chiles*

Plate engraved *Our Darling*

Clergyman *Dean Adcock*




Lot or grave No. *226* Section *B*

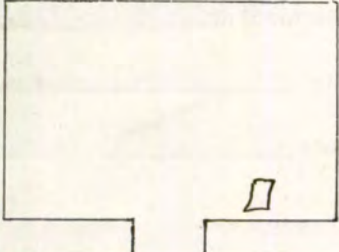
Interment at *Greenwood Cemetery*

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>3/6 W. Oak U.S.O.T.</i>	<i>35.00</i>	<i>July 18</i>	<i>Cr by check</i>	<i>40.00</i>
Metallic Lining <i>No</i>		<i>Aug 29</i>	<i>Cr by cash</i>	<i>20.00</i>
Outside Box <i>Reg</i>		<i>Feb 1 1922</i>	<i>Cr by check</i>	<i>25.00</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</i>				
Carriages _____ at \$ _____				
Flowers _____				
Hearse <i>Touring Car.</i>	<i>5.00</i>			
Death notices in <i>2</i> _____ Papers _____				
Outlay for lot <i>Sec. B. #226</i>	<i>40.00</i>			
Opening Grave <i>& closing</i>	<i>5.00</i>			
Lining Grave _____				
Grave Vault _____				
Shipping Charges, Prepaid _____				
Total amount of bill	<i>85.00</i>			<i>85.00</i>



REMARKS

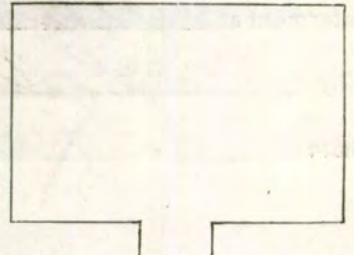
FUNERAL REGISTER

NO. *Mr Chas Pollock, Orlando, Fla* DATE *of Death June 16th 1921*

Remains of *Infant.* Residence *4 Miles West of Orlando.*
 Father's Name *Mr Chas Pollock.* Residence *4 Miles West of Orlando*
 Mother's Name *Hilary Byrd Pollock.* How Secured *Father.*
 Charged to *Mr Chas Pollock (Father)* Shipped to *Buried at Orlando*
 Date of Funeral *June 16th 1921* Date of Death *June 16th 1921 9th M.*
 Place of Death *Residence.* Single or Married *Single*
 Occupation of Deceased *✓* Age *✓* years *✓* months *8* days
 Cause of Death _____ Number of Burial Certificate _____
 Certifying Physician *Dr. Chiles.* Plate engraved *Our Darling*
 Clergyman *✓* Lot or grave No. _____ Section _____
 Interment at *Patch.* 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. Case + 1300</i>	8.00	July 2	<i>Gr by cash.</i>	4.00
Metallic Lining <i>✓</i>		Oct 20	<i>Gr .. Cash.</i>	4.00
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	8.00			8.00




REMARKS

Lid their own Mark.

FUNERAL REGISTER

NO. *Ronald B. Chlenger, Haines City, Fla.* DATE *June 18th 1921*
 Remains of *Miss Vesta V. Chlenger.* Residence *Haines City, Fla.*
 Father's Name *Fredrick W. Chlenger.* Residence *Haines City Fla.*
 Mother's Name *Martha Bradley Chlenger.* How Secured *Brother.*
 Charged to *Ronald B. Chlenger (Brother)* Shipped to *Buried at Lake Alfred*
 Date of Funeral *June 19th 1921 10 A.M.* Date of Death *June 18th 1921 7 A.M.*
 Place of Death *Fla. Sanitarium* Single or Married *Single.*
 Occupation of Deceased *At Home.* Age *50* years *3* months *23* days
 Cause of Death *Appendicitis* Number of Burial Certificate *468*
 Certifying Physician *Dr. Kime* Plate engraved *Name & State*
 Clergyman *Restoration* Lot or grave No. Section
 Interment at *Lake Alfred* Cemetery
 City *Lake Alfred (Haines City)*
 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 Guy B. Co. R. Co. State 350.00</i>	<i>July 4</i>	<i>Cr by Check.</i>	<i>431.64</i>
Metallic Lining	<i>Yes.</i>			
Outside Box	<i>Reg.</i>			
Burial Robe				
Embalming and Attendance	<i>Emb. 35.00</i>			
Carriages	<i>C. Wagon at \$ 5.00</i>			
Flowers				
Hearse	<i>Auto Funeral Car to Haines City 40.00</i>			
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault	<i>Exp on box to Haines City 1.64</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>431.64</i>			<i>431.64</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Emerson Bedell, Mt Verd, Fla* DATE *June 18th 1921*
 Remains of *Mrs Martha L. Bedell* Residence *Mt Verd, Fla.*
 Father's Name *Wm Card* Residence *England.*
 Mother's Name *Harriett Crowfoot* How Secured *Husband.*
 Charged to *Emmerson Bedell (Husband)* Shipped to *Buried at Mt Verd.*
 Date of Funeral *June 18th 1921 5 P.M.* Date of Death *June 18th 1921 10 a.m.*
 Place of Death *Fila Sanitarium* Single or Married *Married*
 Occupation of Deceased *At Home* Age *79* years *4* months *18* days
 Cause of Death *Mitral Insufficiency* Number of Burial Certificate *467*
 Certifying Physician *L. L. Andrews* Plate engraved *at Rest*
 Clergyman *At Mt Verd* Lot or grave No. Section
 Interment at *Mt Verd* Cemetery
 City *Mt Verd*
 State *Fila.*

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 L. Skin</i>	<i>125.00</i>	<i>July 5</i>	<i>by check</i>	<i>190.00</i>
Metallic Lining				
Outside Box <i>Reg</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>Auto Funeral Car</i>	<i>30.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>190.00</i>			<i>190.00</i>

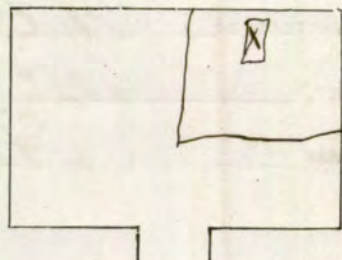
REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Martha M. Starch, Winter Haven, Fla.* DATE *June 20th 1921*
 Remains of *Mrs Martha M. Starch* Residence *Winter Haven, Fla.*
 Father's Name *Wetherby* Residence *New York, State*
 Mother's Name *Don't know* How Secured *Daughter*
 Charged to *Mrs H. J. Skivington, daughter* Shipped to *Buried in Orlando*
 Date of Funeral *June 21st 1921 2:30 P.M.* Date of Death *June 20th 1921 10 A.M.*
 Place of Death *Fla Sanitarium* Single or Married *Widow*
 Occupation of Deceased *At Home* Age *62* years *9* months days
 Cause of Death *Progressive Muscular Atrophy* Number of Burial Certificate *# 470*
 Certifying Physician *Dr. L. L. Andrews* Plate engraved *Mother*
 Clergyman *Rev Jones (Winter Haven)* Lot or grave No. *130 S.E. 1/4 Section 2*
 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. C. Co Oct 30th 1914</i>	<i>135.00</i>	<i>July 10</i>	<i>Cr by check. 203.50</i>
Metallic Lining				
Outside Box	<i>Reg.</i>			
Burial Robe	<i>✓</i>			
Embalming and Attendance	<i>Emb.</i>	<i>25.00</i>		
Carriages	<i>C. Wagon at \$</i>	<i>5.00</i>		
Flowers	<i>1 P. 1 Fore.</i>	<i>1.00</i>		
Hearse	<i>Auto Funeral Car.</i>	<i>15.00</i>		
Death notices in	<i>2. Papers</i>			
Outlay for lot	<i>130 Sec 2 S.E. 1/4</i>	<i>17.50</i>		
Opening Grave	<i>Ed Closing</i>	<i>5.00</i>		
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>203.50</i>			<i>203.50</i>



REMARKS

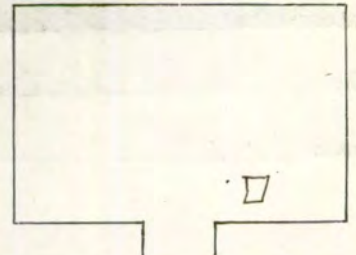
Bought B. Lot of Mrs Lydia Stahl.

FUNERAL REGISTER

NO. *Estate of Wm S. Branch Sr.* *N. Orange Ave Orlando* DATE *June 21st 1921*
 Remains of *Mr William S. Branch Sr.* Residence *319 N. Orange Ave City*
 Father's Name *Samuel G. Branch* Residence *Ohio*
 Mother's Name *Arutla Crocker, Branch* How Secured *Estate of Wife*
 Charged to *Mrs Jennie J. Branch (Wife)* Shipped to *Buried in Orlando*
 Date of Funeral *June 23rd 1921 3:30 P.M.* Date of Death *June 21st 1921 @ 7:21 P.M.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Merchant (Books & Music)* Age *67* years *6* months *6* days
 Cause of Death *Hemorrhage from rectum (Carcinoma?)* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *Father, also 10 of P. Emblem*
 Clergyman *Rev. Wm C. Connell* Lot or grave No. *142* Section *2*
 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>6/3 Guy B Co Oct 6. Tr 17</i>	<i>5.00 Aug 2</i>	<i>Cr. by check. 295.00</i>
Metallic Lining	<i>No</i>		
Outside Box	<i>Reg</i>		
Burial Robe	<i>V</i>		
Embalming and Attendance	<i>Emb.</i>	<i>25.00</i>	
Carriages	<i>C. Wagon at \$</i>	<i>5.00</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>Sec 2. Tr 142</i>	<i>65.00</i>	
Opening Grave	<i>End Closing</i>	<i>5.00</i>	
Lining Grave			
Grave Vault			
Shipping charges, prepaid			

Total amount of bill

295.00

295.00

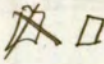


REMARKS

Funeral services held in Presbyterian Church

FUNERAL REGISTER

NO. *Eugene Luckworth Lake St.* DATE *1921 June 22*
 Remains of *Mrs. Emily Luckworth* Residence *68 Lake St. City*
 Father's Name *Mr. Fox* Residence *Not known*
 Mother's Name *Not known* How Secured *Eugene Luckworth*
 Charged to *Eugene Luckworth (Son)* Shipped to *Buried in Ireland*
 Date of Funeral *June 23rd 1921 9:30 a.m.* Date of Death *June 22nd 1921 6:30 a.m.*
 Place of Death *Residence* Single or Married *Widow*
 Occupation of Deceased *At Home* Age *79* years *2* months *25* days
 Cause of Death *Broncho Pneumonia* Number of Burial Certificate
 Certifying Physician *Lt. Person* Plate engraved *Mother*
 Clergyman *Rev. Cooper* Lot or grave No. *96* Section *A*
 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>5/4 L. Guy B. Co. Oct 17</i>	<i>155.00</i>	<i>1923 Mar 19</i>	<i>Cr. by Check</i>	<i>203.00</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>1 Auto</i> at \$	<i>3.00</i>			
Flowers				
Hearse <i>Auto Funeral Car</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec A #96</i>				
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>203.00</i>			<i>203.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Wm P. Vining. Winter Garden* DATE *June 23rd 1921*

Remains of *Mr Wm P. Vining* Residence *Winter Garden, Fla*

Father's Name *Joe Vining* Residence *Georgia*

Mother's Name *Mary, Skinner Vining* How Secured *P.A. Vining (Son) & Estate*

Charged to *Mr P.A. Vining & Son* Shipped to *Buried at Oakland*

Date of Funeral *June 24th 1921* Date of Death *June 23rd 1921 8:30 a.m.*

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

Occupation of Deceased *Farming* Age *63* years *6* months *24* days

Cause of Death *Kidney Trouble* Number of Burial Certificate

Certifying Physician *Dr. Wheatly* Plate engraved *Father*




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

Interment at *Oakland Cemetery*

City *Oakland*

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 .

Mrs Andra Vining (Wife)

AMOUNT DATE PAYMENTS AMOUNT




Coffin or Casket	<i>43 Ely B Co. S.H. Oak</i>	<i>17.50</i>	<i>July 5th</i>	<i>By Check</i>	<i>301.95</i>
Metallic Lining	<i>✓</i>				
Outside Box	<i>Reg</i>				
Burial Robe	<i>Arch for Vault</i>	<i>5.00</i>			
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>			
Carriages	<i>Auto for Mason & Labor</i>	<i>15.00</i>			
Flowers					
Hearse	<i>Auto Funeral Car.</i>	<i>20.00</i>			
Death notices in	<i>2</i> Papers				
Outlay for lot					
Opening Grave					
Lining Grave	<i>Llcl box & Casket</i>	<i>10.00</i>			
Grave Vault					
Shipping charges, prepaid					
	<i>20.00 12.00</i>				
	<i>Lime 50 Lbs in Vault & Labor</i>	<i>32.50</i>			
	<i>9 sacks of Cement</i>	<i>9.45</i>			
Total amount of bill		<i>301.95</i>			<i>301.95</i>

REMARKS

FUNERAL REGISTER

NO. *Susan Maxwell, Winter Park* DATE *June 26th 1921*
 Remains of *Iram Maxwell (Col)* Residence *Winter Park, Fla.*
 Father's Name *Maxwell* Residence *Winter Park, Fla.*
 Mother's Name *Susan Maxwell* How Secured *Mother's*
 Charged to *Susan Maxwell (Mother)* Shipped to *Albando from Winter Park.*
 Date of Funeral *June 29th 1921 10 a.m.* Date of Death *June 26th 1921*
 Place of Death *Montgomery, Ala.* Single or Married *Single*
 Occupation of Deceased *Pullman Porter.* Age *40* years months days
 Cause of Death *Typhoid Fever.* Number of Burial Certificate
 Certifying Physician *At Montgomery.* Plate engraved *At Rest.*
 Clergyman *At Winter Park (Col)* 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>9/3 Grey Loc Ret 384</i>		<i>Aug 3</i>	<i>Cr. by Cash.</i>	<i>26.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>One Auto at \$</i>	<i>6.00</i>			
Flowers <i>Casket Wagon</i>	<i>5.00</i>			
Hearse <i>Grey Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>26.00</i>			<i>26.00</i>




REMARKS

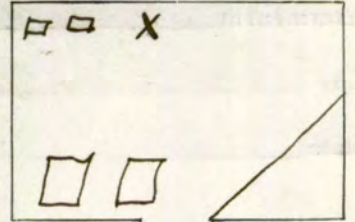
FUNERAL REGISTER

1921

1919

NO. *Mr F. A. Lewter, N. Orange Ave* DATE *of Death Jan 23*
 Remains of *Robert H. Lewter.* Residence *N. Orange Ave, City.*
 Father's Name *Mr F. A. Lewter.* Residence *N. Orange Ave. City.*
 Mother's Name *Mrs L. Lewter.* How Secured *Furber*
 Charged to *Mr F. A. Lewter (Father)* Shipped to *Orlando from France*
 Date of Funeral *July 3rd 1921 3:30 P.M.* Date of Death *Jan 23rd 1919*
 Place of Death *France.* Single or Married *Single.*
 Occupation of Deceased *Soldier. In the Service* Age _____ years _____ months _____ days
 Cause of Death *Accident* Number of Burial Certificate _____
 Certifying Physician *In France.* Plate engraved *No Name Plate*
 Clergyman *Rev. M. C. Connell.* Lot or grave No. *170* 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 .



Private - 1/2 Robert H. Lewter, #1883696 Gr 101 Sec 4 PT-2 am 1239

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>State Oak.</i>		<i>Dec 21</i>	<i>Cr by Cash.</i>	<i>30.00</i>
Metallic Lining		<i>21</i>	<i>Cr .. dis</i>	<i>2.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Hudson, at \$</i>	<i>5.00</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>Ed Closing grave</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>Loan</i>	<i>2.00</i>			
Total amount of bill	<i>32.00</i>			<i>32.00</i>

REMARKS *x*

FUNERAL REGISTER

NO. *Estate of William A. Holtz, Gellwood, Fla.* DATE *July 3rd 1921*
 Remains of *Mr. William A. Holtz* Residence *Gellwood, Fla.*
 Father's Name *Lewis Holtz* Residence *Ohio*
 Mother's Name *Ann Barcus Holtz* How Secured *Estate & Wife*
 Charged to *Mrs. Cynthia E. Holtz* Shipped to *Buried at Gellwood*
 Date of Funeral *July 7th 1921 3 P.M.* Date of Death *July 3rd 1921 9 P.M.*
 Place of Death *C. G. Hospital* Single or Married *Married*
 Occupation of Deceased *Farming & Fruit Growing* Age *64* years *8* months days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. M. E. Ewan* Plate engraved *At Rest*
 Clergyman *Rev. Chisolm* Lot or grave No. Section
 Interment at *Gellwood Cemetery*
 City *Gellwood*
 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>Blk. B. Clo. Co. S.</i>	175.00	Aug 3	<i>Tr. by check.</i>	310.70
Metallic Lining <i>No.</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>Blk. B. Robe.</i>	9.00			
Embalming and Attendance <i>Enib.</i>	35.00			
Carriages <i>Hudson Car</i>	15.00			
Flowers <i>Touring Car.</i>	15.00			
Hearse <i>Auto Funeral Car</i>	227.50			
Death notices in <i>2</i> Papers				
Outlay for lot <i>1 Acre</i>	15.00			
Opening Grave <i>Casket Wagon</i>	5.00			
Lining Grave <i>Underwear, Socks & Tie</i>	2.50			
Grave Vault <i>Telegrams</i>	1.70			
Shipping Charges, Prepaid				
<i>One Spray of Flowers</i>	10.00			
Total amount of bill	310.70			310.70

REMARKS

FUNERAL REGISTER

NO. *Morton Morgan, Grevland, Fla.* DATE *July 6th 1921*
 Remains of *Mrs. Marije Morgan.* Residence *Grevland, Fla.*
 Father's Name *Roderick Morison* Residence *Ocala, Fla.*
 Mother's Name *Emma Jordan (Morison)* How Secured *Husband & Sons*
 Charged to *Mrs. Morton Morgan (Husband)* Shipped to *Glade City.*
 Date of Funeral *July 8th 1921* Date of Death *July 6th 1921 8:30 P.M.*
 Place of Death *C. G. Hospital.* Single or Married *Married.*
 Occupation of Deceased *at home* Age *26* years *9* months *23* days
 Cause of Death *Convulsions (Septicemia).* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Name & Date*
 Clergyman *at destination.* Lot or grave No. *1895 - 1921* Section
 Interment at *Glade City Cemetery*
 City *Glade City*
 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 White B. Oak Electric</i>	<i>250.00</i>	<i>July 9</i>	<i>Cr by Cash.</i>	<i>325.00</i>
Metallic Lining <i>No</i>			<i>Cr .. dis.</i>	<i>1.94</i>
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>White Silk dress</i>	<i>23.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Underwear</i>	<i>2.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>L. R. R. Tickets</i>	<i>6.94</i>			
Total amount of bill	<i>326.94</i>			<i>326.94</i>

REMARKS

FUNERAL REGISTER

NO *Estate of Albert Tittle* ^{3 miles East of} *Maitland, Fla.* DATE *July 12th 1921*

Remains of *Mr Albert Tittle* Residence *3 mi E. of Maitland,*

Father's Name *Don't know.* Residence *Austria - Hungary.*

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

Charged to *Mr Anna Tittle Wife.* Shipped to *Buried at Winter Park.*

Date of Funeral *July 14th 10 a. m.* Date of Death *July 12th 1921 6 P.M.*

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

Occupation of Deceased *Farming.* Age *77* years months days

Cause of Death *Tree fell on him at his home.* Number of Burial Certificate

Certifying Physician *Dr. H. H. H. Winter Park* Plate engraved *At Rest.*




Clergyman *At Maitland.* Lot or grave No. *134 E. 1/2 Section*

Interment at *Winter Park* Cemetery

City *Winter Park*

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>3/4 Che. Casket 30 P.T.</i>	100.00	July 16	Tr by Check.	169.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk. Robe.</i>	9.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>& Closing.</i>	5.00			
Lining Grave <i>Rel. of box.</i>	2.50			
Grave Vault <i>Underwear + Hole.</i>	2.50			
Shipping Charges, Prepaid				
Total amount of bill	169.00			169.00

REMARKS

FUNERAL REGISTER

NO. *John Brown, Jr. J. C. Johns* DATE *of death July 12th 1921*

Remains of *Margaret Lucille Brown* Residence *Alando, Fla*

Father's Name *John Brown* Residence *Alando Fla.*

Mother's Name *Mrs. Alexander Brown* How Secured *Father*

Charged to *Mr John Brown (Father)* Shipped to *Alando from Chattahoochee*

Date of Funeral *July 14th 1921 10 A.M.* Date of Death *July 12th 1921*

Place of Death *Chattahoochee* Single or Married *Single*

Occupation of Deceased *I* Age *5* years months days

Cause of Death *Acute Intestinal Toxemia* Number of Burial Certificate

Certifying Physician *at Chattahoochee* Plate engraved




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

Interment at *Patrick* Cemetery

City *Alando*

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>July 15th by check.</i>		<i>77.07</i>
Metallic Lining		<i>Sept 3rd by cash.</i>		<i>10.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Auto T. Car</i> at \$	<i>5.00</i>			
Flowers <i>Services</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Express Charges</i>	<i>27.07</i>			
<i>C.O.H. Charges</i>	<i>50.00</i>			
Total amount of bill	<i>87.07</i>			<i>87.07</i>

REMARKS

Lied at Sanitarium in Chattahoochee was shipped to Alando on Train S.A.L. July 13th 1921

FUNERAL REGISTER

NO. *J. L. Mc Knight, Winter Park, Fla* DATE *July 14th 1921*

Remains of *Infant* Residence *Winter Park, Fla*

Father's Name *Joseph L. McKnight* Residence *Winter Park, "*

Mother's Name *Mary L. Kennedy McKnight* How Secured *Father's Grandfather*

Charged to *J. L. Kennedy Grandfather* Shipped to *Buried at Winter Park,*

Date of Funeral *July 14th 1921* Date of Death *July 14th 1921*

Place of Death *Fila. Sanitarium* Single or Married *Single*

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

Cause of Death *Still Born* Number of Burial Certificate _____

Certifying Physician *Dr. Andrews* Plate engraved _____




Clergyman _____ 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>2 1/2 W. N. M. & Box.</i>	<i>8.50</i>	<i>July 14</i>	<i>Cr by Check.</i>	<i>8.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</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				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>8.50</i>			<i>8.50</i>

REMARKS

FUNERAL REGISTER

NO. *Mrs. Minnie Rogers, Trenton, Mo.* DATE *1921*
of death July 16th
 Remains of *Robert. M. Rogers.* Residence *Trenton, Mo.*
 Father's Name *Mr. N. B. Rogers,* Residence *Trenton, Mo.*
 Mother's Name *Minnie M. Guire Rogers* How Secured *Mother.*
 Charged to *Mrs. Minnie Rogers (Mother)* Shipped to *Trenton, Mo.*
 Date of Funeral *July — 1921* Date of Death *July 16th 1921 12:30 P.M.*
 Place of Death *105 E. Colonial Ave* Single or Married *Single.*
 Occupation of Deceased *In School,* Age *9* years *8* months *16* days
 Cause of Death *Cerebral Ulcer.* Number of Burial Certificate
 Certifying Physician *Dr. Edwards.* Plate engraved *Our Darling*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Trenton.*
 State *Mo.*

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>4/6 W. Plush Oct. 27, 1921</i>	<i>110.00</i>	<i>Aug 1</i>	<i>By check.</i>	<i>249.71</i>
Metallic Lining		<i>Sept 12</i>	<i>By check.</i>	<i>157.82</i>
Outside Box <i>Reg</i>				
Burial Robe <i>Waist.</i>	<i>1.00</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>Laying of Trunks</i>	<i>1.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram</i>	<i>.82</i>			
Shipping charges, prepaid <i>4 R.R. Tickets 37.83</i>	<i>207.32</i>			
<i>War Tax 4.15</i>	<i>10.60</i>			
<i>Pullman 12.95 War Tax 1.84 Phone 1.00</i>	<i>25.79</i>			
Total amount of bill	<i>407.53</i>			<i>407.53</i>




REMARKS

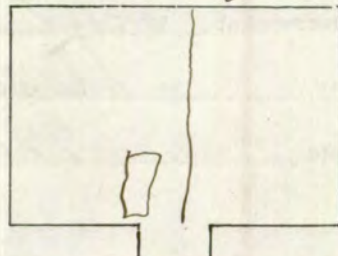
Ben J. M^r Guire
1005 Main St. Brother
Trenton
Mo.

FUNERAL REGISTER

NO. *Mr Gertrude Parker, Plant City Fla.* DATE *July 16th 1921*
 Remains of *William Arthur Parker.* Residence *Plant City, Fla.*
 Father's Name *John Parker.* Residence *Ireland.*
 Mother's Name *Clarie Murrey Parker.* How Secured *Brother & Wife*
 Charged to *Mr Gertrude Parker (Wife)* Shipped to *Orlando from Plant City*
 Date of Funeral *July 17th 1921 4 P.M.* Date of Death *July 16th 1921*
 Place of Death *Plant City* Single or Married *Single*
 Occupation of Deceased *Cigar Maker.* Age *30* years *5* months *2* days
 Cause of Death *Intestinal Obstruction* Number of Burial Certificate
 Certifying Physician *At Plant City* Plate engraved
 Clergyman *Rev Cooper.* Lot or grave No. *172 11 1/2* 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		Feb 18	Cr by Cash.	31.00
Metallic Lining		Mar 4	Cr " Cash.	6.00
Outside Box		Mar 18	Cr " Cash.	8.00
Burial Robe		Apr 29	Cr " Cash.	17.50
Embalming and Attendance	<i>Auto</i>	5.00.		
Carriages	<i>Hudson Car. at \$</i>	5.00		
Flowers	<i>Flouring Car.</i>	5.00.		
Hearse	<i>Auto Funeral Car.</i>	15.00		
Death notices in	<i>2</i> Papers			
Outlay for lot	<i>172 11 1/2 Sec J</i>	22.50.		
Opening Grave	<i>of Clarie</i>	5.00.		
Lining Grave	<i>Casket Wagon</i>	5.00		
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	62.50			62.50

REMARKS

FUNERAL REGISTER

NO. *Estate Huldia Anna Rogers, Orlando, Fla.* DATE *of death July 18th 1921*

Remains of *Mrs Huldia Anna Rogers.* Residence *N.E. of Orlando.*

Father's Name *Mr Pearson.* Residence *Georgia.*

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

Charged to *P. H. Rogers (Son)* Shipped to *Buried at Orlando*

Date of Funeral *July 19th - 1921 2 P.M.* Date of Death *July 18th - 1921 5 P.M.*

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

Occupation of Deceased *At Home.* Age *74* years *11* months days

Cause of Death *Pollagra.* Number of Burial Certificate

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




Clergyman *Dean Adcock.* 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 . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Guy Casket Oct 3 P. Toh</i>	<i>115.00</i>	<i>Aug 1</i>	<i>Cr by Cash.</i>	<i>172.00</i>
Metallic Lining <i>No</i>			<i>Cr .. Lis</i>	<i>.50</i>
Outside Box <i>Reg</i>				
Burial Robe <i>Blk. S. Silk Dress</i>	<i>12.00</i>			
Embalming and Attendance <i>Care of body</i>	<i>15.00</i>			
Carriages <i>P. Car.</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>Ed Closing</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Grave Vault <i>1 Pair 10x12.</i>	<i>50</i>			
Shipping charges, prepaid				
Total amount of bill	<i>172.50</i>			<i>172.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Elizabeth M. Lennen, Pine Castle* DATE *Death July 20th 1921*

Remains of *Mrs Elizabeth Mireira Lennen* Residence *Lennen Station Pine Castle Road,*

Father's Name *Washington Wilson* Residence *South Carolina*

Mother's Name *Mrs M. E. Lennen Wilson* How Secured *Estate & Sons,*

Charged to *Walter Lennen (Son)* Shipped to *Buried in Orlando.*

Date of Funeral *July 21st 1921 3 P.M.* Date of Death *July 19th 1921*

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

Occupation of Deceased *At Home* Age *79* years *8* months *23* days

Cause of Death *Result of Fracture of hip, over a year ago.* Number of Burial Certificate

Certifying Physician *Dr. Christ* Plate engraved *Mother*




Clergyman *Rev. Cooper* Lot or grave No. *# 92* Section *J*

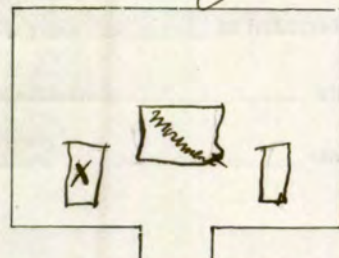
Interment at *Greenwood Cemetery*

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>1/3 Guy B. Co. Oct. 4. T.</i>	150.00	Sept 1	On by Check.	229.00
Metallic Lining <i>No</i>		" 1	On " dis	2.00
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>Hudson Car. at \$</i>	5.00			
Flowers <i>Tommy Car.</i>	5.00			
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i># 92 Sec J.</i>				
Opening Grave <i>Ed Clipping.</i>	5.00			
Lining Grave <i>Casket Wagon</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
<i>June 26th Amb Res to R.R. Sta.</i>	6.00			
<i>Oct 1st Amb R.R. Sta to Res</i>	6.00			
<i>1 yd Oil Cloth</i>	1.00			
Total amount of bill	229.00			229.00

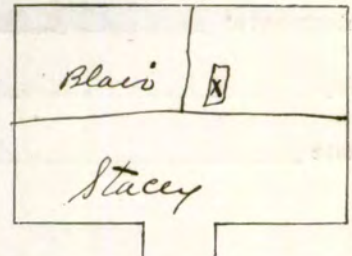
REMARKS

FUNERAL REGISTER

NO. *Estate Wm. E. Lockerby 1102 S. He Lane* DATE *1921*
 Remains of *Mr William E. Lockerby.* Residence *1102 S. He Lane St Orlando*
 Father's Name *Mathew. L. Lockerby* Residence *Livensbury, New York.*
 Mother's Name *Hesiah M. Curdy.* How Secured *Estate*
 Charged to *Elma Lockerby (Wife)* Shipped to *Buried in Orlando*
 Date of Funeral *July 23rd 1921* Date of Death *July 21st 1921 6PM.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Fruit Grower.* Age *68* years *11* months *19* days
 Cause of Death *Carcinoma of Liver & Stomach.* Number of Burial Certificate *# 484*
 Certifying Physician *H. Edwards.* Plate engraved *Name & Date 1852-1921*
 Clergyman *Rev Cooper.* Lot or grave No. *S.E. 1/4 Section L #128*
 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>1/3 Grey B. Co. Oct 30th 1921</i>	<i>150.00</i>	<i>Sept 7</i>	<i>By Check.</i>	<i>200.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>15.00</i>			
Carriages <i>Hudson</i> at \$	<i>5.00</i>			
Flowers <i>Tommy 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>Sec L S.E. 1/4 #128</i>				
Opening Grave <i>Exp. Closing grave</i>	<i>5.00</i>			
Lining Grave <i>Shaving & Dressing, feet of casket</i>	<i>5.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>200.00</i>			<i>200.00</i>

REMARKS

FUNERAL REGISTER

NO. *Joe E. Hanner, 734 W. Central Ave.* DATE *July 21st 1921*
 Remains of *Mrs. Jennie, B. Hanner*, Residence *734 W. Central Ave., Orlando,*
 Father's Name *G. W. Watson*, Residence *Alabama*,
 Mother's Name *Anna Weaver Watson*, How Secured *Husband*,
 Charged to *Mr. Joe E. Hanner* Shipped to *Buried in Orlando*,
 Date of Funeral *July 22nd 1921 4:30 P.M.* Date of Death *July 21st 1921 9 P.M.*
 Place of Death *Residence*, Single or Married *Married*.
 Occupation of Deceased *At Home*, Age *49* years months days
 Cause of Death *Pulmonary Tuberculosis*, Number of Burial Certificate *#483*
 Certifying Physician *Dr. Chiles*, Plate engraved *At Rest*
 Clergyman *Dean Adcock*, Lot or grave No. *24* Section *L*,
 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>Gray Plush Oct. O. W.</i>	165.00	Oct 18	Cr by Check	100.00
Metallic Lining <i>No</i>		May 5	Cr	100.00
Outside Box <i>Steel Vault</i>	105.00	May 30	Cr	100.00
Burial Robe <i>White Silk Dress</i>	27.00	July 24	Cr	113.00
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages <i>T. Car.</i> at \$	5.00			
Flowers <i>Bathing & Dressing</i>	5.00			
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#24 Sec 2.</i>	65.00			
Opening Grave <i>By Closing</i>	5.00			
Lining Grave <i>Casket Wagon</i>	5.00			
Grave Vault <i>1 of 102.</i>	1.00			
Shipping Charges, Prepaid				
Total amount of bill	413.00			413.00

REMARKS

FUNERAL REGISTER

NO. *Estate Edwin R. Starbird, Apopka, Fla.* DATE *July 24th 1921*

Remains of *Edwin R. Starbird.* Residence *Apopka, Fla.*

Father's Name *Amos, H. Starbird.* Residence *Maine.*

Mother's Name *Mary, J. Gilkey.* How Secured *Estate & Brothers*

Charged to *A. C. Starbird.* Shipped to *Brunswick, Maine*

Date of Funeral *July 27th 1921 4 P.M.* Date of Death *July 24th 1921 11:15 A.M.*

Place of Death *Fila Sanitarium* Single or Married *Widower.*

Occupation of Deceased *Heavy Business* Age *68* years *10* months *8* days

Cause of Death *Chronic Malignant Cachexia* Number of Burial Certificate

Certifying Physician *Dr. Andrews.* Plate engraved *Name & Date 1853 - 1921*


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

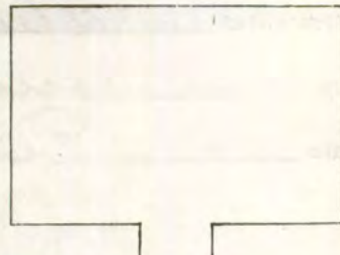
Interment at *Restoration* Cemetery

City *Brunswick.*

State *Maine.*

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 B. Co. Oct. 10th</i>	<i>350.00</i>	<i>July 27th</i>	<i>by check.</i>	<i>204.29</i>
Metallic Lining <i>yes</i>		<i>Mar 8th</i>	<i>by check.</i>	<i>228.72</i>
Outside Box <i>Reg-Painted</i>		<i>Sept 14th</i>	<i>by check.</i>	<i>200.00</i>
Burial Robe <i>Blk. Suit</i>	<i>17.50</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$5.00</i>	<i>10.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2.</i> Papers				
Outlay for lot <i>Telegram.</i>	<i>1.22</i>			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>W. R. Tichetz & Bullman.</i>				
<i>3 R. R. Tichetz - 178.50</i>	<i>178.50</i>	<i>Lower side 13.77</i>	<i>1102</i>	<i>203.29</i>
<i>Phone</i>				<i>1.00</i>
Total amount of bill	<i>633.01</i>			<i>633.01</i>

REMARKS

Funeral Services at Baptist Church at Apopka Wed 4 P.M. July 27th. Ship on train #82 Wed: night.

FUNERAL REGISTER

NO *Estate Wm Holloway, Argalla Fla* DATE *July 23rd 1921*

Remains of *Wm Holloway* Residence *Argalla, Fla.*

Father's Name *Chas. E. Holloway* Residence *South Carolina*

Mother's Name *Manda Beasley Holloway* How Secured *Brothers*

Charged to *Ed Holloway* Shipped to *By auto to Orlando from New Smyrna*

Date of Funeral *July 25th 1921 3:30 P.M.* Date of Death *July 23rd 1921 11 P.M.*

Place of Death *Oxford, Fla* Single or Married *Divorced*

Occupation of Deceased *Officer, City Marshall* Age *About 50* years months days

Cause of Death _____ Number of Burial Certificate _____

Certifying Physician _____ Plate engraved *At Rest*




Clergyman *Capt Mungell (S. Army)* 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 . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket			<i>Oct 8th by Cash</i>	<i>20.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>15.00</i>			
Death notices in _____ Papers				
Outlay for lot				
Opening Grave <i>By Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>20.00</i>			<i>20.00</i>

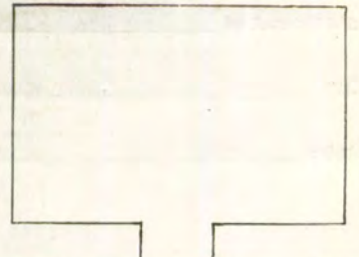
REMARKS *Lied at Sanb at Oxford. Body brought to Orlando Sunday A.M. by truck, July 24th 1921. Maley in charge.*

FUNERAL REGISTER

NO. *Joseph Carter Apofka Fla* DATE *July 26th 1921*
 Remains of *Joseph Carter (Col.)* Residence *Apofka, Fla.*
 Father's Name *Not known.* Residence *Not known.*
 Mother's Name *Not known.* How Secured *County*
 Charged to *County* Shipped to *Buried at County Home.*
 Date of Funeral *July 28th 1921* Date of Death *July 26th 1921. 29th m.*
 Place of Death *Orange G. Hospital* Single or Married *Single*
 Occupation of Deceased *Day Laborer* Age *45* years months days
 Cause of Death *Sylvan M. Gray.* Number of Burial Certificate
 Certifying Physician *Pneumonia* Plate engraved
 Clergyman Lot or grave No. Section
 Interment at *County Home 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>5/4 Coffin & Box</i>	<i>8.50 Aug 3</i>	<i>By Check.</i>	<i>8.50</i>
Metallic Lining		<i>By County.</i>	
Outside Box			
Burial Robe			
Embalming and Attendance			
Carriages at \$			
Flowers			
Hearse			
Death notices in Papers			
Outlay for lot			
Opening Grave			
Lining Grave			
Grave Vault			
Shipping charges, prepaid			
Total amount of bill	<i>8.50</i>		<i>8.50</i>

REMARKS

Had no Relatives & no way of obtaining any information. Was buried by the County.

FUNERAL REGISTER

NO. *Estate Charles Goodrich, St Cloud, Fla.* DATE *July 26th 1921*

Remains of *Mr Charles Goodrich.* Residence *St. Cloud, Fla.*
 Father's Name *J. C. Goodrich.* Residence *Illinois.*
 Mother's Name *Louise Le Rouse Goodrich* How Secured *Estate*
 Charged to *Mrs Mattie Goodrich* Shipped to *Buried at Orlando.*
 Date of Funeral *July 28th 1921 10:30 A.M.* Date of Death *July 26th 1921 8 P.M.*
 Place of Death *Orange G. Hospital* Single or Married *Married*
 Occupation of Deceased *Jeweler.* Age *73* years *4* months *23* days
 Cause of Death *Uremia & Heart Failure from Shock.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved
 Clergyman *Father Fox* Lot or grave No. Section
 Interment at *Catholic.* Cemetery
 City *Orlando*
 State *Fla.*
also Judge Comer & Kissimmee

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 Blk B. Co. B. Co. S.</i>	200.00	Aug 4	Cr by Confon Bond	49.00
Metallic Lining <i>No.</i>		" 4	Cr " " "	40.20
Outside Box <i>Req.</i>		" 4	Cr " Cash.	50.00
Burial Robe <i>Blk Suit.</i>	65.00		Had no more	
Embalming and Attendance <i>Shaving</i>	40.00		money. discount	189.80
Carriages <i>C. Wagon 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 <i>and Closing.</i>	5.00			
Lining Grave				
Grave Vault <i>Underwear Socks</i>	5.00			
Shipping Charges, Prepaid				
Total amount of bill	335.00			335.00

REMARKS

FUNERAL REGISTER

NO. *H. F. Bailey Clermont, Fla.* DATE *of death July 28th 1921*

Remains of *Forest M. Bailey* Residence *Clermont, Fla.*

Father's Name *H. F. Bailey* Residence *Clermont Fla.*

Mother's Name *Saula Main Bailey* How Secured *Father.*

Charged to *H. F. Bailey* Shipped to *By auto to Clermont.*

Date of Funeral *July 29th 1921* Date of Death *July 28th 1921 12 noon*

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

Occupation of Deceased *?* Age *1* years *11* months *1* days

Cause of Death *Colitis* Number of Burial Certificate

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




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

Interment at *Clermont.* Cemetery

City *Clermont*

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 L. Skin</i>	<i>25.00</i>	<i>July 28</i>	<i>Cr by check</i>	<i>24.85</i>
Metallic Lining	<i>700 H Cap.</i>			<i>Ex " Cash.</i>	<i>.15</i>
Outside Box					
Burial Robe					
Embalming and Attendance					
Carriages	at \$				
Flowers					
Hearse					
Death notices in	Papers				
Outlay for lot					
Opening Grave					
Lining Grave					
Grave Vault					
Shipping charges, prepaid					
Total amount of bill	<i>25.00</i>				<i>25.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Mary Howells* ^{On The} *CLARICOMA Road* ^{DATE} *July 30th 1921*

Remains of *Mrs Mary Howells.* Residence *Claricoma, Fla.*

Father's Name *Jasper T. Cropley.* Residence *Europe.*

Mother's Name *Maride Cropley.* How Secured *Estate of Heirlooms*

Charged to *Lillian H. Munn* Shipped to *Buried in Orlando,*

Date of Funeral *July 31st 4 P.M.* Date of Death *July 30th 1921 5:30^{am}*

Place of Death *C. General Hospital.* Single or Married *Widow*

Occupation of Deceased *At Home,* Age *70* years *10* months *25* days

Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate

Certifying Physician *Dr. Beardall.* Plate engraved *Mother.*



Clergyman *Dean Glass.* Lot or grave No. *#52* Section *L.*

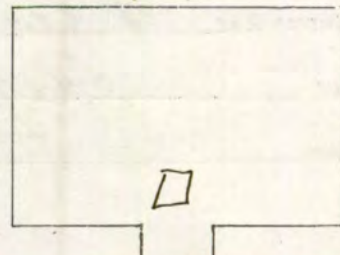
Interment at *Greenwood* Cemetery

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 Plush S.H. Cap.</i>	<i>150.00</i>	<i>Aug 1</i>	<i>Cr by Check.</i>	<i>275.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</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>#52 Sec L.</i>	<i>65.00</i>			
Opening Grave <i>Exc. Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Ambulance.</i>	<i>10.00</i>			
Total amount of bill	<i>275.00</i>			<i>275.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mary H. Lee. 16 N. Hughey St* DATE *of Leach July 30th 1921*

Remains of *Mrs Mary H. Lee.* Residence *16 N. Hughey St.*

Father's Name *J. Lriggers.* Residence *Georgia*

Mother's Name *Elizabeth Lriggers.* How Secured *Estate & Harry Lee.*

Charged to *M Harry Lee (Son)* Shipped to *Buried in Orlando.*

Date of Funeral *July 31st 1921 5 P.M.* Date of Death *July 30th 1921 8 A.M.*

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

Occupation of Deceased *At Home.* Age *67 years 1 months 10 days*

Cause of Death *Chro. Int. Nephritis.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Gwan.* Plate engraved *Name & Date*
1854 - 1921

Clergyman *Dean Adcock & Rev Phillips* Lot or grave No. *161 N.W. 1/4* Section *A.*

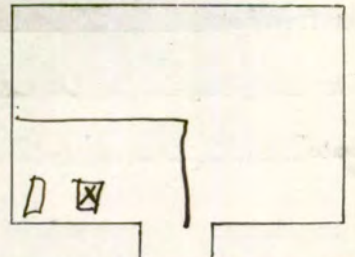
Interment at *Greenwood, Cemetery*

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 Br. Co. Oct. 4.7.</i>	<i>150.00</i>	<i>Oct 20</i>	<i>By Check.</i>	<i>210.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>3 Autos</i> at \$	<i>10.00</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>H 161 N.W. 1/4 Sec A.</i>				
Opening Grave <i>and Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>210.00</i>			<i>210.00</i>

REMARKS

FUNERAL REGISTER

NO *Estate Fred A. Miltmore, 305 N. Main* DATE *of Death Aug 12th 1921*

Remains of *Mr Fred A. Miltmore*, Residence *305 N. Main St City*.

Father's Name *Alonso Miltmore*, Residence *Ills.*

Mother's Name *Cornelia Hendry*, How Secured *Estate Insurance*

Charged to *Mrs Lula Miltmore Wife* Shipped to *Buried In Orlando*.

Date of Funeral *Aug 7th 1921* Date of Death *Aug 1st 1921 9 P.M.*

Place of Death *Room 87 San Juan Hotel* Single or Married *Married*

Occupation of Deceased *Proprietor Arcade Restaurant* Age *57* years *11* months *20* days

Cause of Death *was found dead in Room 87 San Juan Hotel about 9 P.M. Bullet hole through his heart* Number of Burial Certificate

Certifying Physician *Chief Vestel* Plate engraved *F.A.M. Emb.*




Clergyman *In Charge of Masons* Lot or grave No. Section

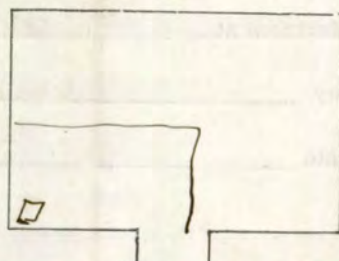
Interment at *Greenwood* Cemetery

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>9 Day Life Oct 30th</i>	125.00	<i>Aug 3 Cr by Cash.</i>	12.50
Metallic Lining	<i>No.</i>		<i>Rich. F. Holmes</i>	
Outside Box	<i>Steel Vault</i>	125.00	<i>Feb 8 Cr by Check</i>	150.61
Burial Robe			<i>Blanche M. Carmick</i>	150.61
Embalming and Attendance	<i>Shaving & Bathing</i>	45.00		
Carriages	<i>C. Wagon at \$ (2)</i>	10.00		
Flowers	<i>Auto Closed Car.</i>	5.00		
Hearse	<i>Auto Funeral Car.</i>	00.00		
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i>Lee & N.W. 1/4 #27</i>	12.50		
Opening Grave	<i>Ed Closing.</i>	0.00		
Lining Grave	<i>Closed Car.</i>	0.00		
Grave Vault				
Shipping Charges, Prepaid				
Telegrams.		1.72		
11-8- affidavit Cor inquest		2.00		
Mailed To Mr H. A. Insurance Co				
Total amount of bill		313.72		313.72

REMARKS +

FUNERAL REGISTER

NO. *Henry C. Johns, 108 America St., of Hearn Aug 5th 1921* DATE

Remains of *Henry Calum Johns.* Residence *108 America St., City*

Father's Name *Henry C. Johns.* Residence *108 America St. "*

Mother's Name *Jettie Lou Johns.* How Secured *Father*

Charged to *Wm Henry C. Johns* Shipped to *Buried at Winter Park*

Date of Funeral *Aug 7th 1921* Date of Death *Aug 5th 1921 4PM.*

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

Occupation of Deceased *At Home.* Age *1* years *6* months *1* days

Cause of Death *Bolitis.* Number of Burial Certificate

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




Clergyman *Capt. Munselle.* Lot or grave No. Section

Interment at *Winter Park. Cemetery*

City *Winter Park*

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>3/8 White Plush Velv. 55.00</i>	<i>55.00</i>	<i>Aug 8</i>	<i>Cr by check.</i>	<i>102.25</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Dress, 1 Hng, Skirt, Skirt</i>	<i>7.25</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>1 Hudson at \$</i>	<i>5.00</i>			
Flowers <i>T. Car.</i>	<i>5.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>102.25</i>			<i>102.25</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Emily Hawes 209 E. South St.* DATE *1921 Aug 7th*
 Remains of *Mrs Emily Hawes.* Residence *209 E. South St.*
 Father's Name *Mr Holmes.* Residence *England.*
 Mother's Name *Not known.* How Secured *Grandson.*
 Charged to *Jessie N. Myers.* Shipped to *By Auto to Kissimmee.*
 Date of Funeral *Aug 9th 1921 10 A.M.* Date of Death *Aug 7th 1921 5 P.M.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *83* years *4* months *16* days
 Cause of Death *Senility.* Number of Burial Certificate
 Certifying Physician *Dr. Roney.* Plate engraved *At Rest*
 Clergyman *Wagel of Episcopal Church.* Lot or grave No. Section
 Interment at *Kissimmee Cemetery*
 City *Kissimmee.*
 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 .

Send bill to: - W. B. Mackinson, Kissimmee, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>79 Blk Casket Oct 30th</i>	<i>10 00</i>	<i>Dec 30</i>	<i>W. B. Mackinson</i> <i>By Check</i>	<i>177 00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>White Robe</i>	<i>12 00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25 00</i>			
Carriages <i>Auto</i> at \$	<i>5 00</i>			
Flowers <i>Casket Wagon</i>	<i>5 00</i>			
Hearse <i>Auto. Funeral Car</i>	<i>25 00</i>			
Death notices in <i>2.</i> Papers				
Outlay for lot <i>4 Autos.</i>	<i>5 00</i>			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>177 00</i>			<i>177 00</i>

REMARKS

FUNERAL REGISTER

NO. *James Stokes (Col) Ocala, Fla.* DATE *of March Aug 8th 1921*
 Remains of *Priscilla Stokes.* Residence *Ocala, Fla.*
 Father's Name *George Coar.* Residence *Fla.*
 Mother's Name *Annie Akins Coar.* How Secured *Husband*
 Charged to *James Stokes (Husband)* Shipped to *Deland from Ocala*
 Date of Funeral *Aug 9th 1921 2 P.M.* Date of Death *Aug 8th 1921*
 Place of Death *Ocala, Fla.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *25* years *8* months *14* days
 Cause of Death *Dysentery* Number of Burial Certificate
 Certifying Physician *At Ocala.* Plate engraved *At Rest*
 Clergyman Lot or grave No. *8* Section *T.*
 Interment at *Greenwood Cemetery*
 City *Deland*
 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 Lavender Crepe</i>		<i>Aug 10</i>	<i>Cr by check</i>	<i>8.87</i>
Metallic Lining		<i>" 10</i>	<i>Cr " cash.</i>	<i>20.00</i>
Outside Box		<i>" 18</i>	<i>Cr " check.</i>	<i>6.63</i>
Burial Robe				
Embalming and Attendance				
Carriages <i>2 Cars</i> at \$ <i>4.50</i>	<i>9.00</i>			
Flowers <i>1 Car</i>	<i>4.00</i>			
Hearse <i>Grey Car.</i>	<i>12.50</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave <i>End Closing</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon</i>	<i>5.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>35.50</i>			<i>35.50</i>




REMARKS

Lied at Ocala and shipped to Deland Aug 8th Monday 7:15 P.M. on Seaboard.

FUNERAL REGISTER

NO. *Estate S. W. Shepard, Orlando, Fla* DATE *1921 Aug 8th*
 Remains of *S. W. Shepard.* Residence *Orlando, Fla.*
 Father's Name *Mr Shepard.* Residence *Hunt Know*
 Mother's Name *Hunt Know.* How Secured *Estate*
 Charged to *Estate* Shipped to *Orlando from Asheville*
 Date of Funeral *Aug 12th 1921 4 P.M.* Date of Death *Aug 8th 1921*
 Place of Death *Asheville, N. C.* Single or Married *Single.*
 Occupation of Deceased *Fruit Store.* Age *76* years months days
 Cause of Death *Angina Pectoris & heart failure, from hardening of arteries* Number of Burial Certificate
 Certifying Physician *at Asheville* Plate engraved
 Clergyman *Rev. Cooper.* Lot or grave No. *Confederate Circle* 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>B. M. Robinson</i>	
Metallic Lining		<i>Aug 30</i>	<i>Cr by check.</i>	<i>84.32</i>
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>2 Cycles at \$5.00</i>	<i>10.00</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 <i>Confederate Circle</i>				
Opening Grave <i>and closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault <i>Telegrams.</i>	<i>2.21</i>			
Shipping Charges, Prepaid <i>Express</i>				
<i>on body.</i>	<i>47.11</i>			
Total amount of bill	<i>84.32</i>			<i>84.32</i>

REMARKS

FUNERAL REGISTER

NO. *Estate of Chas Franklin M^cQuaig* DATE *1921*
of death Aug 10th
Remains of *Chas. Franklin M^cQuaig* Residence *765 W. Central Ave City*
Father's Name *Lucian M^cQuaig* Residence *Alabama*
Mother's Name *Rozana A. Foster* How Secured *Estate*
Charged to *Mrs. Olivia A. M^cQuaig* Shipped to *Buried in Olands*
Date of Funeral *Aug 11th - 1921 4 P.M.* Date of Death *Aug 10th - 1921 5:30 P.M.*
Place of Death *Residence* Single or Married *Married*
Occupation of Deceased *Real Estate (Retired)* Age *78* years *2* months *16* days
Cause of Death *Chro. Mial Carditis* Number of Burial Certificate
Certifying Physician *H. M^cQuaig* Plate engraved *At Rest*
Clergyman *Rev. Cooper* 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. Cloth S. V. Cap.</i>	<i>150.00</i>	<i>Sept 10</i>	<i>Pl by Curtis + O'Neal Aug 12</i> <i>By Chuch</i>	<i>240.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Blk. B. Suit.</i>	<i>25.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>Hudson Car. \$</i>	<i>5.00</i>			
Flowers <i>Turning 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>Underwear.</i>	<i>2.50</i>			
Opening Grave <i>Opening & Closing</i>	<i>5.00</i>			
Lining Grave <i>Del. of Box to Cemetery</i>	<i>2.50</i>			
Grave Vault <i>Casket Wagon.</i>	<i>5.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>240.00</i>			<i>240.00</i>

REMARKS

FUNERAL REGISTER

NO. *Monroe Neil, Apopka, Fla.* DATE *1921*
Apopka Aug 10th
 Remains of *Monroe Neil (Col)* Residence *Apopka, Fla.*
 Father's Name *Harry Neil.* Residence *Leont, Fla.*
 Mother's Name *Neil.* How Secured *Insurance*
 Charged to *Estate (Will Neil Brother)* Shipped to *Buried at Apopka,*
 Date of Funeral *Aug 12th 1921 - 2 P.M.* Date of Death *Aug 10th 1921*
 Place of Death *In Woods at Apopka.* Single or Married *Married*
 Occupation of Deceased *Day Laborer.* Age *54* years months days
 Cause of Death *Killed by Lightning.* Number of Burial Certificate
Justice of Peace
 Certifying Physician *F. Weatherly (Local Registrar)* Plate engraved *At Rest.*
 Clergyman *At Apopka.* 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 .

Send Bill to Francis Neil (Wife) Apopka, Fla.

<i>Carrie Kelly Apopka Box #64</i>	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Varnish Coffin Sq.</i>	70.00	Aug 29	<i>Cr by Cash.</i>	35.00
Metallic Lining <i>No</i>		Sept 10	<i>Cr .. Check.</i>	49.00
Outside Box <i>Req.</i>			<i>Cr .. Leis</i>	26.06
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	20.00			
Carriages <i>Car to Apopka</i>	5.00			
Flowers				
Hearse <i>Grey Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				

No one to pay sis balance

Total amount of bill

110.00

110.00

REMARKS

*James O Neil 220 North 22nd Ave
Atlantic City N.J.*

FUNERAL REGISTER

NO. *Estate George W. Berry, 209 S. Main St* DATE *1921 Aug 13th*

Remains of *Mr George W. Berry.* Residence *209 S. Main, St. City*

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

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

Charged to *Nettie Berry (Daughter)* Shipped to *Buried at Olands.*

Date of Funeral *Aug 13th 1921 5 P.M.* Date of Death *Aug 13th 1921 1:30 A.M.*

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

Occupation of Deceased *Employed at Standard Oil Co (Retired)* Age *84* years *8* months *12* days

Cause of Death _____ Number of Burial Certificate _____

Certifying Physician *Dr. W. E. Elroy.* Plate engraved *At Rest.*




Clergyman *Rev. Cooper.* Lot or grave No. *118* Section *A.*

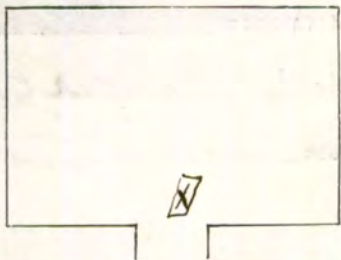
Interment at *Greenwood* Cemetery

City *Olands.*

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>7/4 Blk B. Clo Oct 30th</i>	<i>135.00</i>	<i>Sept 10</i>	<i>Cr by check.</i>	<i>170.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance				
Carriages <i>Blond Car. at \$</i>	<i>5.00</i>			
Flowers <i>Downing 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># 118 Sec A.</i>				
Opening Grave <i>Ed Claring</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>170.00</i>			<i>170.00</i>

REMARKS

FUNERAL REGISTER

NO. *James M. Earp, 3 mi N.E. of Orlando, Fla.* DATE *1921*
of death Aug 12th
Remains of *Mrs Anna Earp.* Residence *3 mi. N.E. of Orlando.*
Father's Name *Wm Fossett.* Residence *Mont Snow.*
Mother's Name *Mont Snow.* How Secured *Estate.*
Charged to *James M. Earp, (Husband)* Shipped to *Buried at Orlando*
Date of Funeral *Aug 14th 1921 9:30 A.M.* Date of Death *Aug 12th 1921 7:30 P.M.*
Place of Death *Residence.* Single or Married *Married*
Occupation of Deceased *At Home.* Age *80* years months days
Cause of Death *Hyostatic Pneumonia* Number of Burial Certificate
Certifying Physician *Dr. Robinson.* Plate engraved
Clergyman *Rev. Lewis Cepofka.* Lot or grave No. *175 N 1/2 Section 175 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>1/4 Blk Cufe Oct 3 P.T.</i>	100.00	Aug 13	<i>By check.</i>	75.00
Metallic Lining <i>No</i>		June 3	<i>By check.</i>	20.00
Outside Box <i>Req.</i>		June 10	<i>" "</i>	20.00
Burial Robe <i>✓</i>		July 22	<i>" "</i>	10.00
Embalming and Attendance		Oct 31	<i>Cash</i>	15.00
Carriages <i>C. Wagon</i> at \$	5.00	Nov 14	<i>Cash</i>	7.00
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>175' Sec J. N 1/2</i>	22.00			
Opening Grave <i>El Closing</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	147.00			147.00

REMARKS

FUNERAL REGISTER

Estate of ~~Neil~~ ^{NO} Neil Jensen, 2 Mi W of City. DATE ¹⁹²¹ of death 13th -

Remains of Neil Jensen. Residence 2 Miles West of Orlando.

Father's Name Jensen Nelson. Residence Henmark.

Mother's Name Hunt Know. How Secured Estate.

Charged to Malissa Jensen (Wife), Shipped to Buried at Orlando.

Date of Funeral Aug 1921 Date of Death Aug 13th 8:30 P.M.

Place of Death Residence, Single or Married Married

Occupation of Deceased Farming. Age 67 years months 13 days

Cause of Death Gangrene (Right Wrist) Number of Burial Certificate

Certifying Physician H. Beardhal. Plate engraved Name & Date 185-4-1921



Clergyman German Lutheran. 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 . Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket ^{very} Metal Casket S.H. Cap	375.00	Aug 24	Cr by check	466.00
Metallic Lining	yes			
Outside Box	Reg			
Burial Robe	✓			
Embalming and Attendance	Shaming	40.00		
Carriages	C Wagon at \$	5.00		
Flowers	Closed Car.	5.00		
Hearse	Auto Funeral Car.	15.00		
Death notices in	2 Papers			
Outlay for lot	Joining Car.	5.00		
Opening Grave	and Closing.	5.00		
Lining Grave	Pillow Floral Piece	8.00		
Grave Vault	Telegram.	.50		
Shipping charges, prepaid Del Box to Cmt		2.50		
	Spray of Flowers.	5.00		
Total amount of bill	466.00			466.00

Sat- ~~July~~ ^{May} 1st 1942
 Embalmed Body and
 moved to Woodlawn
 Cemetery
 Box 10th
 C# 5th
 Taken at Woodlawn. No tag

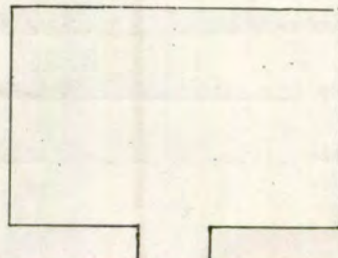
REMARKS

FUNERAL REGISTER

NO. *Robert H. Rutherford, 141 High St. City* DATE *1921 Aug 14*
 Remains of *Infant* Residence *Orlando, Fla.*
 Father's Name *Robert H. Rutherford* Residence *141 High St. City*
 Mother's Name *Margaret W. Rutherford* How Secured *Father*
 Charged to *Robert H. Rutherford (father)* Shipped to *Buried at Conway*
 Date of Funeral *Aug 14th 1921* Date of Death *Aug 14th 1921 11:30 P.M.*
 Place of Death *O. General 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 _____
 Clergyman _____ 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 x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/8 N.M.</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				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>5.00</i>			<i>5.00</i>

REMARKS *Bought Casket & did their own work,*

FUNERAL REGISTER

NO. *Estate Charles Harvey, Daytona Fla* DATE *Aug 14th 1921*

Remains of *Mr Charles Harvey.* Residence *Daytona, Fla.*

Father's Name *Harvey.* Residence *New York.*

Mother's Name *Mae Baker Harvey.* How Secured *Wife.*

Charged to *Mrs Mae C. Harvey.* Shipped to *Buried in Orlando.*

Date of Funeral *Aug 14th 1921 3 P.M.* Date of Death *Aug 14th 1921 M.G.M.*

Place of Death *Fila. Sanitarium.* Single or Married *Married*

Occupation of Deceased *Contractor (Planning and Heavy Building)* Age *65* years *8* months *21* days

Cause of Death *Liabetis Mellitis.* Number of Burial Certificate

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

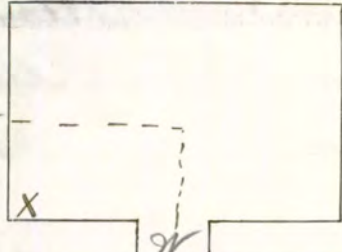
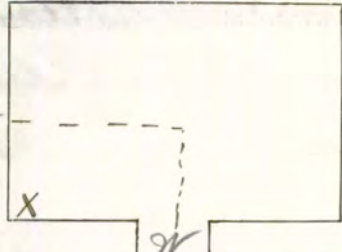
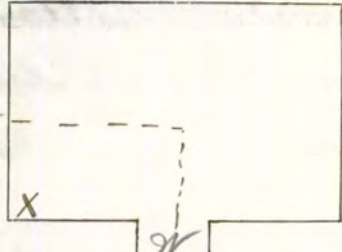
Clergyman *Roy Crisler* Lot or grave No. *171 N.W. 1/4* Section *E J.*

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>1/2 Guy Cope Oct 3 P.M.</i>	<i>110.00</i>	<i>Aug 15</i>	<i>Cr. by check.</i>	<i>187.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Shaving.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</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>171 N.W. 1/4 Sec J.</i>	<i>12.50</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>187.50</i>			<i>187.50</i>

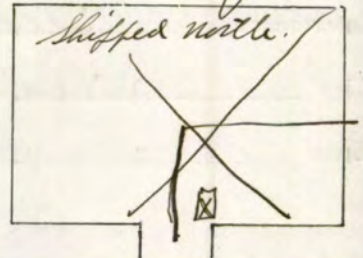
REMARKS

FUNERAL REGISTER

NO. *Estate Jacob S. Cruiser. 109 E. Amelia.* DATE *1921*
 Remains of *Mr Jacob S. Cruiser.* Residence *109 E. Amelia Ave,*
 Father's Name *Camitini A. Cruiser.* Residence *New Jersey.*
 Mother's Name *Ellen Schensch Cruiser.* How Secured *Estate*
 Charged to *Mrs Ella Cruiser Wife.* Shipped to *Buried in Atlantic Highland*
 Date of Funeral *Aug 1921* Date of Death *Aug 14th 1921 6:30 a.m.*
 Place of Death *A. General Hospital* Single or Married *Married*
 Occupation of Deceased *Real Estate.* Age *52* years *3* months *13* days
 Cause of Death *Pneumonia (Septic)* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Ewan.* Plate engraved *F & A. M.*
 Clergyman *Rev. Bingham (Presbyterian)* Lot or grave No. *175 S. 1/4* Section *1*
 Interment at *Atlantic Highland Cemetery*
 City *Atlantic Highland*
 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>1/2 Grey B. Clo. Bd 3 Pk.</i>	150.00	Aug 20	By Check.	106.39
Metallic Lining <i>No</i>		" 23	By ..	195.00
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon. (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	00.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec 1 S.W. 1/4 #175</i>				
Opening Grave <i>Ed. Closing.</i>	0.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>R.R. Tickets</i>	106.39			
Total amount of bill	301.39			301.39

REMARKS

FUNERAL REGISTER

NO. *James Laughty Summer, Fla.* DATE *1921 Aug 8th*

Remains of *James Laughty* Residence *Summer, Fla.*

Father's Name *James Laughty* Residence *Florida*

Mother's Name *Henri Knowl* How Secured *L. N. M. & Pherson Biddle*

Charged to *L. N. M. & Pherson* Shipped to *Buried at Orlando*

Date of Funeral *Aug 1921* Date of Death *Aug 8th 1921 6 P.M.*

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

Occupation of Deceased *Heavy Laborer* Age *19* years months days

Cause of Death *Bacillary Dysentery* Number of Burial Certificate

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

Clergyman *P. Lee Smith* Lot or grave No. *Single Grave* 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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Coffin & Box</i>	<i>35.00</i>			
Metallic Lining <i>No.</i>				
Outside Box <i>Rey</i>				
Burial Robe				
Embalming and Attendance <i>J. Sharrig</i>	<i>35.00</i>			
Carriages <i>1</i> at \$				
Flowers				
Hearse <i>Grey Car</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	<i>3.00</i>			
Opening Grave <i>Ed Closing</i>	<i>2.50</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>88.00</i>			<i>88.00</i>

Father has nothing and no way to collect




REMARKS

FUNERAL REGISTER

NO. *Mr Augustus Hubert, Orlando, Fla* DATE *1921 Aug 17*

Remains of *Mr Minnie Josephine Hubert* Residence *Orlando, Fla.*
 Father's Name *Peter Herbert* Residence *Canada*
 Mother's Name *Sophia Keple Herbert* How Secured *Husband*
 Charged to *Mr Augustus Hubert (Husband)* Shipped to *Glen Falls New York*
 Date of Funeral *Aug - 1921* Date of Death *Aug 17th 1921 9.4. m.*
 Place of Death *Orange. G. Hospital* Single or Married *Married*
 Occupation of Deceased *At Home* Age *56* years *2* months *9* days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. Wynn* Plate engraved *Name & Date & Crucifix*
 Clergyman *At Destination* *1865-1921*
 Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Glen Falls*
 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>Full Glass, Grey B. Clo. Slip</i>	435.00	Aug 18	Cr by Cash.	632.00
Metallic Lining <i>Yes</i>		" 18	Cr " " " " " "	.16
Outside Box <i>Reg. Painted</i>				
Burial Robe <i>Grey Silk Dress.</i>	27.50			
Embalming and Attendance <i>Emb.</i>	33.00			
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 <i>Telegrams.</i>	8.02			
Grave Vault <i>Underwear, Shirt 10.00</i>	5.50			
Shipping Charges, Prepaid				
<i>R. R. Tickets</i>	106.14			
<i>Amb.</i>	5.00			
Total amount of bill	632.16			632.16

REMARKS

FUNERAL REGISTER

NO. *Ben B. Brown, Pvt, Orlando, Fla* ^{arrived Aug 17th 1921} DATE *of death July 28th 1918*

Remains of *Pvt Ben. B. Brown.* Residence *Orlando, Fla.*

Father's Name *Mr. B. P. Brown.* Residence *Orlando, Fla.*

Mother's Name *Brown.* How Secured *Government.*

Charged to *Mr B. P. Brown. (Father)* Shipped to *Orlando from France*

Date of Funeral *Aug 25th 4 P.M. 1921* Date of Death *July 28th 1918*

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

Occupation of Deceased *Soldier in France* Age *19* years months days

Cause of Death *Killed in Action* Number of Burial Certificate

Certifying Physician *In France.* Plate engraved




Clergyman *Rev Cooper.* Lot or grave No. *22 N.W. 1/4* Section *J*

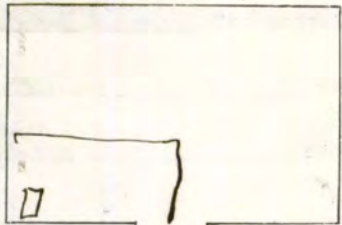
Interment at *Greenwood* Cemetery

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 .



1351304, Pvt, Co E. 168 T.H. Inf GR 204, Sec H.P.T. 4 Cen 608-Box No 28068

AMOUNT	DATE	PAYMENTS	AMOUNT
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Coffin or Casket

	<i>Nov 16</i>	<i>Ex by Cash.</i>	<i>20.00</i>
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Metallic Lining

	<i>Feb 4 1922</i>	<i>Ex by Cash.</i>	<i>17.50</i>
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Outside Box

Burial Robe

Embalming and Attendance

Carriages

at \$

Flowers

Hearse *Auto Funeral Car.* *15.00*Death notices in *2* PapersOutlay for lot *N.W. 1/4 # 27 Sec J.* *12.50*Opening Grave *El Closing.* *5.00*Lining Grave *Casket Wagon.* *5.00*

Grave Vault

Shipping charges, prepaid

Total amount of bill

*37.50**37.50*

REMARKS

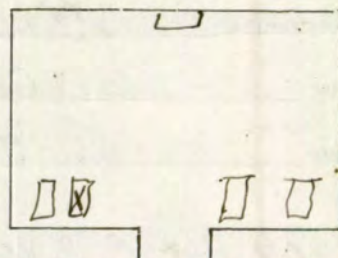
Funeral in charge of American Legion soldiers. Memorial Post #19

FUNERAL REGISTER

NO. *Estate E. B. Thornton, St Petersburg, Fla.* DATE *Aug 22nd 1921*
 Remains of *Mr E. B. Thornton,* Residence *St Petersburg, Fla.*
 Father's Name *Mr. Thornton.* Residence *Don't know.*
 Mother's Name *Don't know.* How Secured *Estate*
 Charged to *Mrs C. B. Thornton.* Shipped to *Orlando from St Petersburg Aug 22nd*
 Date of Funeral *Aug 22nd 1921 5 PM.* Date of Death *Aug 17th 1921*
 Place of Death *2nd Chapel Residence* Single or Married *Married*
 Occupation of Deceased *Real Estate Agent* Age *66* years months days
 Cause of Death *Arterial Sclerosis.* Number of Burial Certificate
 Certifying Physician *At St Petersburg* Plate engraved *Name & Date*
 Clergyman *Esperical (Nagel)* Lot or grave No. *#7 N.E. Section 28*
 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>Aug 22 by cash.</i>	<i>42.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>Closed Car. at \$</i>	<i>5.00</i>			
Flowers <i>Flowers 2 at 3.50</i>	<i>7.00</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.</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Grave Vault <i>Minister.</i>	<i>5.00</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>42.00</i>			<i>42.00</i>

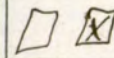
REMARKS

FUNERAL REGISTER

NO. *Estate Mr Robert A Wade* *601 N. Change Ave* *1921* DATE *Aug 21*
 Remains of *Mr Robert A. Wade* Residence *601 N. Change Ave*
 Father's Name *Allen Wade* Residence *N. C.*
 Mother's Name *Mary Wade* How Secured *Sn.*
 Charged to *Mr E. E. Wade* Shipped to *Buried in Orlando*
 Date of Funeral *Aug 22nd 1921 10 A.M.* Date of Death *Aug 21st 6:30 A.M.*
 Place of Death *A. G. Hospital* Single or Married *Widower*
 Occupation of Deceased *Photographer, Retired* Age *80* years *9* months *8* days
 Cause of Death *Pulmonary Embolism* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Egan* Plate engraved *At Rest*
 Clergyman *Rev. Sanderson* Lot or grave No. *171* 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>1/2 Blk Cufe Oct 30-7</i>	<i>75.00</i>	<i>Oct 26</i>	<i>By Check</i>	<i>50.00</i>
Metallic Lining <i>No</i>		<i>11 26</i>	<i>By Rent of Casket</i>	<i>21.00</i>
Outside Box <i>Req.</i>		<i>Jan 26</i>	<i>By Rent of Casket</i>	<i>34.00</i>
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</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># 171 Sec A.</i>				
Opening Grave <i>Ex Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>Aug 16th Ambulance.</i>	<i>5.00</i>			
Total amount of bill	<i>105.00</i>			<i>105.00</i>

REMARKS

FUNERAL REGISTER

NO.

Mrs Robert Parkham

DATE

*Moved body
Aug 26th 1921*

Remains of

Residence

Father's Name

Residence

Mother's Name

How Secured

Charged to

Shipped to

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

Metallic Lining

Outside Box

Burial Robe

Embalming and Attendance

Carriages

at \$

Flowers

Hearse

Death notices in

Papers

Outlay for lot

Opening Grave

Ex Closing (2)

10.00

Lining Grave

Grave Vault

New Box

10.00

Shipping Charges, Prepaid

Total amount of bill

20.00




20.00

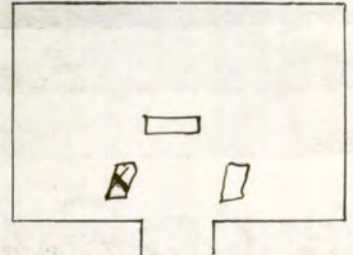
REMARKS

FUNERAL REGISTER

NO. *Estate Elbert F. White, Irvine, Ky* DATE *Aug 1921*
of death Aug 25th
 Remains of *Mr Elbert F. White,* Residence *Irvine, Ky.*
 Father's Name *Mr George White,* Residence *Orlando, Fla.*
 Mother's Name *Mrs George White,* How Secured *Wife.*
 Charged to *Mrs E. F. White (Wife)* Shipped to *Orlando from Irvine, Ky.*
 Date of Funeral *Aug 29th 1921 10:30 a.m.* Date of Death *Aug 25th 1921*
 Place of Death *Residence,* Single or Married *Married*
 Occupation of Deceased *Retired.* Age *64* years months days
 Cause of Death *Bright's Disease.* Number of Burial Certificate
 Certifying Physician *at Irvine, Ky.* Plate engraved
 Clergyman *Rev Cobb.* Lot or grave No. *56* Section *2,*
 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
	<i>Aug 30</i>	<i>Cr. by cash.</i>	<i>5.00</i>
	<i>Sept 16</i>	<i>Cr. by Check.</i>	<i>35.00</i>
Coffin or Casket			
Metallic Lining			
Outside Box			
Burial Robe			
Embalming and Attendance			
Carriages <i>Hudson</i> at \$	<i>5.00</i>		
Flowers <i>Towing 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># 56 Sec 2,</i>			
Opening Grave <i>and Closing.</i>	<i>5.00</i>		
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>		
Grave Vault <i>Flowers</i>	<i>5.00</i>		
Shipping charges, prepaid			
Total amount of bill	<i>40.00</i>		<i>40.00</i>




REMARKS

Shipped to Orlando Aug 27th on Train #85.

FUNERAL REGISTER

NO. *Estate Miss Agness Finby St Louis Mo.* DATE *Aug 28th 1921*
 Remains of *Miss Agness Finby,* Residence *St Louis, Mo.*
 Father's Name _____ Residence _____
 Mother's Name _____ How Secured *Estate*
 Charged to *Estate (W'd by G. G. Bramham,* Shipped to *St Louis, Mo.*
 Date of Funeral *Sept - 1921* Date of Death *Aug 28th 1921 5:10 a.m.*
 Place of Death *Fla. Sanitarium* Single or Married *Single.*
 Occupation of Deceased *At Home.* Age *80* years months days
 Cause of Death *Smility* Number of Burial Certificate _____
 Certifying Physician *Dr. L. L. Andrews,* Plate engraved *Name*
 Clergyman *Ministation,* Lot or grave No. _____ Section _____
 Interment at *Ministation* Cemetery _____
 City *St Louis*
 State *Mo.*

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 .

Miss Sallie Finby 412 N. Union ave. St Louis, Mo.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 G. B. Co. E. N. Cal</i>	<i>250.00</i>	<i>Dec 29</i>	<i>Cr. by Check.</i>	<i>420.82</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Steel Vault</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$ 3.00</i>	<i>10.00</i>			
Flowers <i>Telegram.</i>	<i>.82</i>			
Hearse				
Death notices in <i>2.</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>420.82</i>			<i>420.82</i>

Send Statement to -

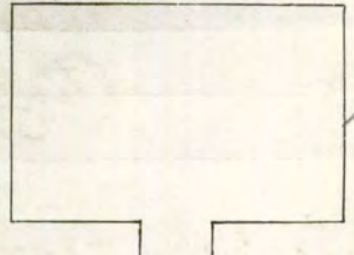
REMARKS *Mr E L Belsterling attorney*
Bank Building Dallas Texas

FUNERAL REGISTER

NO. *Mr R. M. Moseley* *Kissimmee, Fla.* DATE *1921 Aug 28th*
 Remains of *Mrs Annie. H. Moseley.* Residence *Kissimmee, Fla.*
 Father's Name *Cornelius M. Hutton.* Residence *Clinton, Ala.*
 Mother's Name *Jane Gordon Hutton.* How Secured *Husband.*
 Charged to *Mr R. M. Moseley.* Shipped to *Buried at Kissimmee*
 Date of Funeral *Aug 30th 1921 4 P.M.* Date of Death *Aug 28th 1921 4 P.M.*
 Place of Death *Mile S. E. of Orlando* Single or Married *Married.*
 Occupation of Deceased *At Home.* Age *53* years *11* months *26* days
 Cause of Death
 Certifying Physician *Dr. Christ.* Number of Burial Certificate
 Clergyman *At Kissimmee.* Plate engraved *At Rest.*
 Interment at *Kissimmee* Cemetery Lot or grave No. Section
 City *Kissimmee.*
 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>5/4 Grey B Clo. Oct 3 P.M.</i>	<i>150.00</i>	<i>Sept 16</i>	<i>Cr by check, 210.00</i>
Metallic Lining	<i>No.</i>			
Outside Box	<i>Reg.</i>			
Burial Robe				
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 to Kissimmee.</i>	<i>20.00</i>		
Death notices in	<i>Papers</i>			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill	<i>210.00</i>			<i>210.00</i>
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REMARKS *Took body to Kissimmee. Mr J. W. Thompson conducted services Aug 30th 4 P.M. at Church.*

FUNERAL REGISTER

NO. *Michael Andrich, Gellwood, Fla.* DATE *Aug 29th 1921*

Remains of *Mrs Elizabeth Andrich.* Residence *Gellwood, Fla.*

Father's Name *George Kuvak.* Residence *Permaoree.*

Mother's Name *Annie Ender/Kuvak* How Secured *Husband.*

Charged to *Michael Andrich.* Shipped to *Buried Tangerine.*

Date of Funeral *Aug 30th 1921 3 P.M.* Date of Death *Aug 29th 1921 5:30 A.M.*

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

Occupation of Deceased *At Home.* Age *42* years months days

Cause of Death *Embolus of Coronary Artery.* Number of Burial Certificate

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




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

Interment at *Tangerine* Cemetery

City *Tangerine*

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>Hy. Coff. Oct 3 P.M.</i>	<i>15.00</i>	<i>Jan 4</i>	<i>Cr by Che ck.</i>	<i>181.22</i>
Metallic Lining <i>No</i>		<i>" 4</i>	<i>Cr by Cash.</i>	<i>6.00</i>
Outside Box <i>Req</i>				
Burial Robe <i>White Dress.</i>	<i>10.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Minister</i>	<i>5.00</i>			
Hearse <i>Auto Funeral Car.</i>	<i>25.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Expense on box</i>	<i>2.22</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>187.00</i>			<i>187.00</i>

REMARKS

FUNERAL REGISTER

Estate NO. *Miss Charlotte Holt* 103 E. Concord ¹⁹²¹ DATE of Death *Aug 29th*

Remains of *Miss Charlotte Holt*. Residence *103 E. Concord Ave.*

Father's Name *Henry L. Holt*. Residence *Not known*.

Mother's Name *Elizabeth Hawley Holt*. How Secured *Estate*

Charged to *Estate*. Shipped to *Somerville, N.J.*

Date of Funeral *Aug 31st 1921*. Date of Death *Aug 29th 1921 3:30 a.m.*

Place of Death *103 E. Concord Ave.* Single or Married *Single*

Occupation of Deceased *At Home*. Age *67* years *11* months *5* days

Cause of Death *Sarcoma of Right leg*. Number of Burial Certificate

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




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

Interment at *Restoration Cemetery*

City *Somerville*

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 B Co R. Co. State No.</i>	200.00	<i>Sept 26</i>	<i>Cr by check</i>	355.77
Metallic Lining				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages at \$				
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Telegrams</i>	2.34			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>2 R. R. Tickets, Pullman, Seat, phone 03.43</i>				
Total amount of bill	355.77			355.77

REMARKS

FUNERAL REGISTER

NO. *Mr John Croft, Coll, Fla.* DATE *1921*
of death Aug 31st
 Remains of *Mrs Ruth Elizabeth Croft* Residence *Coll, Fla.*
 Father's Name *Francis M. Buford* Residence *Georgia*
 Mother's Name *Laura V. Bronson Buford* How Secured *Husband*
 Charged to *Mr John Croft (Husband)* Shipped to *Hazlehurst, Ga.*
 Date of Funeral *Sept — 1921* Date of Death *Aug 31st 4 a.m.*
 Place of Death *Fila Sanitarium* Single or Married *Married*
 Occupation of Deceased *At Home* Age *28 years 4 months 17 days*
 Cause of Death *Child Birth* Number of Burial Certificate
 Certifying Physician *Dr. Andrews* Plate engraved *At Rest*
 Clergyman *At Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Hazlehurst*
 State *Ga.*

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 .

Mr B.F. Ewing, Coll Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Cufe. Act</i>	100.00	Dec 3	By Cash.	3.00
Metallic Lining <i>No</i>		Aug 10	By Chck.	142.00
Outside Box <i>Reg</i>				
Burial Robe <i>Sherr + Underwear</i>	10.00			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon at \$5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	145.00			145.00

REMARKS

FUNERAL REGISTER

NO. *John McCarney* DATE *of death Aug 28 1921*

Remains of *Mrs Fannie McCarney* Residence *2 mi N.E. of Orlando*

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

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

Charged to *John McCarney (Son)* Shipped to *Orlando from Great Bend Kan.*

Date of Funeral *Sept 2nd 1921 4PM.* Date of Death *Aug 28th - 1921 7:30 AM.*

Place of Death *Great Bend, Kan.* Single or Married *Widow*

Occupation of Deceased *at home.* Age *53* years *11* months *3* days

Cause of Death *Auto accident Crushed chest.* Number of Burial Certificate



Certifying Physician *at Great Bend Kan.* Plate engraved *At Rest.*

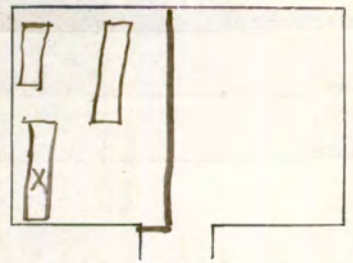
Clergyman *Rev Cooper.* Lot or grave No. *91* N $\frac{1}{2}$ Section *a*

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 =.



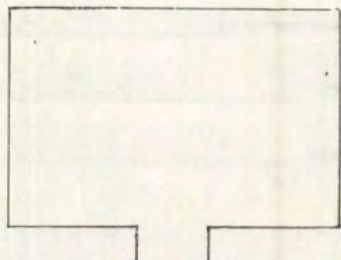
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/3 Grey Plush Shining cap.</i>		<i>Sept 6</i>	<i>By Cash.</i>	<i>25.00</i>
Metallic Lining <i>No.</i>				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>and Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>25.00</i>			<i>25.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr John W. Hudson, Oakland, Fla* DATE *Sept 2nd 1921*
Remains of *Mrs Sarah E. Hudson.* Residence *Oakland, Fla.*
Father's Name *Wm L. Kimble* Residence *Georgia*
Mother's Name *Widie Sallas Kimble.* How Secured *Husband.*
Charged to *Mr John W. Hudson (husband)* Shipped to *Buried at Oakland.*
Date of Funeral *Sept 3rd 1921* Date of Death *Sept 2nd 1921 7.4.m.*
Place of Death *C. G. Hospital* Single or Married *Married*
Occupation of Deceased *At Home.* Age *48* years months days
Cause of Death *Carcinoma of Liver.* Number of Burial Certificate
Certifying Physician *Dr. W. E. Ewan.* Plate engraved *At Rest.*
Clergyman *at Oakland.* Lot or grave No. Section
Interment at *Oakland.* Cemetery
City *Oakland.*
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 Var. Coffin, Sq.</i>	<i>20.00</i>	<i>Sept 2</i>	<i>Pr by Check.</i>	<i>120.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>120.00</i>			<i>120.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Martha E. Kingsley*

403 E. South St

DATE *of death Sept 2nd 1921*

Remains of *Mrs Martha E. Kingsley.*

Residence *403 E. South St. City*

Father's Name *Not known.*

Residence *Not known.*

Mother's Name *Not known.*

How Secured *Children.*

Charged to *Emily E. Kingsley.*

Shipped to *Buried in Orlando.*

Date of Funeral *Sept 3rd 5 P.M. 1921*

Date of Death *Sept 2nd 1921 9 P.M.*

Place of Death *Sept 2nd Residence*

Single or Married *Widow*

Occupation of Deceased *At home.*

Age *80* years ☒ months *17* days

Cause of Death *Larcimonia of Stomach*

Number of Burial Certificate

Certifying Physician *Dr. Edwards.*

Plate engraved *Name & State*

Clergyman *Rev Cobb.*

Lot or grave No *1841 - 1921*

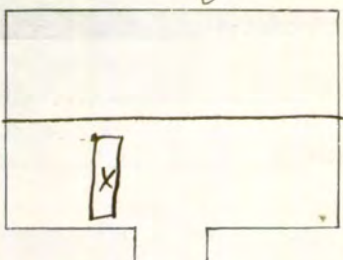
Interment at *Greenwood Cemetery*

Section *7*

City *Orlando*

State *Fla.*

CEMETERY CHART
Put in the diagram one mark like this [X] 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 by Cape Oct 3 P.M.</i>	125.00	Oct 10	Cr. by check.	25.00
Metallic Lining <i>No</i>		Nov 1	Cr. " " "	25.00
Outside Box <i>Reg</i>		Nov. 28	Cr. " " "	25.00
Burial Robe		Feb 7	Cr. " " "	10.00
Embalming and Attendance <i>Canty & Herring</i>	15.00	Feb 24	Cr. " " "	30.00
Carriages <i>Hudson</i> at \$	5.00	Mar 30	Cr. " " "	25.00
Flowers <i>Tommy Car.</i>	5.00	June 27	Cr. " " "	3.00
Hearse <i>Amco Funeral Car.</i>	15.00	July 15	Cr. " " "	5.00
Death notices in <i>2</i> Papers		Oct 12	Cr. " " "	10.00
Outlay for lot <i>Sec 8 W 1/2 #76</i>	22.00	July 11	Cr. " " "	5.00
Opening Grave <i>End Closing.</i>	5.00	Jan 18	Cr. " " "	27.00
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	192.00			192.00




REMARKS

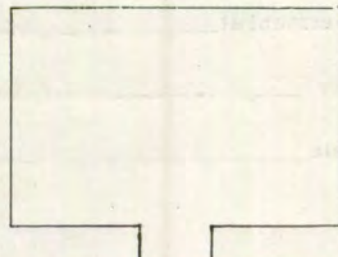
FUNERAL REGISTER

NO. *Mr Albert G. Hall Apopka Fla.* DATE *Sept 6th 1921*

Remains of *Mrs Flora Bell Hall* Residence *Apopka, Fla*
 Father's Name *Peter F. Brokaw.* Residence *New York.*
 Mother's Name *Don't know.* How Secured *Husband.*
 Charged to *Mr Albert G. Hall (Husband)* Shipped to *Buried at Apopka*
 Date of Funeral *Sept 7th 1921* Date of Death *Sept 6th 1921 5 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *34* years ☒ months ☒ days
 Cause of Death *Diphtheria.* Number of Burial Certificate
 Certifying Physician *Dr. C. Carroll.* Plate engraved *Name & State*
 Clergyman *At Apopka.* 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>3/4 White Plush Ret 30%</i>	150.00	Nov 10	Cr by check.	220.00
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe <i>Fumigation</i>	7.50			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Rel. Casket & box at \$</i>	7.50			
Flowers				
Hearse <i>Auto Funeral Car</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	220.00			220.00

REMARKS *

FUNERAL REGISTER

NO. *Estate Mathew J. Ryan.* DATE *Sept 7th 1921*

Remains of *Mathew J. Ryan.* Residence *307 N. Main St. Orlando*

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

Mother's Name *Don't know.* How Secured *See.*

Charged to *Susan Webster* Shipped to *Buried at Orlando.*

Date of Funeral *Sept* Date of Death *Sept 7th 1921 3 P.M.*

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

Occupation of Deceased *Painter (Retired)* Age *About 63* years months days

Cause of Death *Carcinoma of Tongue.* Number of Burial Certificate

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




Clergyman *Rev. Chisolme* 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>1/4 Var. Coffin & box.</i>	35.00	<i>Sept 15</i>	<i>Chk Ex by American Express</i>	50.00
Metallic Lining		<i>" 15</i>	<i>Chk " "</i>	40.00
Outside Box <i>Req.</i>				
Burial Robe <i>Blk B. Suit.</i>	7.00			
Embalming and Attendance <i>Emb.</i>	30.00			
Carriages at \$				
Flowers				
Hearse <i>Grey Car.</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave.</i>	3.00			
Opening Grave <i>and Closing.</i>	3.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	90.00			90.00

REMARKS

FUNERAL REGISTER

NO. *deceased* *1921*
Ruby Wallace, Col. 600 W. Veatch St DATE *Sept 5th*
 Remains of *Pealoris Wallace (Col)* Residence *600 W. Veatch St City*
 Father's Name *Antony Wallace* Residence *Not known*
 Mother's Name *Not known* How Secured *Insurance*
 Charged to *Ruby Wallace (Wife)* Shipped to *Mr. Alphin*
 Date of Funeral *Sept 4th 1921* Date of Death *Sept 5th 1921*
 Place of Death *Showered in Lake* Single or Married *Married*
 Occupation of Deceased *Machinist* Age *26* years *6* months *23* days
 Cause of Death *Was drowned while in bathing at Spring Lake* Number of Burial Certificate
 Certifying Physician *Police Sergeant Smith* Plate engraved *At Rest*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Mr. Alphin*
 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 .

OK'd by Manuel Gow. & B. J. Moore, 600 Veatch St.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Casket Oct 30th</i>	125.00	Sept 8	Cr by Cash.	100.00
Metallic Lining <i>No.</i>		Sept 19	Cr " "	5.00
Outside Box <i>Req.</i>		Sept 24	Cr " "	2.50
Burial Robe		Oct 21	Cr " P.O. Order	8.00
Embalming and Attendance <i>Emb.</i>	30.00	Oct 22	Cr " Cash.	6.00
Carriages <i>C. Wagon at \$</i>	5.00	Apr 10	Cr " Cash	15.00
Flowers		June 24	Cr " cash.	10.00
Hearse		July 1	Cr " Check	5.00
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Paid E. W. Stone for his work done,</i>	55.00			
Total amount of bill	215.00			

REMARKS




will 500 a week.

*Line Cat collect
No way to collect
Balance*

FUNERAL REGISTER

NO. *Wm. M. Robinson, Longwood, Fla.* DATE *Sept 8th 1921*
 Remains of *Mrs. Ella L. Robinson,* Residence *Longwood, Fla.*
 Father's Name *Wm. Amesley,* Residence *Glasgow, Scotland,*
 Mother's Name *Eliza Ferris Amesley,* How Secured *Husband.*
 Charged to *Wm. M. Robinson,* Shipped to *Buried in Orlando.*
 Date of Funeral *Sept 8th 1921 3:30 PM.* Date of Death *Sept 8th 1921 10 AM.*
 Place of Death *Orange G. Hospital* Single or Married *Married.*
 Occupation of Deceased *At Home.* Age *64* years *6* months *3* days
 Cause of Death *Pellagra.* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *At Rest.*
 Clergyman *Rev. M. J. Connell.* Lot or grave No. *171 N.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>1/9 Grey Cape</i>	125.00	Oct 1	Dr by cash	50.00
Metallic Lining <i>No</i>		Oct 24	Dr by cash	10.00
Outside Box <i>Req.</i>		Nov 6	Dr by check	50.00
Burial Robe		Dec 15	Dr by check <i>22.50</i>	25.00
Embalming and Attendance <i>Emb.</i>	35.00	Feb 15	Dr by check	15.00
Carriages <i>C. Wagon at \$</i>	5.00	Aug 28	Dr by check	20.00
Flowers		Mar 10	Dr by check <i>15.23</i>	27.50
Hearse <i>Auto Funeral Car</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#171 N.E. 1/4 Sec J.</i>	12.50			
Opening Grave <i>and Closing</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	197.50			197.50

REMARKS

FUNERAL REGISTER

NO. *Estate Mark S. Futrell, Conway, Fla.* DATE *Sept 8th 1921*

Remains of *Mark S. Futrell.* Residence *Conway, Fla.*

Father's Name *Jeff Futrell.* Residence *North Carolina.*

Mother's Name *Rebecca Leah Futrell* How Secured *Estate*

Charged to *Mrs. Millie Futrell (Wife)* Shipped to *Buried at Conway.*

Date of Funeral *Sept 9th 1921 5 P.M.* Date of Death *Sept 8th 1921 4:30 P.M.*

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

Occupation of Deceased *Farming.* Age *71* years *1* months *7* days

Cause of Death *Cancer of Face.* Number of Burial Certificate

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




Clergyman *At Conway* 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>3/4 Var Case & Box Sq.</i>	<i>65.00</i>	<i>Sept 18</i>	<i>Cr by Cash.</i>	<i>90.00</i>
Metallic Lining <i>No</i>		<i>Sept 17</i>	<i>Cr " Cash.</i>	<i>5.00</i>
Outside Box <i>Reg</i>		<i>Sept 24</i>	<i>Cr " Cash.</i>	<i>5.00</i>
Burial Robe		<i>Nov 26</i>	<i>Cr " Cash.</i>	<i>5.00</i>
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>	<i>Feb 4 1922</i>	<i>Cr " Cash.</i>	<i>5.00</i>
Carriages <i>Hel of Box</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				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>110.00</i>			<i>110.00</i>

REMARKS


FUNERAL REGISTER

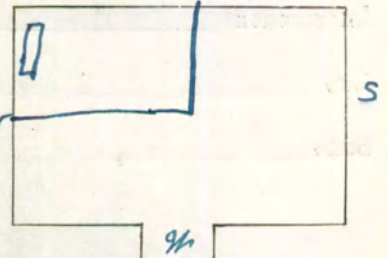
NO. *Mr E. H. Adler, Winter Park, Fla* DATE *Sept 10th 1921*

Remains of *Infant*
 Father's Name *E. H. Adler*
 Mother's Name *Adler*
 Charged to *E. H. Adler*
 Date of Funeral *Sept - 1921*
 Place of Death *Residence*
 Occupation of Deceased _____
 Cause of Death *Still Born*
 Certifying Physician *Dr. Hotard*
 Clergyman _____
 Interment at *Winter Park Cemetery*
 City *Winter Park*
 State *Fla.*

Residence *Winter Park, Fla.*
 Residence *Winter Park, Fla.*
 How Secured *Father*
 Shipped to *Received at Winter Park*
 Date of Death *Sept 10th 1921*
 Single or Married *Single*
 Age ☒ years ☒ months ☒ days
 Number of Burial Certificate _____
 Plate engraved *Our Darling*
 Lot or grave No. *W* Section *16*

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 1/2 M. H. M. & box</i>	8.00	Sept 10	<i>8.00 by cash.</i>	8.00
Metallic Lining				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	8.00			8.00

REMARKS

FUNERAL REGISTER

NO. *J. H. Mooney, N. Orange Ave* DATE *Sept 12th 1921*
 Remains of *Pinkney Gordon (C)* Residence *Orlando, Fla.*
 Father's Name *Don't know.* Residence *Tenn.*
 Mother's Name *Don't know.* How Secured *J. H. Mooney.*
 Charged to *J. H. Mooney.* Shipped to *Buried in Orlando.*
 Date of Funeral *Sept 12th 1921* Date of Death *Sept 12th 1921*
 Place of Death *O. G. Hospital* Single or Married *Married*
 Occupation of Deceased *Day Laborer.* Age *50* years months days
 Cause of Death *Carcinoma of Prostate Gland* Number of Burial Certificate *534*
 Certifying Physician *Dr. M. E. Egan.* Plate engraved *at Rest*
 Clergyman *Colored.* 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 Var Coffin</i>	<i>35.00</i>	<i>1922 June 9</i>	<i>Cr. by June.</i>	<i>58.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
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>Ear Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>58.00</i>			<i>58.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Edward Berry, Inc Ave.* *West of City Limits* DATE *of Death Sept 13th 1921*

Remains of *Mrs Jennie Berry* Residence *Inc Ave. West of City Limits*

Father's Name *Whitefield Reaves* Residence *Virginia*

Mother's Name *Taylor Reaves* How Secured *Husband*

Charged to *Mr Edward Berry* Shipped to *Buried in Orlando*

Date of Funeral *Sept 14th 1921 4 P.M.* Date of Death *Sept 13th 1921 11 A.M.*

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

Occupation of Deceased *At Home* Age *55* years months days

Cause of Death *Acute Hepatitis* Number of Burial Certificate *535*

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

Clergyman *Rev. E. Lee Smith* 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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Var. Coffin</i>	35.00	Sept 14	Cr by Cash	50.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages at \$				
Flowers				
Hearse <i>Grey Res.</i>	10.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave</i>	3.00			
Opening Grave <i>and Closing</i>	2.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
	65.00			13.00
				65.00
Total amount of bill	65.00			65.00

REMARKS

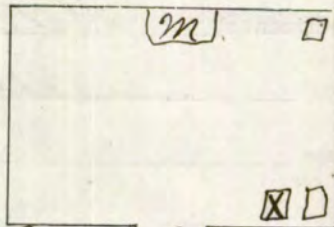
FUNERAL REGISTER

NO. *Estate Geo. S. Fish, Orlando, Fla.* DATE *1921 Sept 13th*

Remains of *Mr George S. Fish.* Residence *Orlando, Fla.*
 Father's Name *Not Known.* Residence *Not Known.*
 Mother's Name *Not Known.* How Secured *Estate*
 Charged to *Mrs Ella Fish (Wife)* Shipped to *Buried in Orlando.*
 Date of Funeral *Sept 15th 1921* Date of Death *Sept 13th 1921 1 P.M.*
 Place of Death *9 miles E. of Orlando.* Single or Married *Married*
 Occupation of Deceased *Fruit Grower.* Age *65* years *8* months *8* days
 Cause of Death *Pulmonary Thrombosis* Number of Burial Certificate *536*
 Certifying Physician *Dr. Beardall.* Plate engraved *At Rest.*
 Clergyman *Rev Wm. Cornell.* Lot or grave No. *#99* 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 =.



Honorable Judge Fish To Supreme Court Atlanta, Ga.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray Bld. Oct. Q-T.</i>	<i>165.00</i>			
Metallic Lining <i>No.</i>				
Outside Box <i>Req-</i>				
Burial Robe				
Embalming and Attendance <i>of Shaving</i>	<i>35.00</i>			
Carriages <i>C. Wagon to Res.</i> at \$	<i>15.00</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>#99 Sec A.</i>				
Opening Grave <i>Ex Closing.</i>	<i>5.00</i>			
Lining Grave <i>Turning Car.</i>	<i>5.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>245.00</i>			

REMARKS

FUNERAL REGISTER

NO. *Estate John A. Taylor, Apopka, Fla.* DATE *Sept 17th 1921*

Remains of *John A. Taylor,* Residence *Apopka, Fla.*

Father's Name *Hint Know,* Residence *Hint Know,*

Mother's Name *Hint Know,* How Secured *I. O. O. F. Lodge*

Charged to *Wm. G. Talton* Shipped to *Buried at Apopka.*

Date of Funeral *Sept 18th 1921 4 P.M.* Date of Death *Sept 17th 1921 4:30 P.M.*

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

Occupation of Deceased *Farming,* Age *83* years *10* 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 *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>6/3 coffin & Box.</i>	<i>35.00</i>	<i>1921 Nov 7</i>	<i>acc't J. S. & L. 18.24</i>	
Metallic Lining			<i>Gr. by check.</i>	<i>74.09</i>
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers <i>Telegram to Lodge.</i>	<i>.85</i>			
Hearse <i>Auto Res</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Int</i>	<i>18.24</i>			
Total amount of bill	<i>74.09</i>			<i>74.09</i>

REMARKS

FUNERAL REGISTER

NO. *Mr E. Priest, W. Church St* DATE *Sept 19* 1921
 Remains of *Infant.* Residence *W. Church St, City*
 Father's Name *Mr E. Priest,* Residence *W. Church St. "*
 Mother's Name *Mrs Priest.* How Secured *tacher.*
 Charged to *Mr E. Priest (Father)* Shipped to *Buried at Orlando.*
 Date of Funeral *Sept 19th 1921* Date of Death *Sept 19th 1921*
 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 *Beardall.* Plate engraved *Our Darling*
 Clergyman *✓* Lot or grave No. Section
 Interment at *Catrick* 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>2/8 H. M. Sqn.</i>	<i>3.75</i>	<i>Sept 19</i>	<i>Cr by Cash.</i>	<i>3.75</i>
Metallic Lining <i>✓</i>				
Outside Box <i>✓</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>3.75</i>			<i>3.75</i>

REMARKS

FUNERAL REGISTER

NO. *Samuel Rosenstein, Montverde, Fla.* DATE *1921* *Sept 20th*
 Remains of *Mrs Pauline Rosenstein* Residence *Montverde, Fla.*
 Father's Name *Leon Steen.* Residence *Russia.*
 Mother's Name *Hunt Know.* How Secured *Husband.*
 Charged to *Samuel Rosenstein* Shipped to *New Haven, Conn.*
 Date of Funeral *Sept - 1921* Date of Death *Sept 20th 1921 3^{PM}*
 Place of Death *In Lake at Montverde* Single or Married *Married*
 Occupation of Deceased *At Home* Age *40* years *9* months *2* days
 Cause of Death *Accidentally drowned.* Number of Burial Certificate
 Certifying Physician *Dr. Isler Clermont* Plate engraved *At Rest.*
 Clergyman *Jewish Rabbi* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *New Haven*
 State *Conn.*

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 30th</i>	<i>125.00</i>	<i>Sept 22</i>	<i>Cr. by check.</i>	<i>300.00</i>
Metallic Lining		<i>" 22</i>	<i>Cr. " Lie.</i>	<i>9.53</i>
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>Res to Montverde at \$</i>	<i>25.00</i>			
Flowers				
Hearse <i>Res to Station</i>	<i>10.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Telegram</i>	<i>3.92</i>			
<i>25.84</i> <i>13.77</i> <i>1.00</i> <i>2 R.R. Tickets 1 Lower Phone</i>	<i>110.61</i>			
Total amount of bill	<i>309.53</i>			<i>309.53</i>

REMARKS

FUNERAL REGISTER

NO. *Walter. N. Newton, Winter Park, Fla.* DATE *1921 Sept 23rd*
 Remains of *Mary. A. Newton.* Residence *Winter Park, Fla.*
 Father's Name *Wm. Martin.* Residence *England.*
 Mother's Name *Lent. Know.* How Secured *Son.*
 Charged to *Walter. N. Newton.* Shipped to *Buried at Lake Howell*
 Date of Funeral *Sept 24th 1921 2 P.M.* Date of Death *Sept 23rd 1921 1 P.M.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *89* years months *28* days
 Cause of Death *Pneumonia.* Number of Burial Certificate
 Certifying Physician *Lt. Hotard.* Plate engraved *Mother.*
 Clergyman *At Winter Park.* Lot or grave No. Section
 Interment at *Lake Howell 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 .

Henny Newton Kissimmee Fla

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey Cope Oct. 12. T.</i>	110.00	<i>1921 Nov 5</i>	<i>B. J. Newton Cr. by Check.</i>	25.00
Metallic Lining <i>No.</i>		<i>7</i>	<i>Cr. by Cash</i>	20.00
Outside Box <i>Req.</i>		<i>1922 Mar 4</i>	<i>Cr. by Cash.</i>	20.00
Burial Robe <i>Blk Silk Poplin.</i>	17.50	<i>Mar 5</i>	<i>Cr. by Cash.</i>	25.00
Embalming and Attendance		<i>Nov 9</i>	<i>Cr. by Cash.</i>	15.00
Carriages <i>Hel of Casket, at \$</i>	2.50	<i>Feb 14</i>	<i>Cr. by Cash.</i>	15.00
Flowers <i>Hel of box to Cemetery</i>	5.00	<i>Feb 1</i>	<i>Cr. by Cash</i>	30.00
Hearse <i>Res into F. Car.</i>	15.00			
Death notices in <i>2.</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>150.00</i>			<i>150.00</i>

REMARKS

FUNERAL REGISTER

NO. George Filautt, Orlando, Fla. DATE Sept 29th 1921
Remains of Mrs. Florence E. Filautt. Residence Orlando, Fla.
Father's Name Ruben M. Tracy. Residence Orlando, Fla.
Mother's Name Alma M. Scott. How Secured R.M. Tracy (Father)
Charged to George Filautt. Shipped to Boston, Mass.
Date of Funeral Oct - 1921 Date of Death Sept 29th 1921
Place of Death C. G. Hospital. Single or Married Married.
Occupation of Deceased At Home. Age 23 years 4 months 20 days
Cause of Death Hemorrhage & Cardiac dilation. Number of Burial Certificate.
Certifying Physician Dr. Edwards. Plate engraved Name Ed State.
Clergyman Rev. Christman. Lot or grave No. Section
Interment at Hesteria 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 <u>1/2 Grey Bluch Oct 6 To.</u>	<u>175.00</u>	<u>Oct 8</u>	<u>En by check.</u>	<u>220.00</u>
Metallic Lining <u>No.</u>		<u>" 8</u>	<u>En</u>	<u>187.06</u>
Outside Box <u>Reg.</u>				
Burial Robe <u>No</u>				
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>C. Wagon</u> at \$	<u>10.00</u>			
Flowers				
Hearse				
Death notices in <u>2,</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<u>R.R. Tickets, Pullman Phone.</u>	<u>187.06</u>			
Total amount of bill	<u>407.06</u>			<u>407.06</u>




REMARKS

FUNERAL REGISTER

NO. *Estate Arthur, A. Holt* 315 W. Central ¹⁹²¹ DATE *Death Oct 2nd*

Remains of *Arthur A. Holt* Residence *315 W. Central ave.*
 Father's Name *Joshua T. Holt* Residence *Tallahassee, Fla.*
 Mother's Name *Josphine Arline* How Secured *Estate*
 Charged to *Mrs. Ivey Holt (Wife)* Shipped to *Pelham, Ga.*
 Date of Funeral *Oct - 1921* Date of Death *Oct 2nd 1921 3 a.m.*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Merchant General Store* Age *51* years *3* months *6* days
 Cause of Death *Pneumia* Number of Burial Certificate
 Certifying Physician *Dr. Christ* Plate engraved *At Rest*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Pelham*
 State *Ga.*

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 .

Reference:-

M. A. J. Holt, Barber, Fla. (Brother) *mother* *Thos. H. Holt, Bartow, Fla.*

AMOUNT	DATE	PAYMENTS	AMOUNT
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Coffin or Casket <i>5/9 Grey Clo. - D.S. 12x38x7</i>	135.00	Oct 2 Cr by Cash	54.60
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Metallic Lining <i>✓</i>		Oct 31 Cr " Check	50.00
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Outside Box <i>Reg.</i>		Dec 3 Cr " Check	50.00
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Burial Robe <i>✓</i>		July 4 Cr " Check	81.50
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Embalming and Attendance <i>Emb.</i>	35.00		
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Carriages <i>C. Wagner</i> at \$	10.00		
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Flowers

Hearse

Death notices in <i>2</i> Papers			
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Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Tie <i>75</i> <i>P. Cuff Links</i>	1.50		
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4 Tickets to Pelham Ga.	54.60		
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Total amount of bill

236.10




236.10

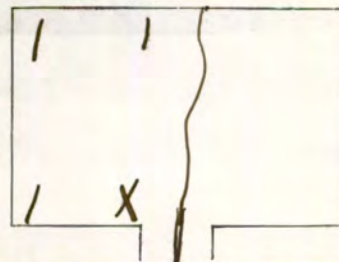
REMARKS

FUNERAL REGISTER

NO. *Mr Gary C. Brown. Great Bend, Kan* *DATE* *Burial Oct 7th 1921*
officiate Oct 2
 Remains of *Mrs Frances S. Brown.* Residence *Great Bend, Kan.*
 Father's Name *Mr. J. M. C. Carey.* Residence *Albando, Fla.*
 Mother's Name *Mrs Fannie M. Carey* How Secured *Husband.*
 Charged to *Mr Gary C. Brown (Husband)* Shipped to *Albando.*
 Date of Funeral *Oct 7th 1921 4 P.M.* Date of Death *Oct 2nd 1921 11:30 a.m.*
 Place of Death *Kansas (Great Bend)* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *23* years *8* months *7* days
 Cause of Death *Injuries in auto wreck.* Number of Burial Certificate
 Certifying Physician *Dr. D. Q. Sturges (Hodenett)* Plate engraved *At Rest*
 Clergyman *Missouri Minister.* Lot or grave No. *91 1/2* Section *A.*
 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 . Designate site of monument thus .



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Oct 17</i>	<i>Ex by Check.</i>	<i>72.00</i>
Metallic Lining <i>Buck Vault</i>	<i>47.00</i>			
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon. at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Auto Funeral Car Guy</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i># 91 - 1/2 Sec A.</i>				
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave <i>Buck 11.00 Cement 4.00 Lime 1.50 Sand 1.50</i>	<i>18.00</i>			
Grave Vault <i>Shayage Arch Mason Labor 3.00</i>	<i>29.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>72.00</i>			<i>72.00</i>

REMARKS

FUNERAL REGISTER

NO. *James S. O'Berry* *8 mi E. of Orlando.* DATE *1921* *of Beach Oct 9th*

Remains of *Mrs Matilda C. O'Berry* Residence *8 Miles E. of Orlando.*

Father's Name *Wm Shiggers* Residence *Georgia*

Mother's Name *Fannie Boreman* How Secured *Husband.*

Charged to *James S. O'Berry (Husband)* Shipped to *Buried at Orlando.*

Date of Funeral *Oct 11th 1921* Date of Death *Oct 9th 1921 6 a.m.*

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

Occupation of Deceased *At Home.* Age *56* years *8* months *16* days

Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate

Certifying Physician *I had no doctor.* Plate engraved *At Rest.*

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

Interment at *Beulah.* Cemetery

City *Orlando Winter Garden* CEMETERY CHART

State *Fla.* 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 Crepe</i> <i>8 ga Flat Top</i>	75.00	Oct 15	Cr by Check.	115.00
Metallic Lining <i>No</i>		" 15	Cr " Lio	15.00
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb</i>	15.00			
Carriages <i>Res 2 trips</i> at \$	20.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	15.00	✓		
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Build Arch.</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	130.00			130.00

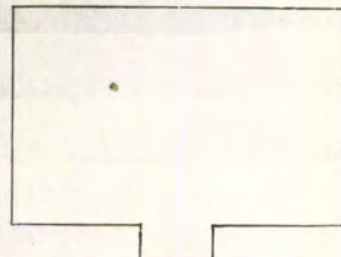
REMARKS

FUNERAL REGISTER

NO. *C. D. Roe*
John P. Bates *Clermont, Fla.* DATE *1921*
John P. Bates *Clermont, Fla.* *Death Oct 10th*
Remains of *Mrs Lela M. Bates* Residence *Clermont, Fla.*
Father's Name *Mr Stewart* Residence *Wisconsin*
Mother's Name *Ant Knorr* How Secured *C. D. Roe + Husband*
Charged to *C. D. Roe + John P. Bates* Shipped to *Clermont, Fla by auto*
Date of Funeral *Oct 12th 1921* Date of Death *Oct 10th 1921 6 PM.*
Place of Death *Fila Sanitarium* Single or Married *Married*
Occupation of Deceased *at home* Age *52* years *10* months *13* days
Cause of Death *Pellagra* Number of Burial Certificate
Certifying Physician *Dr. Andrews* Plate engraved
Clergyman *at Clermont* Lot or grave No. Section
Interment at *Clermont* Cemetery
City *Clermont*
State *Fila.*

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 20</i>	<i>En by Check</i>	<i>96.00</i>
Metallic Lining		<i>" 20</i>	<i>En " Dis</i>	<i>5.00</i>
Outside Box				
Burial Robe <i>Grey Repe de Chine</i>	<i>60.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>1 Bn. White Rose</i>	<i>1.00</i>			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>101.00</i>			<i>101.00</i>

REMARKS

M Roe of Clermont furnished casket and took body to Clermont and conducted the services.

FUNERAL REGISTER

NO. *1921* *Helia Cooper, Bithon, Fla.* DATE *Death Oct 11th*

Remains of *Henry Cooper,* Residence *Bithon, Fla.,*

Father's Name *Robert Cooper.* Residence *Florida*

Mother's Name *Don't know.* How Secured *Corine Robinson*

Charged to *Corine Robinson.* Shipped to *Buried in Orlando.*

Date of Funeral *Oct 12th 1921* Date of Death *Oct 11th 1921 2 a.m.*

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

Occupation of Deceased *Day Labor.* Age *45* years months days

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

Certifying Physician *Dr. Neal.* Plate engraved




Clergyman *Captain Mungell* Lot or grave No. *Church & Home* 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>County</i> <i>6/3 Coffin</i>	8.50	<i>Nov 10</i>	<i>County</i> <i>On ly Check</i>	8.50
Metallic Lining			<i>% discount</i>	
Outside Box <i>Reg</i>	5.00		<i>Poor and can not pay</i>	5.74
Burial Robe				
Embalming and Attendance				
Carriages <i>No Charge, at \$</i>				
Flowers <i>Telegram.</i>	.74			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	14.24			14.24

REMARKS

FUNERAL REGISTER

NO. *Estate Arthur J. Forbes, Sound Beach Conn* DATE *1921 Oct 14th*

Remains of *Mr Arthur J. Forbes.* Residence *Sound Beach Conn.*

Father's Name *John Forbes.* Residence *Wisconsin.*

Mother's Name *Mary M. Goun.* How Secured *Estate*

Charged to *Mrs Hulda Forbes (Wife)* Shipped to *Chicago, Ills.*

Date of Funeral *Oct 17th 1921 11 A.M.* Date of Death *Oct 14th 1921 11:30 A.M.*

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

Occupation of Deceased *Salesman.* Age *39* years *7* months *10* days

Cause of Death *Tuberculosis (Miliary and fibronical pulmonary).* Number of Burial Certificate

Certifying Physician *Frank. H. Harnes.* Plate engraved *Name - Date.*
1882 - 1921

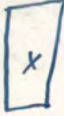
Clergyman *Father Fox.* Lot or grave No *131* Section *L*
E

Interment at *Destination* Cemetery

City *Chicago*

State *Ills.*

CEMETERY CHART

Put in the diagram one mark *x* 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>6/6 Grey Metal Baiter S.H.C.</i>	<i>375.00</i>	<i>June 20</i>	<i>Br. by check.</i>	<i>425.00</i>
Metallic Lining <i>Yes.</i>		<i>Oct 13</i>	<i>Br. " "</i>	<i>95.00</i>
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb. & Shaving</i>	<i>40.00</i>			
Carriages <i>C. Wagon.</i> at \$	<i>10.00</i>			
Flowers				
Hearse <i>Guy Hinton</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Burial Lot 131-L-</i>	<i>65.00</i>			
Opening Grave + Closing	<i>5.00</i>			
Lining Grave <i>Auto - P.B.</i>	<i>5.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>515.00</i>			<i>515.00</i>

REMARKS *Body kept in Vault- June 21-1922 bought lot-and*
Buried in Greenwood sev in Chapel 9-a.m. 4-21-22
Father Fox in Chg. Body in good shape in Vault- 8 mo- 7 da

FUNERAL REGISTER

NO. *Estate James Edwin Provine, Winter Park, Fla.* DATE *Oct 16th 1921*

Remains of *James Edwin Provine* Residence *Ridgewood, N. J.*

Father's Name *William Provine* Residence *Indiana*

Mother's Name *Mrs. Scott* How Secured *Estate*

Charged to *Stella M. Provine* (Wife) Shipped to *Ridgewood, N. J.*

Date of Funeral *Oct 1921* Date of Death *Oct 16th 1921 6 P.M.*

Place of Death *Residence (Winter Park)* Single or Married *Married*

Occupation of Deceased *Banker* Age *65* years *8* months *8* days

Cause of Death *Pulmonary Embolism* Number of Burial Certificate

Certifying Physician *Dr. Hotard* Plate engraved *Name & Date 1856 - 1921*




Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Ridgewood*

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>63 Guy B. Co. B. Co.</i>	<i>225.00</i>	<i>Oct 17</i>	<i>Cr by Check.</i>	<i>480.87</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>46.27 13.77 11.02</i> <i>40 R. Tuckers 185-08 213. 4. B. Phone 1.00</i>	<i>210.87</i>			
Total amount of bill	<i>480.87</i>			<i>480.87</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Joseph E. Brockman, Winter Garden* DATE *of Death Oct 18th*
 Remains of *Joseph Calvin Brockman*, Residence *Winter Garden, Fla.*
 Father's Name *Leont Snow*, Residence *Leont Snow*,
 Mother's Name *Leont Snow*, How Secured *Estate*
 Charged to *Mary Brockman Wife* Shipped to *Buried at Oakland*
 Date of Funeral *Oct 20th 1921 2:30 P.M.* Date of Death *Oct 18th 1921 2 P.M.*
 Place of Death *Residence*, Single or Married *Married*,
 Occupation of Deceased *Section Foreman N. R.* Age *70* years months days
 Cause of Death *Apoplexy* Number of Burial Certificate
 Certifying Physician *Dr. Harris (W. B.)* Plate engraved *M* *Father*,
 Clergyman *Dean Adcock*, Lot or grave No. Section
 Interment at *Oakland* Cemetery
 City *Oakland*,
 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>1/4 Grey Cope Oct 3 P.T.</i>	115.00	<i>Nov 3</i>	<i>Br by check.</i>	180.00
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓ Shaving</i>	35.00			
Carriages <i>Hel Casket & Box at \$</i>	10.00			
Flowers				
Hearse <i>Blk Winton F. Car.</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	180.00			180.00

REMARKS *† Died very sudden while at his work*
Send statement to L. H. Brockman Box 161 Winter Garden

FUNERAL REGISTER

NO. *C. O. Roe, Clermont.*

DATE

1921
*of death Oct 18th*Remains of *Lewis Sleyter.*Residence *Worcester, Mass.*Father's Name *Wm Sleyter.*Residence *Hart Knov*Mother's Name *Hart Knov.*How Secured *C. O. Roe.*Charged to *C. O. Roe.*Shipped to *Hart Knov*Date of Funeral *Oct - 1921*Date of Death *Oct 18th 1921 11:30 AM.*Place of Death *Clermont, Fla.*Single or Married *Widower*Occupation of Deceased *Minister (Retired)*Age *79* years months daysCause of Death *Heart Failure, died suddenly
from excitement of fighting fire.
Was badly burned.*



Number of Burial Certificate

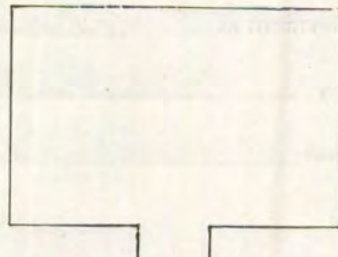
Certifying Physician *at Clermont.*Plate engraved *At Rest*Clergyman *Destination*

Lot or grave No. Section

Interment at *Destination Cemetery*City *Destination*State *Vermont.*

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

Oct 20 Cr by Check. 54.35

Metallic Lining

" 20 Cr " Lin. 5.00

Outside Box

Burial Robe *B. Suit. 17.50*Embalming and Attendance *Emb. 35.00*Carriages *C. Wagon, at \$ 5.00*Flowers *Socks & Underwear. 1.85*

Hearse

Death notices in *2* Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Total amount of bill




*59.35**59.35*

REMARKS

FUNERAL REGISTER

NO. *Estate Samuel Wigdor, Montreal Canada* DATE *1921 Oct 23rd*
 Remains of *Samuel Wigdor.* Residence *Montreal, Canada.*
 Father's Name *Not Known.* Residence *Not Known.*
 Mother's Name *Not Known.* How Secured *Estate*
 Charged to *Mrs Hoba Wigdor.* Shipped to *Montreal, Canada.*
 Date of Funeral *Oct - 1921* Date of Death *Oct 23rd 1921 5 P.M.*
 Place of Death *Fla. Sanitarium* Single or Married *Married*
 Occupation of Deceased *Manufacturer.* Age *62* years months days
 Cause of Death *Myocarditis.* Number of Burial Certificate
 Certifying Physician *H. Andrews.* Plate engraved
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination Cemetery*
 City *Montreal*
 State *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>3 Coffin Unlined</i>	30.00	Oct 24	61 by Cash.	200.00
Metallic Lining <i>No</i>				
Outside Box <i>Steel Vault.</i>	125.00			
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	200.00			200.00

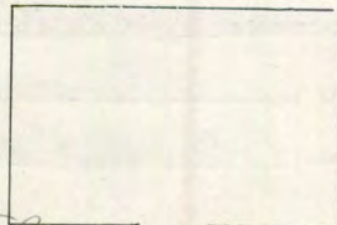
REMARKS

Shipped on train 82 Oct 24 Monday night

FUNERAL REGISTER

NO. *Mr Selly J. Truitt, Winter Garden.* DATE *1921*
of death Oct 25th
 Remains of *Mrs Emma Ida Truitt.* Residence *Winter Garden, Fla.*
 Father's Name *J. W. Holly.* Residence *Alabama,*
 Mother's Name *Sallie Carter.* How Secured *Husband,*
 Charged to *Mr Selly J. Truitt Husband.* Shipped to *Buried at Budah*
 Date of Funeral *Oct - 1921* Date of Death *Oct 25th 1921 7 a.m.*
 Place of Death *A. G. Hospital* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *39* years months *17* days
 Cause of Death *Pneumonia (Child Birth)* Number of Burial Certificate
 Certifying Physician *Lt. Thrust* Plate engraved *At Rest.*
 Clergyman *At Winter Garden* Lot or grave No. Section
 Interment at *Budah* Cemetery
 City *Winter Garden*
 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 =.



Send statement to A. W. Hurley, Winter Garden, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W. Guy Cape Oct 30th 1921</i>	115.00	Nov 17	Cr. by Check.	212.50
Metallic Lining <i>W. Guy</i>				
Outside Box <i>Brick Vault.</i>				
Burial Robe <i>White Silk Dress.</i>	17.50			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers <i>Steel box to Cemetery</i>	7.50			
Hearse <i>Auto Blk W. Hearse.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Underneath Home.</i>	2.50			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>at 24th</i> <i>Ambulance</i>	15.00			
Total amount of bill	212.50			212.50

REMARKS

FUNERAL REGISTER

NO. *Estate John Robert Bronson* *Kissimmee* DATE *1921 Oct 30th*

Remains of *John Robert Bronson*, Residence *Kissimmee, Fla.*

Father's Name *Geo. W. Bronson*, Residence *N. Carolina*

Mother's Name *Margaret M. Goodwin*, How Secured *Estate*

Charged to *Geo. C. Bronson mother*
Lellie Bronson wife, Shipped to *Buried at Kissimmee*

Date of Funeral *Nov 1st 1921*, Date of Death *Oct 30th 1921 11 P.M.*

Place of Death *C. General Hospital*, Single or Married *Married*

Occupation of Deceased *Farming & Stock Raising*, Age *49* years *4* months days

Cause of Death *Lithitis Mellitus*, Number of Burial Certificate

Certifying Physician *L. Christ*, Plate engraved *Name & Date*
1872 - 1921




Clergyman *At Kissimmee*, Lot or grave No. Section

Interment at *Kissimmee* Cemetery

City *Kissimmee*

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. S.H. Cap</i>	<i>450.00</i>	<i>Dec 2</i>	<i>Cr. by check</i>	<i>528.75</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Rey</i>				
Burial Robe				
Embalming and Attendance <i>Ed Sharning</i>	<i>35.00</i>			
Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>Grey Winter Funeral Car</i>	<i>20.00</i>			
Hearse <i>Reo Grey Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Collar²⁵ Tie⁵⁰ Shirt³⁰⁰</i>	<i>3.75</i>			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>528.75</i>			<i>528.75</i>

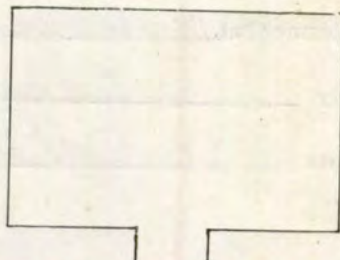
REMARKS *Fun 11-1- 230 at Methodist Church*

FUNERAL REGISTER

NO. *Mr Joseph C. Merritt, Celando* DATE *Nov 1st 1921*
 Remains of *Mr Harriet C. Merritt,* Residence *Celando, Fla.*
 Father's Name *Mr A. Coff.* Residence *Conn.*
 Mother's Name *Matilda Coff.* How Secured *Husband & Estate*
 Charged to *Mr J. C. Merritt (Husband),* Shipped to *Buried in Celando.*
 Date of Funeral *Nov 6th 1921 11 A.M.* Date of Death *Nov 1st 1921 11 A.M.*
 Place of Death *Fla Sanitarium* Single or Married *Married.*
 Occupation of Deceased *At Home* Age *77* years *9* months *8* days
 Cause of Death *Acute Indigestion following*
 Certifying Physician *Dr. W. Allenbach* Number of Burial Certificate
 Clergyman *Dean Glass* Plate engraved *Name & Date*
 Interment at *Destination* Cemetery Lot or grave No. *1844 - 1921* Section
 City *Celando*
 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>1/2 Blk B. Co. N. Co. S</i>	300.00	Nov 26	Cr by Check.	617.37
Metallic Lining <i>No</i>				
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon.</i> at \$	5.00			
Flowers				
Hearse <i>Grey Auto F. Car. Red.</i>	5.00			
Death notices in <i>2.</i> Papers				
Outlay for lot <i>299 - Cleveland - Ohio 4747</i>	110.12			
Opening Grave <i>12 cover gay to Cleveland 1296</i>	0.00			
Lining Grave				
Grave Vault <i>Steel Shipping Case.</i>	150.00			
Shipping Charges, Prepaid				
Minister	10.00			
Telegrams	2.25			
Total amount of bill	617.37			617.37

F. D. in Cleveland
J. H. - Koehler & Co
2340 - 55th St.

REMARKS

Shipping body to Cleveland Ohio Nov
train #80 Sat afternoon Nov 19 accp 1320 - Dr Chas Merritt

FUNERAL REGISTER

NO. *Estate Mrs. Lula H. Forcas Lyons, Hartford, Ky.* DATE *of Death Nov 2nd 1921*

Remains of *Mrs. Lula H. Forcas Lyons* Residence *Hartford, Ky.*

Father's Name *James. F. Carson* Residence *Kentucky*

Mother's Name *Lula L. Austin* How Secured *Surv. & Estate*

Charged to *James Lyons* Shipped to *Hartford, Ky.*

Date of Funeral *Nov - 1, 1921* Date of Death *Nov 2nd 1921 8:25 AM*

Place of Death *28 Lakeview Ave., Atlanta* Single or Married *Widow*

Occupation of Deceased *At Home* Age *49* years months days

Cause of Death *Cancer of Liver* Number of Burial Certificate

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




Clergyman *At Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Hartford*

State *Ky.*

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 Plush Act. O.P.</i>	200.00	Nov 3	<i>By check</i>	390.00
Metallic Lining <i>V</i>		" 3	<i>By check + cash</i>	157.92
Outside Box <i>Reg. Steel Vault</i>	115.00			
Burial Robe <i>Silk Dress</i>	30.00			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>R.R. Tickets & Pullman</i>	157.92			
Total amount of bill	547.92			547.92

REMARKS

FUNERAL REGISTER

NO. *Estate Mr H. Lloyd Sessions, 1102 Kuklax.* DATE *of Death*
 Remains of *Mr H. Lloyd Sessions,* Residence *1102 Kuklax Ave., Orlando,*
 Father's Name *Don't know.* Residence *New York,*
 Mother's Name *Mrs. Maggie Session,* How Secured *Estate & Wife*
 Charged to *Mrs. Vernie Sessions (Wife)* Shipped to *Buried in Orlando.*
 Date of Funeral *Nov 3rd 1921 2 P.M.* Date of Death *Nov 3rd 1921 1 A.M.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Farming (Retired)* Age *78* years *2* months *8* days
 Cause of Death *Senility.* Number of Burial Certificate
 Certifying Physician *Dr. J. C. Howell.* Plate engraved *At Rest*
 Clergyman *Captain Mangell (Salvation Army)* Lot or grave No. *G.A.R.* 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>5/4 White Oak 30" x 70"</i>	<i>90.00</i>	<i>Nov 21</i>	<i>Cr. by Cash.</i>	<i>100.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>✓</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				
Opening Grave <i>W. Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>110.00</i>			<i>110.00</i>

REMARKS

FUNERAL REGISTER

NO. *M. Andrew J. Shaudy, Mascot Fla.* DATE *Dec 11-5th 1921*

Remains of *Lee Brown.* Residence *Mascot, Fla.*

Father's Name *John M. Brown.* Residence *Mascot Florida*

Mother's Name *Laura Shaudy.* How Secured *M. Shaudy.*

Charged to *M. A. J. Shaudy.* Shipped to *Mascot, Fla. by auto*

Date of Funeral *Nov 6th 1921* Date of Death *Nov 5th 1921 7:30 PM.*

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

Occupation of Deceased *at home* Age *14* years months *22* days

Cause of Death *General Peritonitis.* Number of Burial Certificate

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




Clergyman *at Mascot* Lot or grave No. Section

Interment at *Mascot* Cemetery

City *Mascot*

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>5/8 Glass White</i>	<i>50.00</i>	<i>Nov 5</i>	<i>a. j. Shaudy. by check</i>	<i>65.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Canty</i>	<i>15.00</i>			
Carriages at \$				
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>65.00</i>			<i>65.00</i>

REMARKS

FUNERAL REGISTER

NO. *Elihu Emanuel Manusutha* DATE *Nov 5th 1921*
of Hecch
Remains of *Emanuel Manusutha* Residence *E. Washington St. Orlando, Fla.*
Father's Name *R. Manusutha* Residence *Greece*
Mother's Name *I don't know* How Secured *Wife*
Charged to *Lela Manusutha* Shipped to *Jacksonville, Fla.*
Date of Funeral *Nov 10th 1921* Date of Death *Nov 5th 1921 6:30 P.M.*
Place of Death *Near Taft* Single or Married *Married*
Occupation of Deceased *Machinist (Heavy Work)* Age *25* years months days
Cause of Death *Gunshot wound inside of chest* Number of Burial Certificate
Certifying Physician *Sheriff (Dr. Edwards)* Plate engraved *At Rest*
Clergyman *At Interment* Lot or grave No. Section
Interment at *Interment Cemetery*
City *Jacksonville*
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>1/4 Grey Casket 1st 3 P.P.</i>	110.00	Nov 10	Cr by cash.	167.50
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk Burial Suit</i>	17.50			
Embalming and Attendance <i>Emb</i>	35.00			
Carriages <i>C. Wagon. at \$</i>	5.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	167.50			167.50

REMARKS *He was killed by Mr Parson on Sat night Nov 5th about 8 P.M. South of Taft. Some trouble over whisky Shipped to Jax - 11th midnight train*

FUNERAL REGISTER

NO. *Mr Arthur A. Phelps, Oakland, Fla.* DATE *of death Nov 6th 1921*

Remains of *Mrs Jennie A. Phelps.* Residence *Oakland, Fla.*

Father's Name *Thomas Emmons.* Residence *New York.*

Mother's Name *Rebecca Emmons.* How Secured *Husband.*

Charged to *Arthur A. Phelps.* Shipped to *Ligon, Ills.*

Date of Funeral *Nov 7th 1921 11:30 a.m.* Date of Death *Nov 6th 1921 2 P.M.*

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

Occupation of Deceased *at home.* Age *57* years *11* months *3* days

Cause of Death *Apoplexy.* Number of Burial Certificate

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




Clergyman *at Oakland.* *1864 - 1921*

Interment at *Restoration Cemetery* Lot or grave No. Section

City *Ligon.*

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>1/3 Guy B. Co.</i>	350.00	Nov 7	<i>Ex by Check.</i>	686.86
Metallic Lining <i>Yes</i>				
Outside Box <i>Req. Painted</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers <i>Wanted</i>				
Hearse <i>Auto Funeral Car.</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>2 R.R. Tickets 226.84 45.36</i>				
<i>3 Chairs to fare 3.66</i>				
<i>Phone 1.00</i>				
	276.86			
Total amount of bill	686.86			686.86

REMARKS

FUNERAL REGISTER

NO. *Estate Margaret A. Harvey (Winter Park)* DATE *Dec 8th 1921*
 Remains of *Margaret A. Harvey* Residence *Winter Park Fla.*
 Father's Name *Thomas Hickey* Residence *Pennsylvania*
 Mother's Name *Leut. Knowl* How Secured *Estate*
 Charged to *Mrs. E. L. Galt* Shipped to *Sterling, Ill.*
 Date of Funeral *Nov 9th 1921 10 a.m.* Date of Death *Nov 8th 1921 10:50 a.m.*
 Place of Death *Residence* Single or Married *Widow*
 Occupation of Deceased *At Home* Age *87* years months days
 Cause of Death *Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. Hotard* Plate engraved *Name + Plate 1833-1921*
 Clergyman *At Winter Park Vincent* Lot or grave No. Section
 Interment at *Heilination* Cemetery
 City *Winter Park*
 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 .

First Trust & Savings Bank, Sterling, Ill.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/4 Guy B. Co. Springfield, Ill.</i>	200.00	Dec 12	Dr by Check	50.00
Metallic Lining <i>No</i>		" 12	Dr " "	23.63
Outside Box <i>Reg-Painted</i>		" 12	Dr " Cash	49.43
Burial Robe		Mar 16	Dr " Check	255.00
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagn. 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				
Grave Vault				
Shipping Charges, Prepaid				
<i>R. N. Tichet Pullman Chairs Phone</i>	123.06			
	378.06			378.06
Total amount of bill				

REMARKS

FUNERAL REGISTER

NO. *Mr Jay Mac Hongal, Lewis, New York.* DATE *1921 Nov 9th 1921*

Remains of *Donald J. Mac Hongal.* Residence *Lewis, New York.*

Father's Name *Mr Jay Mac Hongal.* Residence *Lewis New York.*

Mother's Name *Larada Hayes Mac Hongal.* How Secured *Father.*

Charged to *Mr Jay Mac Hongal.* Shipped to *Westfort, New York.*

Date of Funeral *Nov - 1921* Date of Death *Nov 9th 1921*

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

Occupation of Deceased *At Home.* Age *4* years *3* months *27* days

Cause of Death *Marleria Entericaustel.* Number of Burial Certificate

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




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* *Lewis N.Y.* Cemetery

City *Westfort.*

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>3/4 White Plush Uet. N.Y.</i>	<i>50.00</i>	<i>Nov 10</i>	<i>By cash.</i>	<i>75.00</i>
Metallic Lining		<i>July 31</i>	<i>By dis.</i>	<i>6.72</i>
Outside Box <i>Reg. Painted</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>Telegram.</i>	<i>1.72</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>81.72</i>			<i>81.72</i>

REMARKS

Shipped today by express on train 82 - Thursday Night 11-10-21 Express collect.

FUNERAL REGISTER

NO. *Estate George W. Smith, Windemere, Fla.* DATE *of Death Nov 9th 1921*

Remains of *Mr George W. Smith.* Residence *Windemere, Fla.*

Father's Name *George Smith.* Residence *Georgia.*

Mother's Name *Prudence Smith.* How Secured *Insurance.*

Charged to *Mrs George W. Smith* Shipped to *Buried in Orlando.*

Date of Funeral *Nov 12th 1921* Date of Death *Nov 9th 1921 2 a.m.*

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

Occupation of Deceased *Farming.* Age *56* years *9* months *24* days

Cause of Death *Bronchitis.* Number of Burial Certificate

Certifying Physician *Dr Lawrence* Plate engraved *At Rest*

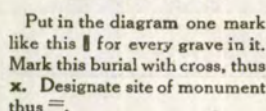
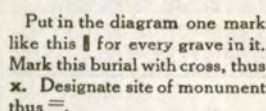
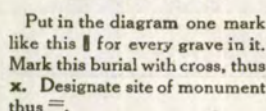
Clergyman *Rev. Munsell.* Lot or grave No. *177* Section *J.*

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>93 Guy Rife Oct 31st</i>	<i>110.00</i>	<i>Dec 8</i>	<i>Cr by Cash.</i>	<i>154.00</i>
Metallic Lining <i>✓</i>		<i>" 12</i>	<i>Cr .. Cash.</i>	<i>3.00</i>
Outside Box <i>Reg-0</i>		<i>1923 Jan 9</i>	<i>Cr .. Cash.</i>	<i>1.00</i>
Burial Robe <i>Blk - Robe.</i>	<i>10.00</i>	<i>Feb 10</i>	<i>Cr .. Cash.</i>	<i>2.00</i>
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>	<i>1923 May 21</i>	<i>Cr by 6 mo Nt.</i>	<i>90.00</i>
Carriages <i>Res to Res. at \$</i>	<i>15.00</i>			
Flowers <i>Shaving & Bathing</i>	<i>5.00</i>			
Hearse <i>Blk Winton.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers			<i>Send bel to</i>	
Outlay for lot <i>#177 Sec J</i>	<i>40.00</i>		<i>Mrs Lillie Angel - Dau</i>	
Opening Grave <i>Ed Claring</i>	<i>5.00</i>			
Lining Grave <i>Two Autos</i>	<i>12.00</i>			
Grave Vault <i>Underwear</i>	<i>2.00</i>			
Shipping Charges, Prepaid				
<i>on old acct. Inst & date</i>	<i>3.16</i>			
<i>Diff from Pd to Mrs Angel in Cash</i>	<i>784</i>			
Total amount of bill	<i>250.00</i>			<i>250.00</i>

REMARKS *May 21-1923 accepted - \$90.00 note - Date May-16-1923*

Due Oct. 1926 8% int from date. Dis note - \$316 same being

Inst on open acct.

FUNERAL REGISTER

NO. *M. J. H. Sadler, Oakland, Fla.* DATE *1921 Nov 10th*

Remains of *Mrs. Minnie M. Sadler.* Residence *Oakland, Fla.*

Father's Name *L. F. Tilden.* Residence *Oakland, Fla.*

Mother's Name *Emily Willis Tilden.* How Secured *Husband.*

Charged to *M. J. H. Sadler (Husband)* Shipped to *Buried at Oakland.*

Date of Funeral *Nov 12th 1921 11:00 AM* Date of Death *Nov 10th 1921 6 AM.*

Place of Death *Fla Sanitarium* Single or Married *Married*

Occupation of Deceased *At Home.* Age *54* years months days

Cause of Death *Acute Indigestion.* Number of Burial Certificate




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

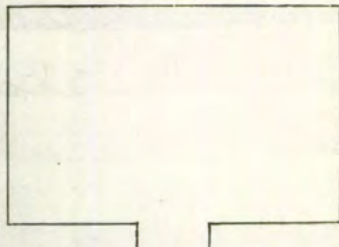
Clergyman *At Oakland.* Lot or grave No. Section

Interment at *Oakland, Cemetery*

City *Oakland.*

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 Grey B. Clo. R. Co. N.C.</i>	<i>325.00</i>	<i>Nov 14</i>	<i>By check.</i>	<i>400.00</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>Blk Winton. def of casket.</i>	<i>15.00</i>			
Hearse <i>Winton Funeral Car</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>400.00</i>			<i>400.00</i>




REMARKS

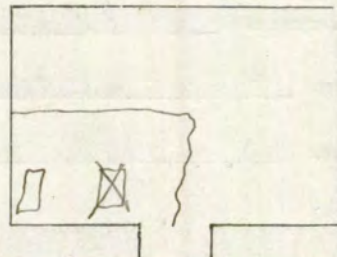
FUNERAL REGISTER

NO. *Estate Mrs Jane Carroll Ky ave* DATE *1921*
of death Nov 10th

Remains of *Mrs Jane Carroll.* Residence *Kentucky Ave, Orlando,*
 Father's Name *G. Lufinger.* Residence *Alabama.*
 Mother's Name *Not known.* How Secured *Estate.*
 Charged to *Mrs M. E. Lee (sister)* Shipped to *Buried in Orlando*
 Date of Funeral *Nov 11th 1921 10 P.M.* Date of Death *Nov 10th 1921 10 P.M.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At home.* Age *73* years *11* months *28* days
 Cause of Death *Bronchitis.* Number of Burial Certificate
 Certifying Physician *Dr. Beardahl.* Plate engraved *At Rest.*
 Clergyman *Captian Mungell* Lot or grave No. *174 N.W. 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>1/3 Grey Case</i>	<i>90.00</i>	<i>Nov 12</i>	<i>Dr by Cash.</i>	<i>131.00</i>
Metallic Lining				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Cavity.</i>	<i>9.00</i>			
Carriages <i>3 Casket</i> at \$ 4.00	<i>12.00</i>			
Flowers				
Hearse <i>Blk Winton</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Exp Closing.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>131.00</i>			<i>131.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Margaret E. Newheart, Chattahoochee, Fla.* DATE *of death Nov 9th 1921*
 Remains of *Mrs Margaret E. Newheart,* Residence *Chattahoochee, Fla.*
 Father's Name. *Not known.* Residence *Not known.*
 Mother's Name *Not known.* How Secured *Fl. Manner.*
 Charged to *H. Brannon, Martin Ala.* Shipped to *Atlanta from Chattahoochee*
 Date of Funeral *Nov 12th 1921 9:30 a.m.* Date of Death *Nov 9th 1921*
 Place of Death *Chattahoochee.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *90* years months days
 Cause of Death *Acute Bronchitis* Number of Burial Certificate
 Certifying Physician *At Chatla* Plate engraved *At Rest.*
 Clergyman *Rev. Cooper.* Lot or grave No. Section
 Interment at *Acree.* Cemetery
 City *Acree.*
 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 .

Sh. H. L. Brannon. Martin, Ala.

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket	<i>6/3 Blk. B Co Oct 10th</i>	<i>Dec 5 Cr by Check</i>	<i>30.00</i>
Metallic Lining	<i>No</i>		
Outside Box	<i>Req.</i>		
Burial Robe			
Embalming and Attendance			
Carriages	<i>C. Wagon at \$</i>	<i>5.00</i>	
Flowers	<i>Hel of box to Cemetery</i>	<i>5.00</i>	
Hearse	<i>Blk Winton</i>	<i>15.00</i>	
Death notices in	<i>Papers</i>		
Outlay for lot	<i>Building Arch for Vault</i>	<i>5.00</i>	
Opening Grave			
Lining Grave			
Grave Vault			
Shipping charges, prepaid			
Total amount of bill	<i>30.00</i>		<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Elizabeth Fairbanks*

DATE *Nov 13th 1921*

Remains of *Mrs Elizabeth Fairbanks*

Residence *Winter Park, Fla.*

Father's Name *Douglas Conner.*

Residence *Ireland.*

Mother's Name *Leont Know.*

How Secured *Estate.*

Charged to *Robert E. Fairbank (Son)*

Shipped to *Buried in Ireland.*

Date of Funeral *Nov 15th 1921 10 A.M.*

Date of Death *Nov 13th 1921*

Place of Death *Residence.*

Single or Married *Widow.*

Occupation of Deceased *At Home.*

Age *75* years *4* months *28* days

Cause of Death *Apoplexy.*

Number of Burial Certificate

Certifying Physician *Dr. Klaiser.*

Plate engraved *At Rest.*

Clergyman *at Winter Park.*

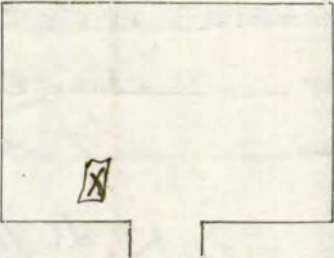
Lot or grave No. *148* Section *D.*

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>6 1/2 Blk B. Clo E. S. C. 150.00</i>	<i>Nov 28</i>	<i>Cr by check Stanley for Flowers</i>	<i>20.00</i>
Metallic Lining	<i>No.</i>	<i>Dec 23</i>	<i>Cr by check Henry Fairbanks</i>	<i>286.50</i>
Outside Box	<i>Req.</i>	<i>1922 Feb 13</i>	<i>Cr by check</i>	<i>16.00</i>
Burial Robe	<i>✓</i>	<i>" 13</i>	<i>Cr by check</i>	<i>.25</i>
Embalming and Attendance	<i>El Hensing 35.00</i>			
Carriages	<i>1 Hudson at \$ 5.00</i>			
Flowers	<i>(Hie) Touring Car 5.00</i>			
Hearse	<i>Auto Blk Winton 15.00</i>			
Death notices in	<i>2 Papers</i>			
Outlay for lot	<i># 148 Sec L. 65.00</i>			
Opening Grave	<i>El Closing. 5.00</i>			
Lining Grave	<i>2 Pictures 1.50</i>			
Grave Vault	<i>Photo of grave 5.00</i>			
Shipping Charges, Prepaid				
Flowers	<i>.25 Crescent 10.00 Wreath 10.00 Basket 16.00 36.25</i>			
Total amount of bill	<i>322.75</i>			<i>322.75</i>

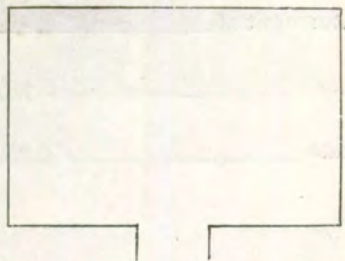
REMARKS *11-28-21 2 - extra Photos 75 150*

FUNERAL REGISTER

NO. *Walter C. McCall, Rochelle Ga.* DATE *of death Nov 13 1921*

Remains of *Mrs Henrietta McCall* Residence *Rochelle, Ga.*
 Father's Name *Chester LeLoach.* Residence *Georgia.*
 Mother's Name *Georgie LeLoach.* How Secured *Husband.*
 Charged to *Walter C. McCall (Husband)* Shipped to *Rochelle, Ga.*
 Date of Funeral *Nov - 1921* Date of Death *Nov 13th - 1921 2:30 P.M.*
 Place of Death *513. Marion St.* Single or Married *Married*
 Occupation of Deceased *at home.* Age *53* years months days
 Cause of Death *Cerebral Hemorrhage* Number of Burial Certificate
 Certifying Physician *Dr. Edwards* Plate engraved *at Rest.*
 Clergyman *Destinations* Lot or grave No. Section
 Interment at *Destinations Cemetery*
 City *Rochelle*
 State *Ga.*

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 Guy Cufe Flat Top.</i>	<i>70.00</i>	<i>Nov 13</i>	<i>Dr. by check</i>	<i>105.00</i>
Metallic Lining <i>No</i>		<i>Nov 13</i>	<i>Dr .. cash.</i>	<i>60.43</i>
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>Blk Dress.</i>	<i>15.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Pk. White Hore.</i>	<i>1.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>2 R.R. Tickets ✓</i> <i>1/2 R.R. Ticket</i>	<i>34.43</i>			
Total amount of bill	<i>165.43</i>			<i>165.43</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Charles A. Hoerr, Sanford, Fla.* DATE *Nov 15th 1921*

Remains of *Mr Charles A. Hoerr.* Residence *Sanford, Fla.*

Father's Name *Chas. H. Hoerr.* Residence *Germany.*

Mother's Name *Cherham Loeve.* How Secured *Estate.*

Charged to *Mrs Edith C. Loeve (Wife)* Shipped to *New York City.*

Date of Funeral *Nov 16th 1921 8 P.M.* Date of Death *Nov 15th 1921 6:45 A.M.*

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

Occupation of Deceased *Farming.* Age *54* years *5* months *16* days

Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate

Certifying Physician *Dr. Ralph E. Stevens* Plate engraved *Name & Date*
1867-1921




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

Interment at *Destin* Cemetery

City *New York City*

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 S. H. Cap.</i>	350.00	<i>Jan 27</i>	<i>Cr by Check.</i>	420.00
Metallic Lining <i>yes</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Auto to Sanford</i>	10.00			
Flowers				
Hearse <i>Auto F. Car</i>	25.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	420.00			420.00




REMARKS

Funeral at residence Wednesday night at 8 P.M. shipped on train 82 from Sanford.

FUNERAL REGISTER

NO. *H. M. Ritter Orlando, Fla.* DATE *Nov 17th 1921*
 Remains of *Lewis F. Ritter* Residence *Bithlo, Fla.*
 Father's Name *H. M. Ritter* Residence *Orlando, Fla.*
 Mother's Name *Leont Knorr* How Secured *Father*
 Charged to *H. M. Ritter (Father)* Shipped to *Lakeland from Orlando, Fla. by express*
 Date of Funeral *Oct - 1918* Date of Death *Oct 1st 1918*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *Day Laborer* Age *18* years months days
 Cause of Death *Flu* Number of Burial Certificate
 Certifying Physician
 Clergyman
 Interment at *Restlination* Cemetery
 City *Lakeland*
 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>June 1</i>	<i>Cr. by Cash.</i>	<i>64.62</i>
Metallic Lining				
Outside Box <i>Lined box</i>	<i>35.00</i>			
Burial Robe				
Embalming and Attendance				
Carriages <i>C. Wagon at \$</i>	<i>15.00</i>			
Flowers <i>C. Wagon to Station</i>	<i>5.00</i>			
Hearse				
Death notices in Papers				
Outlay for lot				
Opening Grave <i>Exp Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Express Charges to Lakeland, Fla.</i>	<i>4.62</i>			
Total amount of bill	<i>64.62</i>			<i>64.62</i>

REMARKS *Nov 16th 1921 disinterred from Iron Bridge Cemetery and shipped remains to Lakeland on train 27 Nov 17th 1921. Family met body at Lakeland and carried body by auto truck to Socumb Cemetery for burial.*

FUNERAL REGISTER

NO. *Estate of ^{M.}Harold Vaden, Apopka, Fla.*

DATE *of death Nov 20th 1921*

Remains of *Mr Harold Vaden.*

Residence *Apopka, Fla.*

Father's Name *Haniel Vaden.*

Residence *Petersburg Virginia*

Mother's Name *Mrs Vaughn Vaden.*

How Secured *Mrs N. G. Seagroat ^{In-law}*

Charged to *Mrs Han Vaden (Wife)*

Shipped to *Buried at Apopka.*

Date of Funeral *Nov 21st 1921 3 P.M.*

Date of Death *Nov 20th 1921 5:30 A.M.*

Place of Death *Residence.*

Single or Married *Married*

Occupation of Deceased *Merchant Confetti man ^{store}*

Age *72* years *4* months *1* days

Cause of Death *Uremic Poisoning.*

Number of Burial Certificate

Certifying Physician *Dr. Carroll.*

Plate engraved *I.O.O.F. Emb.*

Clergyman *at Apopka.*


Lot or grave No.

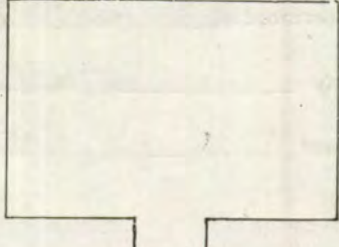
Interment at *Apopka.* Cemetery

Section

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 x. Designate site of monument thus =.






	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey Cope Oct 30th</i>	100.00	Nov 25	Cr by check.	20.00
Metallic Lining <i>No</i>		Dec 7	Cr	75.00
Outside Box <i>Req.</i>		¹⁹²² Jan 9	Cr	25.00
Burial Robe <i>✓</i>		Feb 21	Cr	25.00
Embalming and Attendance <i>Emb.</i>	35.00	April 18	Cr	10.00
Carriages <i>Hel. Casket & box at \$</i>	7.50	June 8	Cr	10.00
Flowers		July 3	Cr	10.00
Hearse <i>Blk Funeral Car.</i>	20.00	July 26	Cr	12.50
Death notices in <i>2</i> Papers				
Outlay for lot <i>4 Floral Pieces ^{5.00}</i>	20.00			
Opening Grave				
Lining Grave <i>Arch for Vault.</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	187.50			187.50

REMARKS *Funeral services at Residence. 3 P.M. Monday Nov 21st I.O.O.F. & H of C in charge.*

FUNERAL REGISTER

NO. *Sura Baldwin* DATE *Nov 24th 1921*
 Remains of *Ethel Irene M^{rs} Clelland* Residence *Jacksonville, Fla.*
 Father's Name *M^{rs} Clelland* Residence *Jacksonville, Fla.*
 Mother's Name *M^{rs} Clelland* How Secured *Chas Lee & Son*
 Charged to *Sura Baldwin* Shipped to *Orlando from Jax.*
 Date of Funeral *Nov 24th 1921 11 a.m.* Date of Death *Nov 21st 1921*
 Place of Death *Jacksonville* Single or Married *Single*
 Occupation of Deceased *At Home* Age *2* years months days
 Cause of Death *Bronchial Pneumonia* Number of Burial Certificate
 Certifying Physician *At Jacksonville* Plate engraved
 Clergyman *Hean Adcock* Lot or grave No. Section
 Interment at *Orwell* 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 25</i>	<i>Cr by Cash</i>	<i>5.00</i>
Metallic Lining		<i>Jan 14</i>	<i>Cr .. Cash</i>	<i>3.00</i>
Outside Box <i>Req.</i>		<i>Apr 22</i>	<i>Cr .. Cash</i>	<i>2.00</i>
Burial Robe		<i>July 22</i>	<i>Cr .. Cash</i>	<i>2.00</i>
Embalming and Attendance				
Carriages <i>Auto</i> at \$	<i>2.00</i>			
Flowers <i>Casket Wagon</i>	<i>3.00</i>			
Hearse <i>Spa of Flowers</i>	<i>2.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ear Closing</i>	<i>3.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>12.00</i>			<i>12.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate James Thompson, Orlando, Fla.* DATE *1921*
of death No 27
 Remains of *Mr James Thompson.* Residence *304 N. Orange Ave.*
 Father's Name *Benjamin Thompson.* Residence *Belfair, Ireland.*
 Mother's Name *Don't know.* How Secured *Wife & Son.*
 Charged to *Mrs Katherine Thompson (Wife)* Shipped to *Buried in Orlando.*
 Date of Funeral *Nov 29th 1921 10:30 a.m.* Date of Death *Nov 27th 1921 4:30 a.m.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Real Estate.* Age *63* years *4* months *12* days
 Cause of Death *Paralytic Alms (Paralysis)* Number of Burial Certificate
 Certifying Physician *Dr. Harmer.* Plate engraved *Mason Emblem.*
 Clergyman *Dean Glass.* Lot or grave No. *147* Section *L.*
 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 .

\$1 1/2 sold to Leonard Thorton.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey Cupellat 3 P.T.</i>	<i>100.00</i>		<i>Cr. by \$1 1/2 of lot.</i>	<i>32.50</i>
Metallic Lining <i>No.</i>			<i>Dec 22 Cr. by Check. ^{7:45 a.m.} Edge</i>	<i>197.50</i>
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>1 Hudson Car. at \$</i>	<i>5.00</i>			
Flowers <i>Flouring Car.</i>	<i>5.00</i>			
Hearse <i>Grey Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L #147</i>	<i>65.00</i>			
Opening Grave <i>Ed Closing.</i>	<i>5.00</i>			
Lining Grave <i>2 Cars</i>	<i>10.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>230.00</i>			<i>230.00</i>




REMARKS

FUNERAL REGISTER

NO. *Wm H. Anderson, Orlando, Fla.* DATE *of death Nov 29th 1921*

Remains of *Mrs Herta P. Anderson*, Residence *Orlando, Fla.*
 Father's Name *Henry P. Peters*, Residence *Germany*
 Mother's Name *Mrs Hart Peters*, How Secured *Husband*
 Charged to *Mrs H. Anderson (Husband)* Shipped to *Far Rockaway L.I. N.Y.*
 Date of Funeral *Dec - 1921* Date of Death *Nov 29th 1921 2 a.m.*
 Place of Death *Orange, G. Hospital*, Single or Married *Married*
 Occupation of Deceased *At home* Age *33* years *3* months *22* days
 Cause of Death *acute hemorrhage nephritis with uric poisoning* Number of Burial Certificate
 Certifying Physician *Dr Ford & Christ* Plate engraved *Name & Date of death Nov 29th*
 Clergyman *Destinacion (Dean Glas)* Lot or grave No. Section
 Interment at *Destinacion* Cemetery
 City *Far Rockaway L.I.*
 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
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Coffin or Casket	<i>3 Grey Plush Oct. 10. P. 1/2 Card</i>	<i>185.00</i>	<i>Dec 29 Br by Check.</i>	<i>140.00</i>
Metallic Lining	<i>no</i>		<i>Jan 26 1922 Br by Check.</i>	<i>25.00</i>
Outside Box	<i>Reg. Painted</i>		<i>Mar 16 1922 Br by Check.</i>	<i>25.00</i>
Burial Robe	<i>✓</i>		<i>Nov 17 Br by check.</i>	<i>50.00</i>
Embalming and Attendance	<i>Emb. (2)</i>	<i>35.00</i>		
Carriages	<i>C. Wagon at \$ 5.00</i>	<i>10.00</i>		
Flowers	<i>Engraving Name Plate.</i>	<i>5.00</i>		
Hearse				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid	<i>Amb 11-28-21.</i>	<i>5.00</i>		

Total amount of bill

*240.00**240.00*



REMARKS

FUNERAL REGISTER

Earl A.

NO. *Edgar E. Parker, 800 W. Church St* DATE *of death Nov 29th 1921*
 Remains of *Vera May Parker, Residence 800 W. Church St.*
 Father's Name *Chas. Borten, Residence Orlando, Fla.*
 Mother's Name *Hattie Baldwin Borten, How Secured Husband + Father*
 Charged to *Chas Borten (Father) Shipped to Buried in Orlando.*
 Date of Funeral *Nov 30th 1921 2:30 P.M.* Date of Death *Nov 29th 1921 5 P.M.*
 Place of Death *Nov 29th 1921 Residence* Single or Married *Married*
 Occupation of Deceased *at home* Age *23* years *6* months *3* days
 Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate
 Certifying Physician *L.H. Ford* Plate engraved *At Rest.*
 Clergyman *Rev M. E. Connell* Lot or grave No. *#40* Section *E*
 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 =.

Revised acct to Mr. R. L. Parker *W. Curry + Smith.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>White L Skin set 30th</i>	135.00	Dec 13	Cr by Check <i>Borton.</i>	100.00
Metallic Lining <i>No.</i>		Feb 4	Cr by Cash <i>Parker.</i>	5.00
Outside Box <i>Reg -</i>		Mar 1	Cr by Check <i>Borton.</i>	66.38
Burial Robe <i>White B. Dress.</i>	17.50	Oct 16	Cr by Cash <i>Borton.</i>	3.00
Embalming and Attendance <i>Emb. 5.00</i>	25.00	Oct 31	Cr by Cash <i>Borton.</i>	5.00
Carriages <i>C. Wagon, at \$</i>	5.00	Dec 21	Cr by Cash <i>W. Curry + Smith.</i>	100.00
Flowers <i>Flu infected.</i>	2.00			
Hearse <i>Grey Auto Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#40 Sec E.</i>	65.00			
Opening Grave <i>Ed Closing.</i>	5.00			
Lining Grave <i>Skirt + Hose</i>	2.50			
Grave Vault <i>Telegram.</i>	.38			
Shipping Charges, Prepaid <i>Red car</i>	5.00			
<i>Touring Car.</i>	5.00			

Total amount of bill

287.38

189.38



REMARKS

will pay by the wk 98.00

FUNERAL REGISTER

NO. *Estate Romy Casaletto, St Petersburg, Fla.* DATE *Dec 1 1921*
 Remains of *Mr Romy Casaletto* Residence *St Petersburg, Fla.*
 Father's Name *John Casaletto* Residence *Italy*
 Mother's Name *Not known* How Secured *Wife*
 Charged to *Mrs Grace Casaletto* Shipped to *Utica New York*
 Date of Funeral *Dec - 1921* Date of Death *Nov 30th 1921 10 a.m.*
 Place of Death *Astor Hotel (Orlando)* Single or Married *Married*
 Occupation of Deceased *Gun shot wound* Age *39* years *7* months *14* days
 Cause of Death *through head & heart* Number of Burial Certificate
 Certifying Physician *Chief Vital* Plate engraved *At Rest*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Utica*
 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 Guy B. Co. State</i>	<i>300.00</i>	<i>Dec 1</i>	<i>Cr by Cash</i>	<i>475.55</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb & Sharring</i>	<i>40.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers <i>125.55</i>				
Outlay for lot & Tickets & Pullman <i>125.55</i>				
Opening Grave <i>Paid by Grace Casaletto</i>				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>475.55</i>			<i>475.55</i>




REMARKS

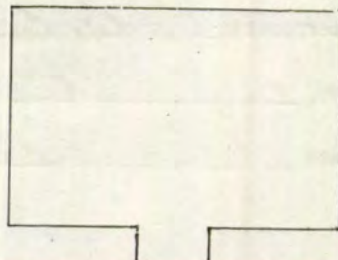
Shipped body on train #82 Thursday night Dec 9th 1921

FUNERAL REGISTER

NO. *Alfred M. Mengerson, Pine Castle, Fla.* DATE *Dec 2nd 1921*
 Remains of *Mrs Anna C. Mengerson.* Residence *3 Miles S. E. of City.*
 Father's Name *Don't know.* Residence *Ireland.*
 Mother's Name *Don't know.* How Secured *Son. Alfred M.*
 Charged to *Alfred M. Mengerson.* Shipped to *Kenwood, Fla.*
 Date of Funeral *Dec 3rd 1921 3 P.M.* Date of Death *Dec 2nd 1921 2:30 a.m.*
 Place of Death *Residence.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *76* years *5* months *17* days
 Cause of Death *Gastritis.* Number of Burial Certificate
 Certifying Physician *David C. Roney.* Plate engraved *At Rest.*
 Clergyman *Dean Adcock.* Lot or grave No. Section
 Interment at *Kenwood Cemetery*
 City *Kenwood.*
 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 Var. Case. Sgr.</i>	<i>70.00</i>	<i>Dec 17</i>	<i>Cr by Cash.</i>	<i>5.00</i>
Metallic Lining <i>No</i>		<i>" 31</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Outside Box <i>Reg.</i>		<i>Jan 14</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Burial Robe <i>✓</i>		<i>Feb 3</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Embalming and Attendance <i>Ex. Dressing</i>	<i>35.00</i>	<i>Feb 18</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>	<i>Mar 1</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Flowers		<i>Mar 18</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Hearse		<i>Apr 17</i>	<i>Cr .. Cash.</i>	<i>10.00</i>
Death notices in <i>2</i> Papers		<i>Apr 29</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Outlay for lot		<i>June 3</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Opening Grave		<i>July 1</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Lining Grave		<i>Aug 8</i>	<i>Cr .. Cash.</i>	<i>5.00</i>
Grave Vault		<i>Aug 26</i>	<i>Cr .. Check.</i>	<i>50.00</i>
Shipping Charges, Prepaid				
Total amount of bill	<i>115.00</i>			<i>115.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Jessie M. Sims, Valdosta, Ga* DATE *Dec 2nd 1921*
 Remains of *Mrs Jessie M. Sims* Residence *Valdosta, Ga.*
 Father's Name *Wm B. Sims* Residence *South Carolina*
 Mother's Name *Isabelle Campbell Sims* How Secured *Estate & Brothers*
 Charged to *Capt. B. M. Sims (Dece)* Shipped to *Valdosta, Ga.*
 Date of Funeral *Dec 3rd 1921 4 P.M.* Date of Death *Dec 2nd 1921 8 P.M.*
 Place of Death *Winter Garden* Single or Married *Widower*
 Occupation of Deceased *Watch Maker* Age *81* years *8* months *12* days
 Cause of Death *Senility* Number of Burial Certificate
 Certifying Physician *Dr. C. L. Wheatly* Plate engraved *Father*
 Clergyman *Rev. Chisholm* Lot or grave No. Section
 Interment at *Restoration Cemetery*
 City *Valdosta*
 State *Georgia*

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 =.

Philip Peters, Winter Garden

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey B. Clo. H. Co. S.</i>	300.00	<i>Jan 13</i>	<i>Phil Peters by Check.</i>	360.00
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	35.00			
Carriages <i>C. Wagon to W. Garden</i>	15.00			
Flowers <i>C. Wagon to Station</i>	5.00			
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Muric.</i>	5.00			
Total amount of bill	360.00			360.00




REMARKS

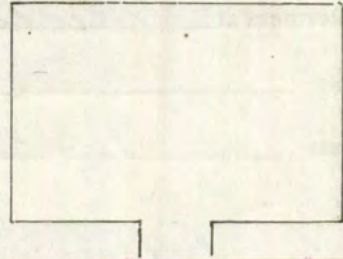
FUNERAL REGISTER

1921

NO. *Mr. Selia Cooper Bithlow, Fla.* DATE *Dec 4th 1921*

Remains of *A. B. Cooper.* Residence *Bithlow, Fla.*
Father's Name *Henry Cooper.* Residence *Bithlow, Fla.*
Mother's Name *Selia Cooper.* How Secured *County.*
Charged to *County.* Shipped to *Buried in Orlando.*
Date of Funeral *Dec 5th 1921. 2 P.M.* Date of Death *Dec 4th 1921 6:30 a.m.*
Place of Death *O. G. Hospital* Single or Married *Single.*
Occupation of Deceased *✓* Age *8 years 5 months 16 days*
Cause of Death *Solar Infection* Number of Burial Certificate
Certifying Physician *Dr. Christ.* Plate engraved *Our Darling*
Clergyman *Captain Murrell. S.A.R.* Lot or grave No. *Church +* Section *Home.*
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 .



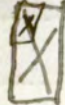

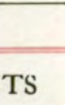
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/6 H.M.</i>	<i>8.50</i>	<i>Feb</i>	<i>Co. by Check.</i>	<i>8.50</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>8.50</i>			<i>8.50</i>

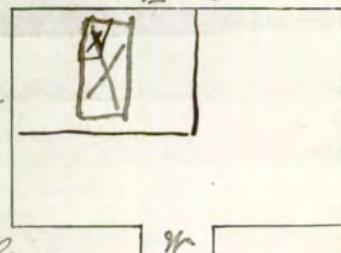
REMARKS

FUNERAL REGISTER

NO. *Estate Joseph Francis Rooney, Shreveport, La.* DATE *Dec 4th 1921*
 Remains of *Joseph Francis Rooney* Residence *Shreveport, La.*
 Father's Name *George Rooney* Residence *Shreveport, La.*
 Mother's Name *Nancy Balkin Rooney* How Secured *Estate*
 Charged to *Estate Ed Rooney* Shipped to *Buried in Orlando*
 Date of Funeral *Dec 6th 1921 2:30 P.M.* Date of Death *Dec 4th 1921 9 A.M.*
 Place of Death *307 S. Hughey St.* Single or Married *Single*
 Occupation of Deceased *Foreman of Steel Stair Building and Bank Fixtures* Age *63* years *6* months *15* days
 Cause of Death *Chronic Pericarditis* Number of Burial Certificate *-*
 Certifying Physician *Dr. Wm. Harper* Plate engraved *At Rest*
 Clergyman *Rev. Cooper* Lot or grave No. *147 N.E. 1/4* Section *E*
 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 .



Send bill to:-
Rev. James Barton Rooney, 1815 Market St., Jacksonville, Fla.

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket	<i>1/3 Grey B. Clo. Oct 3 P.T.</i>	<i>185.00</i>	<i>Dec 13</i>	<i>En by Check.</i>	<i>308.00</i>
Metallic Lining	<i>No.</i>				
Outside Box	<i>Req.</i>				
Burial Robe	<i>Blk Suit.</i>	<i>25.00</i>			
Embalming and Attendance	<i>Emb.</i>	<i>35.00</i>			
Carriages	<i>Hudson at \$</i>	<i>5.00</i>			
Flowers	<i>Flowers 2 Bunches 3.00</i>	<i>13.00</i>			
Hearse	<i>Blk Funeral Car.</i>	<i>15.00</i>			
Death notices in	<i>2 Papers</i>				
Outlay for lot	<i># 147 N.E. 1/4 Sec 1</i>	<i>12.50</i>			
Opening Grave	<i>End Closing</i>	<i>5.00</i>			
Lining Grave	<i>Turning Car.</i>	<i>5.00</i>			
Grave Vault	<i>Casket Wagon</i>	<i>5.00</i>			
Shipping charges, prepaid	<i>Undertaker Hore.</i>	<i>2.50</i>			
Total amount of bill		<i>308.00</i>			<i>308.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate John W. Pulis, Orlando, Fla.* DATE *Dec 4th 1921*

Remains of *John W. Pulis.* Residence *602 Lafayette St*

Father's Name *Wm. W. Pulis.* Residence *New Jersey.*

Mother's Name *Mannah Rawlson.* How Secured *Estate*

Charged to *Mrs Ida J. Pulis (Wife)* Shipped to *Buried in Orlando,*

Date of Funeral *Dec 8th 1921 2:30 P.M.* Date of Death *Dec 4th 1921 10:40 P.M.*

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

Occupation of Deceased *Contractor (Mason & Plastering)* Age *56* years *5* months *29* days

Cause of Death *Phro - Pneumonia.* Number of Burial Certificate

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




Clergyman *Rev. W. E. Connell.* Lot or grave No. *#46* Section *E*

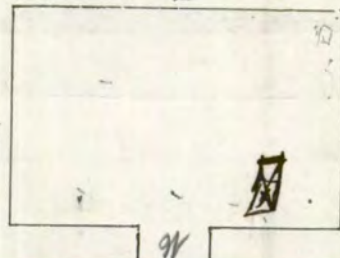
Interment at *Greenwood Cemetery*

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 by B. Co. R. Co. S.</i>	225.00	Jan 25	Cr by Check.	425.00
Metallic Lining <i>No.</i>		" "	Cr by Lis.	.55
Outside Box <i>Req.</i>				
Burial Robe <i>Minister</i>	5.00			
Embalming and Attendance <i>Ed Sharning.</i>	35.00			
Carriages <i>Hudsoni 500 at \$.50</i>	10.00			
Flowers <i>Flowers. 20.00</i>	20.00			
Hearse <i>Grey Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#46 Sec E.</i>	65.00			
Opening Grave <i>and Closing</i>	5.00			
Lining Grave <i>Telegrams.</i>	4.80			
Grave Vault <i>Brick Vault.</i>	35.00			
Shipping Charges, Prepaid <i>Collas Tie</i>	.75			
Casket Wagon.	5.00			
600 Bricks 1/2 yd sand 2 sack cement 1 sack Lime 25.30 mason hrs 9.70				
Total amount of bill	425.55			425.55

REMARKS

FUNERAL REGISTER

NO. *Estate Margaret Shinn, Apopka Fla.* DATE *Dec 7th 1921*
 Remains of *Mrs Margaret Shinn.* Residence *Apopka, Fla.*
 Father's Name *Thomas Clore.* Residence *Ohio.*
 Mother's Name *Mary Clore.* How Secured *Daughter + Estate*
 Charged to *Sarah Smith (Daughter)* Shipped to *Buried at Apopka.*
 Date of Funeral *Dec 8th 1921 11 A.M.* Date of Death *Dec 7th 1921 - 3 P.M.*
 Place of Death *Residence.* Single or Married *Widow*
 Occupation of Deceased *At Home.* Age *80* years *2* months *28* days
 Cause of Death _____ Number of Burial Certificate _____
 Certifying Physician *H. Carroll.* Plate engraved *At Rest*
 Clergyman *At Apopka.* 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>1/2 Grey Casket F. T. S. Co.</i>	<i>20.00</i>	<i>Dec 13</i>	<i>Pr by check.</i>	<i>100.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Carrity + Lewis</i>	<i>15.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Red Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>100.00</i>			<i>100.00</i>

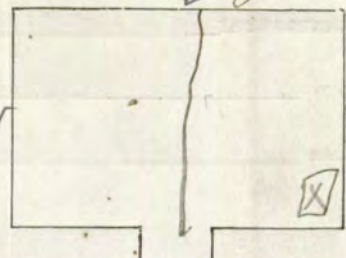
REMARKS

FUNERAL REGISTER

NO. *Floy. R. Seymour, Parrish, Fla.* DATE *Dec 10th 1921*
 Remains of *Mrs Emma M. Seymour.* Residence *Parrish, Fla.*
 Father's Name *J. F. Williams.* Residence *Sagamongh. Mich*
 Mother's Name *Rosa. M. Myers.* How Secured *Husband*
 Charged to *Floy. R. Seymour (Husband)* Shipped to *Buried in Alando.*
 Date of Funeral *Dec 12th 1921 2:30 P.m.* Date of Death *Dec 10th 1921 5 P.m.*
 Place of Death *O. G. Hospital* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *27* years months *2* days
 Cause of Death *Tuberculosis* Number of Burial Certificate
 Certifying Physician *C. H. Chaise* Plate engraved *At Rest*
 Clergyman *Rev. Sean Adcock* Lot or grave No. *172 8 1/2* Section *E*
 Interment at *Greenwood Cemetery*
 City *Alando,*
 State *Fla.*

CEMETERY CHART

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



Sarah Smith, Parrish, Fla.

Mrs E. B. Fuller, Parrish, Fla.

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

Coffin or Casket *1/4 Grey Cope Oct 3 P.T. 100.00*

Metallic Lining *✓*

Outside Box *Req*

Burial Robe *✓*

Embalming and Attendance *Emb. 25.00*

Carriages *2 Autos at \$5.00 10.00*

Flowers *19.00*

Hearse *Auto Funeral Car. 15.00*

Death notices in *2* Papers

Outlay for lot *#172 8 1/2 Sec J. 22.00*

Opening Grave *Ed Closing. 5.00*

Lining Grave

Grave Vault *Casket Wagon 5.00*

Shipping Charges, Prepaid

Total amount of bill

201.00

REMARKS

** Send statement*
Floyd R Seymour Parrish Fla - when note is due

FUNERAL REGISTER

NO. *Mr A. H. Harris, Orlando, R.F.D. #1* DATE *Dec 11th 1921*

Remains of *Child of Mr & Mrs A. H. Harris* Residence *Orlando Fla.*

Father's Name *A. H. Harris* Residence *Orlando, Fla.*

Mother's Name *H. L. Bower Harris* How Secured *Father*

Charged to *A. H. Harris (Father)* Shipped to *Buried at Conway*

Date of Funeral *Dec 12th 1921* Date of Death *Dec 11th 1921 11 AM*

Place of Death *Residence 3 1/2 mi S.E. of it* Single or Married *Single*

Occupation of Deceased *2* Age *1* years *4* months days

Cause of Death Number of Burial Certificate

Certifying Physician *H. Christ* Plate engraved *An Darling*

Clergyman *at Conway* 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 **x**. Designate site of monument thus **=**.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>3/4 W. L. S. Oct N.Y. 35.00</i>	<i>1922 April 1</i>	<i>Ex by cash.</i>	<i>5.00</i>
Metallic Lining		<i>" 29</i>	<i>Ex by cash.</i>	<i>30.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse				
Death notices in	<i>2</i>	Papers		
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>35.00</i>			<i>35.00</i>

REMARKS

Bought Casket and did their own work.

FUNERAL REGISTER

NO. *Estate of Sarah R. Walker, Sanford, Fla.* DATE *Dec 12th 1921*

Remains of *Mrs Sarah R. Walker.* Residence *Sanford, Fla.*

Father's Name *G. Wilgus.* Residence *New York.*

Mother's Name *Mrs Reed Walker.* How Secured *Estate + Son.*

Charged to *Estate Clifford L. Walker.* Shipped to *Sanford by auto.*

Date of Funeral *Dec 14th 1921* Date of Death *Dec 12th 1921 6:30 a.m.*

Place of Death *Fla. Sanitarium.* Single or Married *Widow*

Occupation of Deceased *At Home.* Age *61* years *5* months *11* days

Cause of Death *Broncho-Pneumonia* Number of Burial Certificate

Certifying Physician *Dr. Andrews.* Plate engraved *Name + Plate 860-1921*

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

Interment at *Sanford.* Cemetery

City *Sanford.*

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>4 Ply Plush V. Oak T. N. Oak</i>	185.00	Dec 15	<i>Clair Walker by Check.</i>	229.00
Metallic Lining <i>No</i>		" 15	<i>C. E. Walker</i>	38.50
Outside Box <i>Reg- Painted</i>				
Burial Robe <i>White Burial Dress.</i>	17.50			
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon at \$</i>	5.00			
Flowers.				
Hearse <i>Reo Auto Funeral Car to Sanford.</i>	25.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	267.50			267.50

REMARKS

FUNERAL REGISTER

NO. *Estate Mary A. Parker, 201 W. Central* DATE *Dec 14 1921*

Remains of *Mrs Mary A. Parker.* Residence *201 W. Central, ave,*

Father's Name *Wm R. Parker.* Residence *New Hampshire.*

Mother's Name *Mary Filbert.* How Secured *Estate & Son.*

Charged to *Wm. H. Collins (Son)* Shipped to *Concord, New Hampshire*

Date of Funeral *Dec — 1921* Date of Death *Dec 14th 1921 11 A.M.*

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

Occupation of Deceased *At Home* Age *83* years *2* months *3* days

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

Certifying Physician *Dr. Ramsey* Plate engraved *Name & State*
1838 - 1921




Clergyman *At New Hampshire* Lot or grave No. Section

Interment at *Destination Cemetery*

City *Concord*

State *New Hampshire.*

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. S. R. Co. N. H.</i>	400.00	<i>Dec 20 1921</i>	<i>Cr. by Cash.</i>	200.00
Metallic Lining <i>Yes</i>		<i>Jan 10 1922</i>	<i>Cr. by Cash.</i>	350.00
Outside Box <i>Reg - Painted</i>		<i>" 16 1922</i>	<i>Cr. by Cash.</i>	28.44
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
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 <i>Telegram.</i>	82			
Grave Vault				
Shipping charges, prepaid <i>57.91</i>				
<i>2 R.R. Tickets 115.82 Pullman 14.58</i>	130.40			
<i>Sent to fax - Phone 1.00</i>	2.22			
Total amount of bill	578.44			578.44

REMARKS

FUNERAL REGISTER

NO. *Alfred Griffin, Longwood, Fla.* DATE *Dec 15th 1921*
 Remains of *Mr Eliza Griffin,* Residence *Longwood, Fla.*
 Father's Name *John Snowles,* Residence *England.*
 Mother's Name *Elizabeth Guy Snowles* How Secured *Husband.*
 Charged to *Alfred Griffin (Husband)* Shipped to *Buried at Longwood.*
 Date of Funeral *Dec 17th 1921 2:30 P.M.* Date of Death *Dec 15th 1921 6 P.M.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *77* years months days
 Cause of Death *Apoplexy.* Number of Burial Certificate
 Certifying Physician *Dr. Hotard.* Plate engraved *At Rest*
 Clergyman *At Longwood* Lot or grave No. Section
 Interment at *Longwood Cemetery*
 City *Longwood*
 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. V. Casket Co.</i>	70.00	Dec 17	By Cash.	100.00
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Auto</i>	5.00			
Carriages at \$				
Flowers				
Hearse <i>Rev Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Lead of Casket</i>	10.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	100.00			100.00

REMARKS

FUNERAL REGISTER

NO. *Private Albert M. Bryan, Orlando.* DATE *Dec 22nd 1921*
of death Oct 24th 1918
 Remains of *Albert M. Bryan.* Residence *Orlando, Fla.*
 Father's Name *M. J. L. Bryan.* Residence
 Mother's Name How Secured *Mother*
 Charged to *Mrs J. L. Bryan (Mother)* Shipped to *Orlando from France*
 Date of Funeral *Dec 22nd 1921 10 A.M.* Date of Death *Oct 24th 1918*
 Place of Death *France.* Single or Married
 Occupation of Deceased *In U. S. Service* Age years months days
in France.
 Cause of Death *Died in France.* Number of Burial Certificate
 Certifying Physician *In France.* Plate engraved
 Clergyman *Rev. Cooper.* Lot or grave No. *can enile* Section *G-*
E S E
 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 =.

2403887 P.F.C. Cole - 31² Inf 1st Div. B 166

AMOUNT	DATE	PAYMENTS	AMOUNT
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Coffin or Casket

Dec 22 Cr by check. 30.00

Metallic Lining

Outside Box

Burial Robe

Embalming and Attendance

Carriages *2 Autos* at \$*5.00*Flowers *Casket Wagon.**5.00*Hearse *Blk Funeral Car.**15.00*Death notices in *2* Papers

Outlay for lot

Opening Grave *and Closing.**5.00*

Lining Grave

Grave Vault

Shipping charges, prepaid

Total amount of bill

*30.00**30.00*

REMARKS

FUNERAL REGISTER

NO. *Mr. W. W. Bolton, Ferndale, Fla.* DATE *Dec 22nd 1921*

Remains of *Mr. W. W. Bolton* Residence *Ferndale, Fla.*

Father's Name *Peter Byrd* Residence *Mont Vernon*

Mother's Name *Cyiline Stone* How Secured *Mr. Roe*

Charged to *Mr. W. W. Bolton (Husband)* Shipped to *Ferndale, Fla. by auto*

Date of Funeral *Dec 23rd 1921* Date of Death *Dec 22nd 1921 24.m.*

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

Occupation of Deceased *at home* Age *32* years months days

Cause of Death *Chronic - Parenchymatous* Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan* Plate engraved *at Rest*




Clergyman *at Ferndale* Lot or grave No. Section

Interment at *Ferndale* Cemetery

City *Ferndale*

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 .

Change embalming to C. G. Roe Clermont, Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>Dec 22 En. by cash.</i>		<i>9.00</i>
Metallic Lining				
Outside Box				
Burial Robe <i>Grey Robe.</i>	<i>9.00</i>			
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>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill				

REMARKS

We embalmed body of Mr. Roe sold a coffin and brought to Orlando, put body in it and drove by auto to Ferndale for burial.




FUNERAL REGISTER

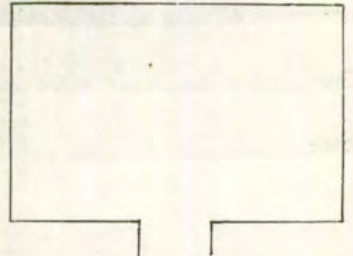
313

NO. *Estate of Rebecca B. Carpenter* DATE *Dec 22nd 1921*

Remains of *Mrs Rebecca B. Carpenter* Residence *Deland, Fla.*
 Father's Name *Elisha Bassett* Residence *New Jersey*
 Mother's Name *Hannah Thompson* How Secured *Estate & Son*
 Charged to *Estate & Son* Shipped to *Salem, New Jersey*
 Date of Funeral *Dec 23rd 1921 8PM* Date of Death *Dec 22nd 1921 6:30 a.m.*
 Place of Death *A. G. Hospital* Single or Married *Widow*
 Occupation of Deceased *At Home* Age *75* years *11* months *19* days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. W. E. Swan* Plate engraved *Name & Date 1846-1921*
 Clergyman *Friends Services* Lot or grave No. Section
 Interment at *Destin* Cemetery
 City *Salem*
 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>6 Grey Black Velt D. Top</i>	<i>Dec 24 Br. by Cash</i>	<i>301.00</i>
Metallic Lining	<i>No.</i>	<i>" 30 Br .. Cluck</i>	<i>40.00</i>
Outside Box	<i>Reg. Painted</i>	<i>" 30 Br .. His</i>	<i>25.10</i>
Burial Robe			
Embalming and Attendance	<i>+ Dressing</i>		<i>35.00</i>
Carriages	<i>C. Wagon (2) at \$ 5.00</i>		<i>10.00</i>
Flowers	<i>Engraving Plate</i>		<i>3.50</i>
Hearse			
Death notices in	<i>2</i>	<i>Papers</i>	
Outlay for lot			
Opening Grave			
Lining Grave			
Grave Vault			
Shipping charges, prepaid	<i>R. R. Ticket & Pullman + Phone</i>		<i>93.60</i>

Total amount of bill

367.10




367.10

REMARKS

FUNERAL REGISTER

NO. *Estate Peter Nolan* Altamont Springs Fla. DATE *1921*
Dec 21st
 Remains of *Mr Peter Nolan.* Residence *Altamont Springs, Fla.*
 Father's Name *Peter Nolan.* Residence *Ireland.*
 Mother's Name *Margaret Nolan.* How Secured *W. G. L. Taveane & Estate*
 Charged to *Estate.* Shipped to *Funeral at Maitland.*
 Date of Funeral *Dec 23rd 1921 2 P.M.* Date of Death *Dec 21st 1921 8 P.M.*
 Place of Death *Residence.* Single or Married *Widower*
 Occupation of Deceased *Fruit Grower Retired* Age *81* years *3* months *25* days
 Cause of Death *Chro-Nephritis.* Number of Burial Certificate
 Certifying Physician *Dr. Hotard* Plate engraved *At Rest, Crucifix*
 Clergyman *at Altamont.* 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 .

Chas Smith, Maitland A. Ref #2

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>9 Blk Cope Oct 30 P. Top.</i>	95.00	June 9	By check.	165.00
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Blk. Robe.</i>	12.50			
Embalming and Attendance <i>& Shaving</i>	25.00			
Carriages <i>Wagon to Res. & Cemetery</i>	15.00			
Flowers				
Hearse <i>Auto Funeral Car.</i>	17.50			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	165.00			165.00

*mail statement to
 Mrs Julia Smith
 41 - Smith St -
 Fitchburg
 Mass -*

REMARKS

FUNERAL REGISTER

NO. *Estate Maud Louise Randall, Altamont Springs* DATE *1921 Dec 23rd*

Remains of *Mrs Maud Louise Randall*, Residence *Altamont Springs, Fla.*

Father's Name *Nichols Vanduser.* Residence *New York.*

Mother's Name *Emma Barnes.* How Secured *Estate*

Charged to *Estate* Shipped to *Buried at Maitland.*

Date of Funeral *Dec 24th 1921 3:30 P.M.* Date of Death *Dec 23rd 1921 8 A.M.*

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

Occupation of Deceased *At Home.* Age *46* years *4* months *22* days

Cause of Death *Chronic Valvular Disease of heart.* Number of Burial Certificate

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




Clergyman *Mr. Vincent.* Lot or grave No. Section

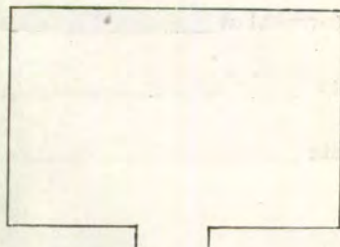
Interment at *Maitland* Cemetery

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 .



Frank Rote Maitland Fla. R.F.H. #2




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7 1/2 Guy H. Skin Oct 30th</i>	<i>165.00</i>	<i>Feb 6</i>	<i>By Edna Van Sausen. Cr by check.</i>	<i>150.00</i>
Metallic Lining <i>Yp.</i>		<i>April 20</i>	<i>Cr by check.</i>	<i>87.50</i>
Outside Box <i>Reg</i>				
Burial Robe <i>White Dress.</i>	<i>17.50</i>			
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Blk Funeral Car.</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Hel. Casket & box.</i>	<i>10.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>237.50</i>			<i>237.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate John Quincy Corant Ft Ogden* DATE *1921*
of death Dec 23rd
 Remains of *Mr John Quincy Corant* Residence *Ft Ogden, Fla.*
 Father's Name *H. H. Corant* Residence *Georgia*
 Mother's Name *Mrs Laughlin Corant* How Secured *Wife*
 Charged to *Mrs Elsie Corant (Wife)* Shipped to *Ft Ogden, Fla.*
 Date of Funeral *Dec 1921* Date of Death *Dec 23rd 1921 7:30 P.M.*
 Place of Death *Fla Sanitarium* Single or Married *Married*
 Occupation of Deceased *In a Cottage, Day Labor* Age *30* years months days
 Cause of Death *Typhoid - Abscess back of Liver* Number of Burial Certificate
 Certifying Physician *L. L. Andrews* Plate engraved *At Rest*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Ft Ogden* Cemetery
 City *Ft Ogden*
 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 Heavy Casket</i>	<i>75.00</i>	<i>Jan 25</i>	<i>Cr by Check.</i>	<i>120.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>120.00</i>			<i>120.00</i>




REMARKS

FUNERAL REGISTER

NO. *L.L. Bradberry, Alcoa Fla.* DATE *Dec 24th 1921*

Remains of *Pellman Bradberry.* Residence *Alcoa, Fla.*
 Father's Name *L.L. Bradberry.* Residence *Alcoa, Fla.*
 Mother's Name *Hunt Know.* How Secured *J.H. Hennes, Alcoa Fla.*
 Charged to *L.L. Bradberry (Father)* Shipped to *By Auto*
 Date of Funeral *Dec 24th 1921* Date of Death *Dec 24th 1921*
 Place of Death *Residence.* Single or Married *Single*
 Occupation of Deceased *_____* Age *14* years months days
 Cause of Death _____ Number of Burial Certificate, _____
 Certifying Physician _____ Plate engraved, *Our Darling.*
 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>3/8 Var. Case Sg.</i>	<i>12.50</i>	<i>Jan 10</i>	<i>Cr 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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>12.50</i>			<i>12.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Henry John Mayer, Cleveland, Ohio* DATE *Dec 24th 1921*
 Remains of *M. Henry John Mayer* Residence *Cleveland, Ohio*
 Father's Name *John Mayer* Residence *Switzerland*
 Mother's Name *Anna Thelma Mayer* How Secured *Estate of Wife*
 Charged to *Mrs Anna E. Mayer (Wife)* Shipped to *Cleveland, Ohio*
 Date of Funeral *Dec* Date of Death *Dec 24th 1921 8 P.M.*
 Place of Death *209 Palmetto St.* Single or Married *Married*
 Occupation of Deceased *Merchant (autos accessories)* Age *54* years *1* months *21* days
 Cause of Death *Cirrhosis of Liver* Number of Burial Certificate.
 Certifying Physician *Dr. W. Cronbach* Plate engraved *Name + Date*
 Clergyman *Mrs M. H. Huffie* *1867-1921*
 Interment at *Destination* Cemetery Lot or grave No. Section
 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>6/3 Walnut S. H. Cab</i>	<i>635.00</i>	<i>Feb 20</i>	<i>Cr. by Check.</i>	<i>300.00</i>
Metallic Lining <i>Yes</i>		<i>" 20</i>	<i>Cr. .. Mfg Box.</i>	<i>90.00</i>
Outside Box <i>Ant Mfgny.</i>	<i>90.00</i>	<i>Mar 13</i>	<i>Cr. .. Check.</i>	<i>484.55</i>
Burial Robe				
Embalming and Attendance <i>35.00</i> <i>5.00</i> <i>Shawm</i>	<i>40.00</i>			
Carriages <i>C. Wagon 2 at \$5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>R. R. Tichetz + Pullman</i>	<i>99.55</i>			
Total amount of bill	<i>874.55</i>			<i>874.55</i>

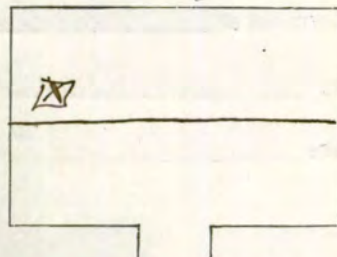
REMARKS

FUNERAL REGISTER

NO. *Albert J. Ronthier, Livingston, N.Y.* DATE *Dec 25th 1921*
 Remains of *Harry, E. Ronthier.* Residence *109 W. Livingston Ave.*
 Father's Name *Albert J. Ronthier.* Residence *Ontario, Canada.*
 Mother's Name *Emma Rung, Ronthier* How Secured *Father.*
 Charged to *Albert J. Ronthier (Father)* Shipped to *Buried in Orlando.*
 Date of Funeral *Dec 25th 1921 4 P.M.* Date of Death *Dec 25th 1921 1 A.M.*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *✓* Age *1* years *7* months *9* days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. McEwan.* Plate engraved *Our Darling*
 Clergyman *Rev. Chisohn.* Lot or grave No. *176 E 1/2* 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>3/6 W. L. Skar Oct N. Top.</i>	<i>42.50</i>	<i>July 8 Cr. by Auto Parts.</i>	<i>9.00</i>
Metallic Lining	<i>No</i>		<i>Aug 5 Cr. by Check & return on auto</i>	<i>80.50</i>
Outside Box	<i>Req.</i>			
Burial Robe				
Embalming and Attendance	<i>Care of Body</i>	<i>15.00</i>		
Carriages	<i>at \$</i>			
Flowers				
Hearse	<i>Hudson Car.</i>	<i>5.00</i>		
Death notices in	<i>Papers</i>			
Outlay for lot	<i>#176 Sec J E 1/2</i>	<i>22.00</i>		
Opening Grave	<i>& Closing grave</i>	<i>5.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill

*89.50**89.50*

REMARKS

FUNERAL REGISTER

NO. *Estate William Ward, Winter Park, Fla.* DATE *Dec 25th 1921*

Remains of *William Ward.* Residence *Winter Park, Fla.*

Father's Name *Mr. Ward.* Residence *Not known*

Mother's Name *Not known.* How Secured *Estate, Harley Ward*

Charged to *Estate Harley Ward.* Shipped to *Buried at Winter Park*

Date of Funeral *Dec 29th 1921 4 P.M.* Date of Death *Dec 25th 1921 8 A.M.*

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

Occupation of Deceased *Care Taker of Golf Course.* Age *64* years months days

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

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




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

Interment at *Winter Park* Cemetery

City *Winter Park*

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>Ty Grey & L. Skin Dec 21 P.M.</i>	<i>150.00</i>	<i>Dec 21</i>	<i>Or. by Check.</i>	<i>210.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon</i> at \$	<i>5.00</i>			
Flowers				
Hearse <i>Blk Winter</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ent Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>210.00</i>			<i>210.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. H. Porter, Winter Garden, Fla.* DATE *Dec 29th 1921*

Remains of *Hazel Lee Porter.* Residence *Winter Garden, Fla.*

Father's Name *James. H. Porter.* Residence *Georgia.*

Mother's Name *Maggie B. Warren.* How Secured *W. L. Tilden.*

Charged to *W. L. Tilden & J. H. Porter.* Shipped to *Buried at Beaulah.*

Date of Funeral *Dec - 1921* Date of Death *Dec 29th 1921 6 P.M.*

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

Occupation of Deceased *✓* Age years *1* months *5* days

Cause of Death *Colitis.* Number of Burial Certificate

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




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

Interment at *Beaulah.* Cemetery

City *Near Winter Garden*

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 .

Mr. W. L. Tilden, Winter Garden.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>2/0 W. L. Tilden & Co., H.T.</i>	<i>18.00</i>	<i>Jan 9</i>	<i>W. L. Tilden. by check.</i>	<i>18.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse				
Death notices in Papers.				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>18.00</i>			<i>18.00</i>




REMARKS

Bought Casket & done their own work.

FUNERAL REGISTER

NO. *Estate Herbert Warren Cooper, Winter Park, Fla.* DATE *Dec 29th 1921*
 Remains of *Mr Herbert Warren Cooper*, Residence *Winter Park, Fla.*
 Father's Name *Samuel B. Cooper*, Residence *Northern Vermont*
 Mother's Name *Amanda Rickard Cooper*, How Secured *Estate & Son*
 Charged to *Charles Cooper (Son)*, Shipped to *Beloit Wis.*
 Date of Funeral *Jan 2nd 1922 11 A.M.*, Date of Death *Dec 29th 1921 6 P.M.*
 Place of Death *Residence*, Single or Married *Widower*
 Occupation of Deceased *Manufacturer Retired*, Age *76* years *7* months *22* days
 Cause of Death *Coronal Embolism*, Number of Burial Certificate
 Certifying Physician *Dr. Hotard*, Plate engraved *Name Ed date 1845-1921*
 Clergyman *at Winter Park*, Lot or grave No. Section
 Interment at *Leitchfield Cemetery*
 City *Beloit*
 State *Wisconsin*

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>not cover</i> <i>C. Grey B. Co S. R. Co</i>	485.00	Jan 24	Er by Check.	686.72
Metallic Lining <i>yes</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Shaving</i>	50.00			
Carriages <i>C. Wagon</i> (2) at \$5.00	10.00			
Flowers				
Hearse <i>Grey Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Cleaning & Pressing Lint</i>	1.00			
Grave Vault <i>R. R. Ticket & Pullman</i>	125.72			
Shipping Charges, Prepaid				
Total amount of bill	686.72			686.72

REMARKS

FUNERAL REGISTER

NO. *Mr Lloy Stinger, Orlando, Fla.* DATE *of Death 30th 1921*

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

Father's Name *Mr Lloy Stinger.* Residence *Orlando Fla.*

Mother's Name *Blanch Spurling Stinger* How Secured *Father.*

Charged to *Lloy Stinger.* Shipped to *Buried at Sanford*

Date of Funeral *Dec 31st 1921* Date of Death *Dec 30th 1921 2 P.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. Ford.* Plate engraved *Our Darling.*




Clergyman *at Sanford.* Lot or grave No. Section

Interment at *Sanford.* Cemetery

City *Sanford*

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 1/4 H.M. & Box Sgr.</i>	15.00	Dec 31	By Check.	25.00
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers <i>Touring Car.</i>				
Hearse <i>Auto to Sanford.</i>	10.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	25.00			25.00

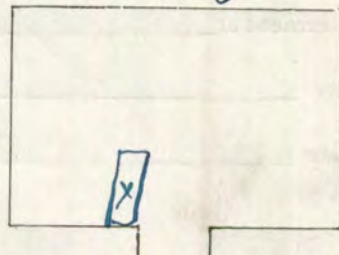
REMARKS

FUNERAL REGISTER

NO. *Mr Vern Drake* *Grand Rapids Mich* DATE *1921 Dec 31st*
 Remains of *George Drake* Residence *Grand Rapids, Mich*
 Father's Name *Mr Vern Drake* Residence *Grand Rapids, Mich*
 Mother's Name *Mamie Brockwell Drake* How Secured *Father*
 Charged to *Mr Vern Drake* Shipped to *Grand Rapids, Mich*
 Date of Funeral *Jan 3rd 1922 3⁰⁰ P.M.* Date of Death *Dec 31st 1921 7:30⁰⁰ P.M.*
 Place of Death *C. G. Hospital* Single or Married *Single*
 Occupation of Deceased */* Age *8* years *4* months *18* days
 Cause of Death *Typhoid Fever* Number of Burial Certificate
 Certifying Physician *Dr. Craney* Plate engraved *Dear Darling*
 Clergyman *Rev. Chisholm* Lot or grave No. *16* Section *J*
 Interment at *Destinarian Cemetery*
 City *Grand Rapids*
 State *Mich.*

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>4/6 White + Gold Lett. N.Y.</i>	90.00	Jan 7	Cr by Cash.	8.00
Metallic Lining		Jan 8	Cr ..	2.00
Outside Box <i>Finid Reg- Painted</i>	35.00	Jan 21	Cr ..	5.00
Burial Robe		Jan 30	Cr ..	5.00
		Feb 4	Cr ..	5.00
Embalming and Attendance <i>Emb.</i>	35.00	Feb 13	Cr ..	5.00
		Feb 25	Cr ..	5.00
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00	Mar 4	Cr ..	5.00
		Mar 18	Cr ..	5.00
Flowers		Apr 8	Cr ..	5.00
		Dec 5	Cr ..	5.00
		Dec 20	Cr ..	5.00
Hearse <i>Funeral Car Res</i>	12.50	Mar 6	Cr ..	25.00
		Mar 19	Cr ..	5.00
Death notices in <i>2</i> Papers		Apr 11	Cr ..	5.00
Outlay for lot <i>Lot #16 Sec J</i>	40.00	Apr 19	Cr ..	5.00
		May 11	Cr ..	5.00
Opening Grave <i>& Closing</i>	5.00	May 29	Cr ..	5.00
Lining Grave		Oct 27	Cr by Check.	117.50
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	227.50			227.50

REMARKS

Body placed in Vault until Spring.
Buried in Greenwood May 13 1922 5- P.M.

Jan 1 -
1922

FUNERAL REGISTER

325

1922

NO. *Estate Frederick M. Humffer* DATE *of Death Jan 1st*

Remains of *M. Frederick M. Humffer* Residence *510 Osceola St. Orlando*

Father's Name *Joseph Humffer* Residence *Germany*

Mother's Name *Katherine Albert Humffer* How Secured *Estate & Wife & Son*

Charged to *Estate of Mrs Mary Humffer* Shipped to *Hammon. Ind.*

Date of Funeral *Jan - 1922* Date of Death *Jan 1st 1922 12:10 a.m.*

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

Occupation of Deceased *Merchant (Retired)* Age *64* years *2* months *3* days

Cause of Death *Pneumonia* Number of Burial Certificate

Certifying Physician *Dr. Christ* Plate engraved *Crucifix*




Clergyman *Destinations* Lot or grave No. Section

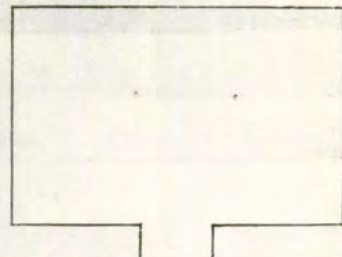
Interment at *Destinations* Cemetery

City *Hammon*

State *Ind.*

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 Guy B. Clo. R. Co State</i>	<i>225.00</i>	<i>Jan 30</i>	<i>Cr. by Check.</i>	<i>625.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>By Shaving</i>	<i>40.00</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 <i>Shirt - Collar & Tie</i>	<i>2.00</i>			
Grave Vault <i>Cash Advanced</i>	<i>188.08</i>			
Shipping charges, prepaid				
<i>3 R.R. Tickets 193.06 2.26 21.60 100</i>	<i>159.92</i>			
Total amount of bill	<i>625.00</i>			<i>625.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Sarah Ross Morris, Orlando, Fla.* DATE *Jan 4th 1922*

Remains of *Mr. Sarah Ross Morris*, Residence *Orlando, Fla.*

Father's Name *John W. Ross*, Residence *Illinois*

Mother's Name *Sarah Ross*, How Secured *Estate & Son*

Charged to *Mr. J. R. McKibben (son)* Shipped to *Buried in Orlando*

Date of Funeral *Jan 5th 1922 A.M.* Date of Death *Jan 4th 1922 11:30 A.M.*

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

Occupation of Deceased *At Home*, Age *85* years *1* months *5* days

Cause of Death *Cardi-Renal Insufficiency* Number of Burial Certificate

Certifying Physician *Lt. W. C. Person*, Plate engraved *Mother*




Clergyman *Rev. Cooper*, Lot or grave No. *150* Section *L*

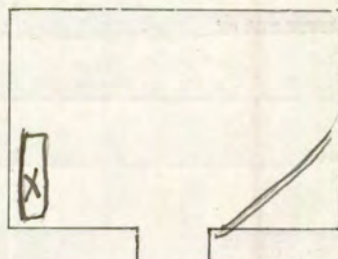
Interment at *Greenwood Cemetery*

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>1/4 Grey B. Co. Det 3 P.T.</i>	<i>160.00</i>	<i>Feb 4</i>	<i>Cr by check.</i>	<i>295.00</i>
Metallic Lining <i>No</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 \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Grey Funeral Car.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec L Lt 750</i>	<i>65.00</i>			
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave <i>Closed Car.</i>	<i>5.00</i>			
Grave Vault <i>Tommy Car.</i>	<i>3.00</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>295.00</i>			<i>295.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr W. H. Wilder. 204 W. Concord Ave.* DATE *1922 Jan 7th*

Remains of *Infant.* Residence *204 W. Concord Ave.*

Father's Name *W. H. Wilder.* Residence *204 W. Concord Ave*

Mother's Name *Ida Ricks Wilder.* How Secured *Father.*

Charged to *W. H. Wilder.* Shipped to *Buried in Olands.*

Date of Funeral *Jan 8th 1922 2:30 p.m.* Date of Death *Jan 7th 1922 9 p.m.*

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

Occupation of Deceased Age years *3* months days

Cause of Death *Still Born.* Number of Burial Certificate

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




Clergyman *Mr W. H. Pluffie.* Lot or grave No. *14* Section *C. Lick C*

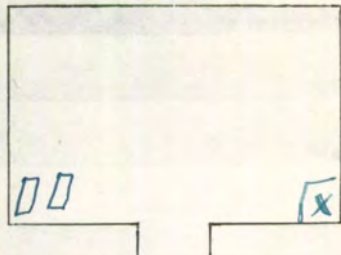
Interment at *Greenwood Cemetery*

City *Olands.*

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 W. L. Sgs Flax T.</i>	<i>16.00</i>	<i>Jan 9</i>	<i>By check.</i>	<i>23.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Closed Car.</i>	<i>5.00</i>			
Death notices in Papers	<i>1</i>			
Outlay for lot				
Opening Grave <i>By Closing</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>23.00</i>			<i>23.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Anna S. Smith,* DATE *Dec 9th 1922*

Remains of *Mrs Anna S. Smith,* Residence *851 W. Church St.*

Father's Name *James Walch.* Residence *Ireland.*

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

Charged to *Estate & Billie Smith (Son)* Shipped to *Buried at Orlando,*

Date of Funeral *Jan 11th 1922 9 a.m.* Date of Death *Jan 9th 1922 11:45^{a.m.}*

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

Occupation of Deceased *At Home.* Age *71* years *1* months *29* days

Cause of Death *Nephritis & Pulmonary Edema.* Number of Burial Certificate

Certifying Physician *Dr. Craney.* Plate engraved *Crucifix*

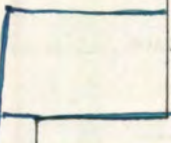
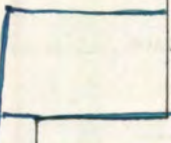
Clergyman *Father Fox.* Lot or grave No. *#77 S.W. 1/4* Section *A.*

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>6/3 Grey. B. Co. E.H.C.</i>	<i>200.00</i>	<i>May 3</i>	<i>By Check.</i>	<i>250.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg -</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>15.00</i>			
Carriages <i>Hudson Car. at \$</i>	<i>3.00</i>			
Flowers <i>Touring Car.</i>	<i>5.00</i>			
Hearse <i>Grey Winton.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>1 Acre.</i>	<i>5.00</i>			
Opening Grave <i>Exc Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>250.00</i>			<i>250.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Alice E Brown* 522 N. Broadway, DATE *of Death Jan 9th 1922*

Remains of *Mrs Alice Corner Brown*, Residence *522 N. Broadway City*

Father's Name *Edwin Corner*, Residence *England*.

Mother's Name *Belinda Neel Corner*, How Secured *Estate & C. W. Goodrich*.

Charged to *Estate & C. W. Goodrich*, Shipped to *Athens, Ohio*.

Date of Funeral *Jan - 1922*, Date of Death *Jan 9th 1922 10 P.M.*

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

Occupation of Deceased *At Home*, Age *82 years 3 months 12 days*

Cause of Death *Hemiplegia*, Number of Burial Certificate

Certifying Physician *Dr. Neal*, Plate engraved *Name & State*

Clergyman *Destinatin*, Lot or grave No. *1839 - 1922* Section

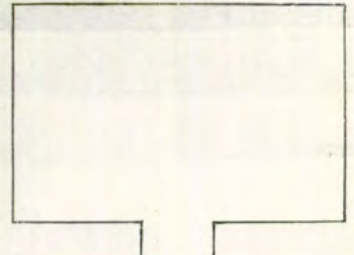
Interment at *Destinatin* Cemetery

City *Athens*

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 **=**.



M C W Goodrich 522 N. Lake St.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Grey B Clo Let 3 P.T.</i>	<i>165.00</i>	<i>Feb 18</i>	<i>En by Check</i>	<i>210.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg - Painted</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				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>210.00</i>			<i>210.00</i>




REMARKS

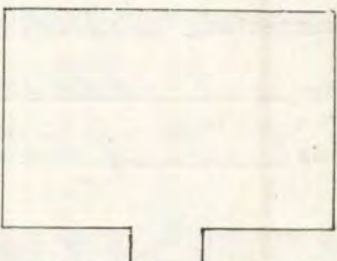
FUNERAL REGISTER

NO. *J. W. Riddle, 329 Carter St. City.* DATE *Jan 9th 1922*

Remains of *J. W. Riddle Jr.*
Father's Name *J. W. Riddle Sr.*
Mother's Name *Annice Stubbs Riddle*
Charged to *J. W. Riddle (Father)*
Date of Funeral *Jan 10th 1922*
Place of Death *Residence*
Occupation of Deceased _____
Cause of Death *Pneumonia*
Certifying Physician *Dr. H. C. Ronley*
Clergyman *M. W. Luffie*
Interment at *Greenwood Cemetery*
City *Orlando*
State *Fla.*

Residence *329 Carter St.*
Residence *329 Carter St.*
How Secured *Father*
Shipped to *Buried in Orlando*
Date of Death *Jan 9th 1921 12:40pm*
Single or Married *Single*
Age *1* years *1* months *8* days
Number of Burial Certificate _____
Plate engraved *Our Darling*
Lot or grave No. *Single Grave* Section _____

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. S. Sgr F. T.</i>	25.00	Jan 10	Gr by Check	4.00
Metallic Lining <i>No</i>		" 10	Gr " Cash.	1.00
Outside Box <i>Req.</i>		" 21	Gr " Cash.	4.00
Burial Robe		Apr 4	Gr " Cash.	2.00
Embalming and Attendance		May 20	Gr " Cash.	2.00
Carriages <i>Towning Car. at \$</i>	5.00	Aug 12	Gr " Cash.	2.00
Flowers <i>Underwear & Dress</i>	3.00			
Hearse <i>Closed Car.</i>	5.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single Grave.</i>	3.00			
Opening Grave <i>Ed Closing</i>	3.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	44.00			

REMARKS *Works at Southern Mill. Will pay by the week.*

FUNERAL REGISTER

NO Mr Roland Barge Winter Park, Fla DATE of Death Jan 10th 1922

Remains of Roland, L. Barge, Jr. Residence Winter Park,

Father's Name Mr Roland Barge. Residence Winter Park,

Mother's Name Maudie Inlow Barge. How Secured Father.

Charged to Mr Roland Barge. Shipped to Buried at Winter Park.

Date of Funeral Jan 14th 1922 10 a.m. Date of Death Jan 10th 1922 12 noon.

Place of Death Residence. Single or Married Single

Occupation of Deceased ✓ Age 3 years 6 months 17 days

Cause of Death Dysentery Number of Burial Certificate

Certifying Physician Dr. Hotard. Plate engraved Our Darling




Clergyman At Winter Park. Lot or grave No. Section

Interment at Winter Park Cemetery

City Winter Park

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 <u>4/6 White Plush Shop Side Couch</u>	<u>125.00</u>	<u>Feb 22</u>	<u>By Check.</u>	<u>175.00</u>
Metallic Lining				
Outside Box <u>Reg.</u>				
Burial Robe				
Embalming and Attendance <u>Emb.</u>	<u>35.00</u>			
Carriages <u>C. Wagon</u> at \$	<u>5.00</u>			
Flowers				
Hearse <u>Hudson Closed Car.</u>	<u>5.00</u>			
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave <u>Ed Closing.</u>	<u>5.00</u>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<u>175.00</u>			<u>175.00</u>

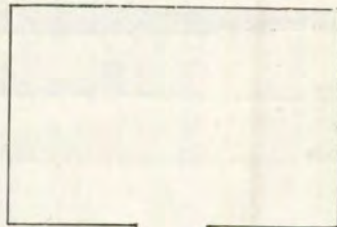
REMARKS

FUNERAL REGISTER

NO. *Estate Albert B. Coates* *Virginia, Minn.* DATE *1922 Jan 10th*
 Remains of *Mr Albert B. Coates* Residence *Virginia, Minn.*
 Father's Name *Chas Coates* Residence *Ireland*
 Mother's Name *Don't know* How Secured *Wife*
 Charged to *Estate Martha B. Coates* Shipped to *Virginia, Minn.*
 Date of Funeral *Jan - 1922* Date of Death *Jan 10th - 1922*
 Place of Death *Ishland, Rich Lake* Single or Married *Married*
 Occupation of Deceased *Mine Operator* Age *52* years *4* months *18* days
 Cause of Death *Acute Cardiac Dilatation* Number of Burial Certificate
 Certifying Physician *Dr. Edward T. Craney* Plate engraved *Name & Date*
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Virginia*
 State *Minn.*

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 .



Mr B. Gunniff (Business Partner) First National Bank, Virginia Minn.
Virginia, Minnesota




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Solid Bronze</i>	<i>2500.00</i>	<i>1922 Jan 11</i>	<i>Dr by Check</i>	<i>3000.00</i>
Metallic Lining <i>Yes</i>				
Outside Box <i>Mahogany</i>	<i>250.00</i>			
Burial Robe				
Embalming and Attendance <i>Shaving & Dressing</i>	<i>50.00</i>			
Carriages	at \$			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Personal Services, C. Wayne & Engraving Co.</i>	<i>200.00</i>			
Total amount of bill	<i>3000.00</i>			<i>3000.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate M. Albert Newbern, Winter Park, Fla.* DATE *1922*
 Remains of *M. Albert Newbern.* Residence *Winter Park, Fla.*
 Father's Name *John Newbern.* Residence *Georgia*
 Mother's Name *Mary J. Roberts Newbern* How Secured *Insurance.*
 Charged to *John Newbern (Brother)* Shipped to *Sparks, Georgia.*
 Date of Funeral *Jan — 1922* Date of Death *Jan 11th 1922 11:30 a.m.*
 Place of Death *Fila Sanitarium.* Single or Married *Married.*
 Occupation of Deceased *Carpenter.* Age *33* years months days
 Cause of Death *General Peritonitis.* Number of Burial Certificate
 Certifying Physician *Dr. Andrews.* Plate engraved *At Rest.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination.* Cemetery
 City *Sparks*
 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 .

John H. Newbern P.F.H. #2 Orlando.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy B. Co. Oct 3 P.F.H.</i>	165.00	Jan 11	En by Cash.	27.60
Metallic Lining <i>No.</i>		" 11	En by Ticket Ret.	13.80
Outside Box <i>Reg - Painted.</i>		Feb 18	En by Check.	219.20
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>ambulance</i>	5.00			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>9.20</i>				
<i>5 R.R. Tickets 46.00 1 half ticket 4.60</i>	50.60			
Total amount of bill	260.60			260.60

REMARKS

FUNERAL REGISTER

NO. *Estate Josephine L. Watson, Aurora, Ills.* DATE *1922 Jan 12th*Remains of *Mrs Josephine L. Watson* Residence *Aurora, Ills.*Father's Name *Wm Burdick*Residence *Conn.*Mother's Name *Anninda Burdick*How Secured *Estate & Cousin*Charged to *Estate of Wm Seymour J. Manor*Shipped to *Aurora, Ills.*Date of Funeral *Jan — 1922*Date of Death *Jan 12th 1922 3:15 a.m.*Place of Death *Orange G. Hospital*Single or Married *Widow*Occupation of Deceased *At Home*Age *66* years *2* months *days*Cause of Death *Heart Disease*




Number of Burial Certificate

Certifying Physician *Dr. Childs*Plate engraved *Name & Date 1855-1922*Clergyman *Destiniation*

Lot or grave No. Section

Interment at *Destiniation* CemeteryCity *Aurora*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 .

Wm Seymour J. Manor, Aurora, Ills. #529 S. 4th




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/3 Hey. B. Co. A. Co. W. L.</i>	200.00	Jan 13	Credit by A. B. & Co. Chck.	200.00
Metallic Lining <i>No</i>		" 13	Credit by Cash.	50.47
Outside Box <i>Reg. Painted</i>		Feb 25	Cr by Chck.	40.00
Burial Robe		" 25	Cr " seis.	10.00
Embalming and Attendance <i>Emb.</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				
Grave Vault				
Shipping Charges, Prepaid				
<i>R. R. Tickets Pullman & Phone 53.72</i>				
<i>& Sent to fare 1.00</i>	55.47			
Total amount of bill	300.47			300.47

REMARKS

FUNERAL REGISTER

NO. *Estate Thomas J. Morrow. Lake City, Minn.* DATE *1922 Jan 15th*
 Remains of *Mr Thomas J. Morrow.* Residence *Lake City, Minn.*
 Father's Name *Jacob Morrow.* Residence *Peun.*
 Mother's Name *Matilda Morrow.* How Secured *Estate + Wife*
 Charged to *Estate, & Mrs Emma Morrow (Wife)* Shipped to *Lake City, Minn.*
 Date of Funeral *Jan - 1922* Date of Death *Jan - 15th - 1922 4 P.M.*
 Place of Death *435 South Main St.* Single or Married *Married*
 Occupation of Deceased *Banking Business President* Age *82* years *10* months *21* days
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate
 Certifying Physician *Dr. Person.* Plate engraved *Name + Date*
 Clergyman *At Destination.* *1839 - 1922*
 Interment at *Destination.* Cemetery Lot or grave No. Section
 City *Lake City.*
 State *Minn.*

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 Metal & Pillow Co.</i>	<i>600.00</i>	<i>Feb 3</i>	<i>Cr by Check.</i>	<i>665.25</i>
Metallic Lining <i>Yls - Inner.</i>				
Outside Box <i>Reg - Painted.</i>				
Burial Robe				
Embalming and Attendance <i>Emb. ^{Shaving} Shaving</i>	<i>50.00</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 <i>Telegrams.</i>	<i>5.25</i>			
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>665.25</i>			<i>665.25</i>

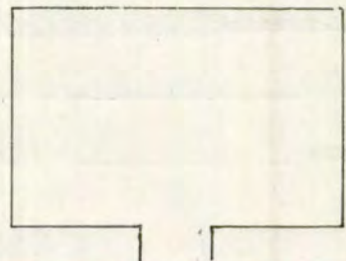
REMARKS

FUNERAL REGISTER

NO. *State of Elizabeth Moss, Linton, Ind.* DATE *1922 Jan 16th*

Remains of *Mrs Elizabeth Moss.* Residence *Linton, Ind.*
Father's Name *Stephen. B. Pool.* Residence *Indiana.*
Mother's Name *Katharine Reed Pool.* How Secured *Estate & Son.*
Charged to *Carl. E. Moss (Son)* Shipped to *Linton, Ind.*
Date of Funeral *Jan - 1922* Date of Death *Jan 16th 1922 4:30 a.m.*
Place of Death *Fla. Sanitarium.* Single or Married *Widow*
Occupation of Deceased *At Home.* Age *63* years *10* months *5* days
Cause of Death *Myocarditis.* Number of Burial Certificate
Certifying Physician *Dr. L. L. Andrews.* Plate engraved *Name & State*
Clergyman *At Linton.* *1858 - 1922*
Interment at *Linton, Cemetery* Lot or grave No. Section
City *Linton.*
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 <i>Gray & Co. S. H. Cap</i>	<i>475.00</i>	<i>Jan 17</i>	<i>Ex by Cash.</i>	<i>50.74</i>
Metallic Lining <i>Yes</i>		<i>Jan 17</i>	<i>Ex by Cash.</i>	<i>560.00</i>
Outside Box <i>Reg. Painted</i>				
Burial Robe <i>Grey Crape - L. China</i>	<i>40.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>A. Rickett 38.48 10.13 1.13 Pullman Charge Phone 1.00</i>	<i>50.74</i>			
Total amount of bill	<i>610.74</i>			<i>610.74</i>

REMARKS

FUNERAL REGISTER

NO. Estate Rebecca Goldstine, Hudson N.Y. DATE 1922 Jan 17th

Remains of Mrs Rebecca Goldstine, Residence Hudson, N.Y.

Father's Name Jake Fruchthandler Residence Austria

Mother's Name Sarah Fruchthandler. How Secured Iron.

Charged to Jacob Goldstine (Son) Shipped to Hudson, New York.

Date of Funeral Jan - 1922 Date of Death Jan 17th 1922 6 a.m.

Place of Death Fla - Santarum Single or Married Married

Occupation of Deceased At Home. Age 43 years months days

Cause of Death Status Epilepsy. Number of Burial Certificate


Certifying Physician W. H. Shiers. Plate engraved No name Plate.

Clergyman At Destination Lot or grave No. Section

Interment at Destination Cemetery

City Hudson.

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 <u>5/4 Coffin (Stain)</u>	25.00	Jan 17	By Check.	80.00
Metallic Lining				
Outside Box <u>Reg - Painted</u>				
Burial Robe <u>Personal Service</u>	10.00			
Embalming and Attendance <u>Emb.</u>	35.00			
Carriages <u>C. Wagon 2 at \$ 5.00</u>	10.00			
Flowers				
Hearse				
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	80.00			80.00

REMARKS

FUNERAL REGISTER

NO. *Estate Wm H. Howard, 219 E Robinson* City *of Seattle* DATE *Jan 16th 1922*

Remains of *Mr Wm H. Howard.* Residence *219 E. Robinson, Ave.*

Father's Name *Wm Howard.* Residence *Virginia.*

Mother's Name *Anna Wilson Howard.* How Secured *Wife & Daughters*

Charged to *Mrs Amanda Howard (Wife)* Shipped to *Buried in Alando.*

Date of Funeral *Jan 17th 1922 4:30 P.M.* Date of Death *Jan 16th 1922 2 P.M.*

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

Occupation of Deceased *Merchant (Retired)* Age *86* years *4* months *8* days

Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate *#630*

Certifying Physician *Lt. Neal.* Plate engraved *Name & Date*


Clergyman *Rev E. B. Bishop Mann.* Lot or grave No. *1835-1922 #8* Section *J*

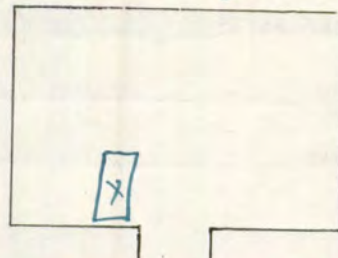
Interment at *Greenwood* Cemetery

City *Alando.*

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>Grey Bld. S. H. Cap.</i>	200.00	Mar 27	<i>Mr Howard</i> En by Check	100.00
Metallic Lining <i>No.</i>		" 27	En by Check	161.00
Outside Box <i>Reg.</i>				
Burial Robe <i>Housers.</i>	6.00			
Embalming and Attendance <i>Emb.</i>	15.00			
Carriages <i>C. Wagon.</i> at \$	5.00			
Flowers <i>3 Autor</i>	15.00			
Hearse <i>Grey Winton Hearse.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#8 Sec J</i>				
Opening Grave <i>End Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	261.00			261.00

REMARKS

FUNERAL REGISTER

339

NO. *Mr F. C. Morrison. Groveland, Fla* DATE *Jan 18th 1922*

Remains of *James. R. Morrison.*
 Father's Name *Frank. C. Morrison.*
 Mother's Name *Minnie Holley.*
 Charged to *F. C. Morrison.*
 Date of Funeral *Jan - 1922*
 Place of Death *C. G. Hospital.*
 Occupation of Deceased *V*
 Cause of Death
 Certifying Physician *Lt. Edwards.*
 Clergyman *Destination*
 Interment at *Destination* Cemetery
 City *Groveland.*
 State *Fla.*



Residence *Groveland. Fla*
 Residence *Groveland. Fla.*
 How Secured *Father.*
 Shipped to *Groveland by auto.*
 Date of Death *Jan 18th 1922 6 a.m.*
 Single or Married *Single*
 Age years *11* months *13* days
 Number of Burial Certificate

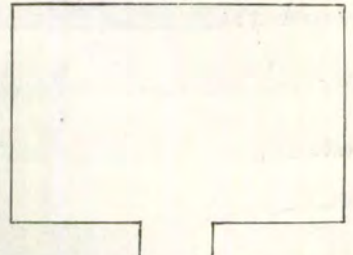
Plate engraved

Lot or grave No.

Section

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 *Care of body* 5.00

Carriages at \$

Flowers

Hearse

Death notices in Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping charges, prepaid

Jan 18 by cash 5.00

Total amount of bill

5.00

5.00




REMARKS

Bone their own work. Will make their own care at Groveland.

FUNERAL REGISTER

NO. *Estate Eli Wannen Burkett, Altamont Springs, Fla.* DATE *1922*
 Remains of *Eli W. Burkett.* Residence *Altamont Springs Fla.*
 Father's Name *Don't know.* Residence *England.*
 Mother's Name *Smith.* How Secured *Estate & Son.*
 Charged to *M. B. Burkett (Son).* Shipped to *Buried at Conway.*
 Date of Funeral *Jan 23rd 1922 4PM.* Date of Death *Jan 22nd 1922 4PM.*
 Place of Death *Orange G. Hospital.* Single or Married *Widower.*
 Occupation of Deceased *Farmer (Retired)* Age *79* years *6* months *28* days
 Cause of Death *Pneumonia.* Number of Burial Certificate
 Certifying Physician *Lt. Birdall.* Plate engraved *At Rest*
 Clergyman *Rev - Kelley.* 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>6/8 Guy Cupes Spt 7.75</i>	70.00	Jan 23	<i>Gr by Check.</i>	105.00
Metallic Lining <i>No</i>		Jan 30	<i>Gr.</i>	
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Hemming</i>	5.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>One Auto Stud-</i>	5.00			
Hearse <i>Blk Winton Hearse</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>& Closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	105.00			105.00

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs H. Freeman, Winter Park.* DATE *1922 Jan 23rd*

Remains of *Mrs Wm H. Freeman.* Residence *Winter Park, Fla.*

Father's Name *Jennas Freeman.* Residence *New York.*

Mother's Name *Chamblain Freeman.* How Secured *Estate & Wife*

Charged to *Mrs W. H. Freeman (Wife)* Shipped to *Cincinnati, Ohio*

Date of Funeral *Jan 26th 1922* Date of Death *Jan 23rd 1922 12:30 AM*

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

Occupation of Deceased *Manufacturer (Retired)* Age *73* years *6* months *15* days

Cause of Death *Edema of Lungs.* Number of Burial Certificate

Certifying Physician *Dr. M. E. Egan.* Plate engraved *Name & State 1848 - 1922*




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

Interment at *Restlawn Cemetery*

City *Cincinnati.*

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>1/2 Blk Bldg Vlt O. Top.</i>	<i>295.00</i>	<i>Jan 28</i>	<i>En by Pullman.</i>	<i>11.13</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg. Painted</i>	<i>10.00</i>	<i>Feb 2</i>	<i>En by check.</i>	<i>409.15</i>
Burial Robe				
Embalming and Attendance <i>Ed Sharrin</i>	<i>40.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Engraving W. Plate</i>	<i>5.00</i>			
Hearse <i>Blk Winter.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>R. R. Ticket</i>	<i>34.15</i>			
<i>P.</i>				
Total amount of bill	<i>409.15</i>			<i>409.15</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Rudolf Wichendahl, Gotha, Fla.* DATE *1922 Jan 23rd*
 Remains of *Mr Rudolf Wichendahl.* Residence *Gotha, Fla.*
 Father's Name *Not known.* Residence *Germany.*
 Mother's Name *Not known.* How Secured *Estate & Wife.*
 Charged to *Widow Wichendahl Wife* Shipped to *Buried at Gotha, Fla.*
 Date of Funeral *Jan 25th 1922 2 P.M.* Date of Death *Jan 23rd 1922 12:30 P.M.*
 Place of Death *427 E. South St.* Single or Married *Married*
 Occupation of Deceased *Fruit Grower.* Age *65* years *10* months *11* days
 Cause of Death *Cancer of Stomach* Number of Burial Certificate
 Certifying Physician *Dr. Christ.* Plate engraved *Name & Date*
 Clergyman *Rev. Trapp.* *1866 - 1922*
 Interment at *Gotha (North) Cemetery* Lot or grave No. Section
 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 Guy B. Co. R. Co. S.</i>	<i>190.00</i>	<i>May 8</i>	<i>Cr by Check.</i>	<i>152.00</i>
Metallic Lining <i>No</i>		<i>Apr 6</i>	<i>Cr by Check.</i>	<i>250.00</i>
Outside Box <i>Steel Vault.</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>Hudson Car</i> at \$	<i>10.00</i>			
Flowers <i>Tanning Car.</i>	<i>7.00</i>			
Hearse <i>Blk Winton</i>	<i>20.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ex Closing.</i>	<i>5.00</i>			
Lining Grave <i>Del of box to Cemetery</i>	<i>10.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>402.00</i>			<i>402.00</i>

REMARKS

FUNERAL REGISTER

NO. *Joe Jones Winter Garden* DATE *1922*
of death Jan 25th
 Remains of *Essie Brunell Jones*. Residence *Winter Garden Fla.*
 Father's Name *Joe Jones*. Residence *Winter Garden Fla.*
 Mother's Name *Mrs. Anais Jones*. How Secured *Father & J. H. Henderson*
 Charged to *Joe Jones (Father)* Shipped to *Buried at Mount Verde*
 Date of Funeral *Jan 25th 1922* Date of Death *Jan 25th 1922*
 Place of Death *Orange G. Hospital*. Single or Married *Single*
 Occupation of Deceased *✓* Age *4* years *3* months *23* days
 Cause of Death *Pyemia*. Number of Burial Certificate
 Certifying Physician *Dr. Ingram*. Plate engraved *Our Darling*.
 Clergyman *At Winter Garden*. Lot or grave No. Section
 Interment at *Mount Verde* Cemetery
 City *Mount Verde*
 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>3/4 Mt L-S-Spr Filt Top</i>	<i>30.00</i>	<i>Mar 3</i>	<i>En. by cash</i>	<i>15.00</i>
Metallic Lining			<i>(1923)</i>	<i>En. by check</i>	<i>15.00</i>
Outside Box	<i>Reg.</i>				
Burial Robe					
Embalming and Attendance					
Carriages	at \$				
Flowers					
Hearse					
Death notices in	Papers				
Outlay for lot					
Opening Grave					
Lining Grave					
Grave Vault					
Shipping charges, prepaid					

Total amount of bill

30.00

30.00




REMARKS

Bought Casket & did their own work.

FUNERAL REGISTER

NO. *Estate Elizabeth A. Fenton* *New Haven Conn.* DATE *1922* *Jan 25th*
 Remains of *Mrs Elizabeth A. Fenton.* Residence *130 E. Livingston Ave.*
 Father's Name *David Simpkins.* Residence *England.*
 Mother's Name *Sarah Pilkington.* How Secured *Estate*
 Charged to *R. M. Fenton (Husband)* Shipped to *New Haven, Conn.*
 Date of Funeral *Jan - 1922* Date of Death *Jan 25th 1922 1 P.M.*
 Place of Death *130 E. Livingston Ave* Single or Married *Married*
 Occupation of Deceased *At home.* Age *58* years months days
 Cause of Death *Ruptured Abdominal Aneurism.* Number of Burial Certificate
 Certifying Physician *Lt. Christ.* Plate engraved *At Rest.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *New Haven.*
 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>5/4 Guyloc Oct 3 P.T.</i>	<i>150.00</i>	<i>Feb 11</i>	<i>Cr by check.</i>	<i>200.00</i>
Metallic Lining <i>No.</i>		<i>" 25</i>	<i>Cr .. R. R. Tickets</i>	<i>101.18</i>
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>40.00</i>			
Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers	<i>1.</i>			
Hearse				
Death notices in <i>2.</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>R. R. Tickets.</i>	<i>101.18</i>			
	<i>93.00</i>			
	<i>95.45</i>			
	<i>188.45</i>			
Total amount of bill	<i>301.18</i>			<i>301.18</i>

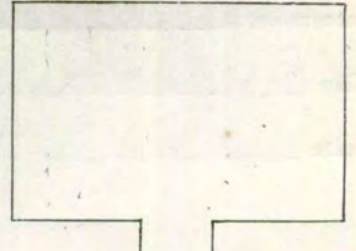
REMARKS

FUNERAL REGISTER

NO. *M David F. Gregg 433 Ruth St.* DATE *Jan 27th 1922*
 Remains of *Corilla Ruth Gregg* Residence *433 Ruth St. Orlando.*
 Father's Name *David F. Gregg* Residence *South Carolina*
 Mother's Name *Fredia Gilbert Gregg* How Secured *Father*
 Charged to *David F. Gregg (Father)* Shipped to *Florence, S.C.*
 Date of Funeral *Jan - 1922* Date of Death *Jan 27th 1922 1:45 p.m.*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *1* years *8* months *16* days
 Cause of Death *Chronic Nephritis* Number of Burial Certificate
 Certifying Physician *H. Ford* Plate engraved *Our Darling*
 Clergyman *Restriation* Lot or grave No. Section
 Interment at *Restriation Cemetery*
 City *Florence*
 State *South Carolina*

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 .



move back to Florence S.C.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/8 W. Plush Oct H. Top.</i>	<i>62.50</i>	<i>1922 June 23</i>	<i>Dr by check.</i>	<i>100.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Carriages at \$				
Flowers <i>White 1 doz.</i>	<i>.50</i>			
Hearse <i>Hudson Car.</i>	<i>5.00</i>			
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>5 R.R. Tickets 19.09</i>	<i>95.45</i>			
Total amount of bill	<i>188.45</i>			

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Anton Heilig* *Fernandina Fla* DATE *Jan 29th 1922*

Remains of *Mr Anton Heilig* Residence *Fernandina, Fla.*

Father's Name *Not known.* Residence *Australia.*

Mother's Name *Not known.* How Secured *Life Insurance*

Charged to *Mr Joseph C. Ferreira.* Shipped to *Fernandina, Fla.*

Date of Funeral *Jan - 1922* Date of Death *Jan 29th 1922 2:30 a.m.*

Place of Death *708 W. Church St.* Single or Married *Widower.*

Occupation of Deceased *Engineer (ex. Terminal)* Age *65* years months days

Cause of Death *Pulmonary Edema.* Number of Burial Certificate

Certifying Physician *Dr. Grancy.* Plate engraved *Crucifix.*

Clergyman *Destination* Lot or grave No. Section

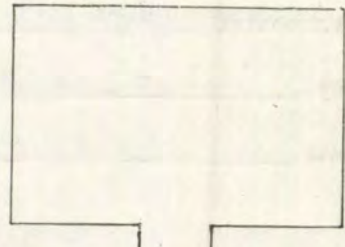
Interment at *Destination* Cemetery

City *Fernandina.*

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>6/3 Gray B. Co. R. Co. State</i>	<i>200.00</i>	<i>Jan 30 Cr by R. R. Tickets</i>	<i>15.84</i>
Metallic Lining	<i>No.</i>		<i>Feb 8 Cr by Check.</i>	<i>273.43</i>
Outside Box	<i>Rey - Painted.</i>			
Burial Robe	<i>Gray Suit.</i>	<i>22.50</i>		
Embalming and Attendance	<i>Shannon & Bailey</i>	<i>40.00</i>		
Carriages	<i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>		
Flowers				
Hearse				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave	<i>Telegram.</i>	<i>.43</i>		
Lining Grave	<i>P. Socks.</i>	<i>.50</i>		
Grave Vault				
Shipping Charges, Prepaid				
<i>2 Tickets + 2-1/2 tickets</i>		<i>15.84</i>		
Total amount of bill	<i>289.27</i>			<i>289.27</i>

REMARKS

FUNERAL REGISTER

NO. L. A. Hooker, Longwood, Fla. DATE of death Jan 31st 1922

Remains of Mary, A. Hooker. Residence Longwood, Fla.

Father's Name Mr Eph Hooker. Residence Georgia.

Mother's Name Don't know How Secured Husband.

Charged to M L. A. Hooker Husband. Shipped to Buried at Longwood.

Date of Funeral Jan 31st 1922 3 P.M. Date of Death Jan 31st 1922

Place of Death Residence. Single or Married Married

Occupation of Deceased At Home. Age 53 years months days

Cause of Death Uterine Carcinoma Number of Burial Certificate



Certifying Physician Dr. Hotard. Plate engraved Mother.

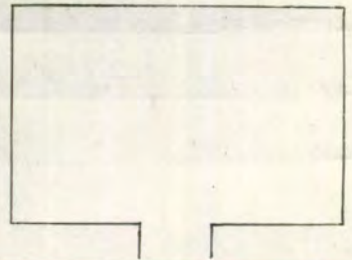
Clergyman Rev Burr (Winter Park, (concord)) Lot or grave No. Section

Interment at Longwood. Cemetery

City Longwood.

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 =.



Son Frank G. Hooker city

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>1/3 Grey Cope Oct 30th</u>	115.00	Mar 6	En by Check.	50.00
Metallic Lining <u>No.</u>		Jan 26 1923	En by Check.	25.00
Outside Box <u>Reg.</u>		Apr 18	En by Check.	25.00
Burial Robe <u>Grey Suit</u>	15.00	May 21	En by Check.	25.00
Embalming and Attendance <u>Emb.</u>		June 6	En by Check.	20.00
Carriages <u>Hel of Casket at \$</u>	15.00	July 30	En by Check.	10.00
Flowers		Aug 20	En by Check.	10.00
Hearse <u>Blk Winter Hearse.</u>	20.00			
Death notices in <u>Papers</u>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	165.00			165.00

REMARKS

FUNERAL REGISTER

NO. *Estate Chas Smith, Longwood, Fla.* DATE *1922 Jan 31st*

Remains of *Mr Charles Smith.* Residence *Longwood, Fla.*

Father's Name *John Smith.* Residence *England.*

Mother's Name *Julia Lanon.* How Secured *Wife & Estate*

Charged to *Mrs Julia Smith (Wife)* Shipped to *Fitchburg, Mass.*

Date of Funeral *Feb — 1922* Date of Death *Jan 31st - 1922 12:30 a.m.*

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

Occupation of Deceased *Contractor (Plumbing).* Age *67* years *4* months *17* days

Cause of Death *Myocarditis.* Number of Burial Certificate

Certifying Physician *Lt. Hotard.* Plate engraved *Eric & Family Name & Date*




Clergyman *Destination.* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Fitchburg.*

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 .

Mrs Julia Smith, 41 Smith St. Fitchburg, Mass.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/4 Grey B. Co Oct Pt.</i>	150.00	Mar 10	Cr. by Check.	231.16
Metallic Lining <i>No.</i>				
Outside Box <i>Reg. Painted</i>	10.00			
Burial Robe				
Embalming and Attendance <i>& Shaving</i>	40.00			
Carriages <i>C. Wagon to Res. at \$</i>	15.00			
Flowers <i>Eng. Name Plate</i>	5.00			
Hearse <i>C. Wagon</i>	5.00			
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Shirt, Collar & Tie.</i>	3.70			
Shipping Charges, Prepaid				
<i>Telegrams.</i>	2.46			
Total amount of bill	231.16			231.16


REMARKS

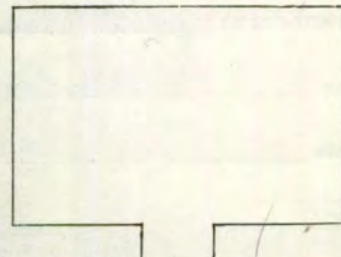
FUNERAL REGISTER

349

NO. *Edwin Johnson, Winter Garden Fla.* DATE *1922*
of death Jan 30th
 Remains of *Paul Johnson.* Residence *Winter Garden Fla.*
 Father's Name *Edwin Johnson.* Residence *Winter Garden Fla.*
 Mother's Name *Mabel Reaves Johnson.* How Secured *Father.*
 Charged to *Edwin Johnson.* Shipped to *Buried near Winter Garden.*
 Date of Funeral *Jan 31st 1922* Date of Death *Jan 30th 1922*
 Place of Death *Residence.* Single or Married *Single.*
 Occupation of Deceased *✓* Age *1* years *1* months days
 Cause of Death Number of Burial Certificate
 Certifying Physician *Dr Webb (Cecile).* Plate engraved *Our Darling*
 Clergyman *at Winter Garden.* Lot or grave No. Section
 Interment at *Berulah.* Cemetery
 City *Winter Garden.*
 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>3/4 White & S. Oct H.T.</i>	<i>20.00 Jan 30</i>	<i>Or by Cash.</i>	<i>20.00</i>
Metallic Lining				
Outside Box	<i>Req.</i>			
Burial Robe				
Embalming and Attendance				
Carriages	at \$			
Flowers				
Hearse				
Death notices in	Papers			
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				

Total amount of bill

20.00

20.00

REMARKS




Bought casket & done their own work.

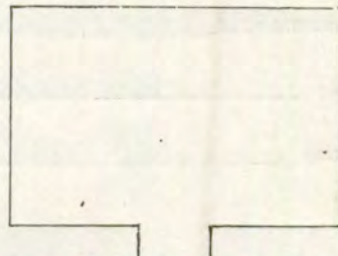
FUNERAL REGISTER

 NO. *C. O. Roe & Co., Clermont, Fla.* DATE *1922*
of death Jan 30th

Remains of *Theodore Means Byson* Residence *Clermont, Fla.*
 Father's Name *Mr Byson* Residence *Clermont Fla.*
 Mother's Name *Don't know.* How Secured *Roe & Co.*
 Charged to *C. O. Roe & Co.* Shipped to *Winter Haven, Fla.*
 Date of Funeral *Feb 1st 1922* Date of Death *Jan 30th 11:4 a.m.*
 Place of Death *In grove at Clermont.* Single or Married *Single.*
 Occupation of Deceased *Hay Laborer.* Age *24* years months days
 Cause of Death *accident. Caused by tractor*
returning & crushing to death. Number of Burial Certificate
 Certifying Physician *At Clermont.* Plate engraved *At Rest.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination.* Cemetery
 City *Winter Haven.*
 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

Apr 3 Cr by Check 30.00

Metallic Lining

Cr by Lic 5.00

Outside Box

Burial Robe

 Embalming and Attendance *Emb. 35.00*

Carriages at \$

Flowers

Hearse

Death notices in Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Total amount of bill

35.00
35.00

REMARKS

Bought Casket of C. O. Roe & Co. & brought body
& casket over here & shipped to Winter Haven on Train 27
Jan 31st 1922

FUNERAL REGISTER

NO. *Emilio Suarez, Tampa, Fla.* DATE *of death Feb 1st 1922*

Remains of *Mrs Jessie Walters Suarez* Residence *Tampa, Fla.*

Father's Name *Jessie W. Walters.* Residence *Georgia.*

Mother's Name *Willie Harris Suarez.* How Secured *Husband.*

Charged to *Emilio Suarez (Husband).* Shipped to *Tampa, Fla.*

Date of Funeral *Feb - 1922* Date of Death *Feb 1st 1922 3:30 PM*

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

Occupation of Deceased *At Home.* Age *49* years *2* months *27* days

Cause of Death *Fracture of Skull, Left side.* Number of Burial Certificate

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




Clergyman *Destination.* Lot or grave No. *1872 - 1922* Section

Interment at *Destination* Cemetery

City *Tampa.*

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 White B.C.B. Elicio HC</i>	<i>550.00</i>	<i>Feb 3</i>	<i>Mr H.R. Leffman</i> <i>By Check</i>	<i>610.00</i>
Metallic Lining <i>Yes</i>				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Ed Sherrin</i>	<i>50.00</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				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>610.00</i>			<i>610.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Walter Lodd Osborne, West Orange N.J.* DATE *1922 Feb 12th*

Remains of *Mr Walter Lodd Osborne.* Residence *West Orange N.J.*

Father's Name *Chas. S. Osborne.* Residence *New Jersey.*

Mother's Name *Sarah Lodd Osborne.* How Secured *Estate & Son.*

Charged to *Mrs Sarah Osborne (Wife).* Shipped to *Newark N.J.*

Date of Funeral *Feb - 1922* Date of Death *Feb 1st 1922 - 9:30 P.M.*

Place of Death *Winter Park (Virginia Inn).* Single or Married *Married*

Occupation of Deceased *Manufacturer (Tools)* Age *64* years *10* months *13* days

Cause of Death *Apoplexy. (Cerebral)* Number of Burial Certificate

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




Clergyman *Destination.* Lot or grave No. *1857 - 1922* Section

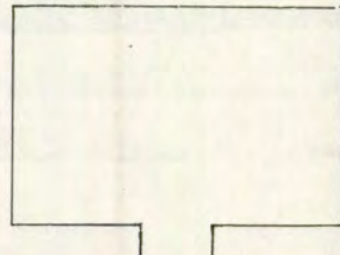
Interment at *Destination.* Cemetery

City *Newark.*

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>3 Guy B Clo. Metal S.H.C.</i>	<i>475.00</i>	<i>Feb 2</i>	<i>Dr by Check.</i>	<i>637.99</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg - Painted</i>	<i>10.00</i>			
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>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>R.R. Tickets, Pullman</i>	<i>107.99</i>			
Total amount of bill	<i>637.99</i>			<i>637.99</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Miss Alice A. Cundy, Boston* DATE *of Death Feb 2nd 1922*
 Remains of *Miss Alice A. Cundy,* Residence *Boston, Mass.*
 Father's Name *Wm. H. Cundy,* Residence *England.*
 Mother's Name *Hannah Stevenson Cundy,* How Secured *Estate*
 Charged to *Estate of Mrs Ida M. Benson* Shipped to *Boston, Mass.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 2nd 1922 2:30 a.m.*
 Place of Death *Sumner Hotel* Single or Married *Single*
 Occupation of Deceased *At Home* Age *64* years ☒ months *8* days
 Cause of Death *Cardiac Nephritis.* Number of Burial Certificate
 Certifying Physician *Dr. Edwards.* Plate engraved
 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 . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B.Clo. Electric</i>	<i>375.00</i>	<i>Mar 6</i>	<i>Cr. by Check.</i>	<i>435.00</i>
Metallic Lining <i>yes.</i>				
Outside Box <i>Reg- Painted</i>				
Burial Robe				
Embalming and Attendance <i>Ed. Dressing</i>	<i>50.00</i>			
Carriages <i>C. Wagon 2</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>435.00</i>			<i>435.00</i>

REMARKS *Shipped on train 92 - Apr 10 - 22 to Boston Mass*

FUNERAL REGISTER

NO. *Mr Howard Powe, Orlando Fla.* DATE *Feb 3rd 1922*
 Remains of *Mrs Belle Powe.* Residence *1 mi S. of City, Orlando.*
 Father's Name *Wm Smith.* Residence *Florida.*
 Mother's Name *Laura Brooks Smith.* How Secured *Husband (Insurance)*
 Charged to *Mr Howard Powe.* Shipped to *Maitlin, Fla.*
 Date of Funeral *Feb 5th 1922* Date of Death *Feb 3rd 1922 8:30 a.m.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *38* years months days
 Cause of Death *Convulsions (Childbirth)* Number of Burial Certificate
 Certifying Physician *Dr. Roney.* Plate engraved *At Rest.*
 Clergyman *Destination.* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Maitlin*
 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>3/4 Cape Oct 3 P. Top.</i>	90.00	Feb 4	Cr by Cash	14.59
Metallic Lining <i>No.</i>		" 18	Cr by Cash.	135.00
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Shelling</i>	35.00			
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				
Grave Vault				
Shipping Charges, Prepaid <i>P. R. Tscheltz</i>	14.59			
Total amount of bill	149.59			149.59




REMARKS

FUNERAL REGISTER

NO *Estate James Edward Tatnall, Philadelphia, Pa.* DATE *of Hearsh Feb 4th 1922*

Remains of *James Edward Tatnall.* Residence *Philadelphia, Pa.*
 Father's Name *James Tatnall.* Residence *Lebanon.*
 Mother's Name *Rachel Moon Tatnall.* How Secured *Estate & Wife*
 Charged to *Mrs Edith C. Tatnall Wife* Shipped to *Philadelphia, Pa.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 4th 1922 5:30pm*
 Place of Death *Lincoln Hotel* Single or Married *Married*
 Occupation of Deceased *Steel Industry* Age *69* years *10* months days
 Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate *655*
 Certifying Physician *Lt. Christ.* Plate engraved *Name & Date*
 Clergyman *Destination.* Lot or grave No. *1852* Section *- 1922*
 Interment at *Destination.* Cemetery
 City *Philadelphia*
 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 .

To Mrs J. E. Comfort 5343 Knox St. Germantown Philadelphia Pa.




	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2-7 Blk B.Clo. S.H. Cap.</i>	<i>550.50</i>	<i>Feb 6</i>	<i>Cr by Check.</i>	<i>535.50</i>
Metallic Lining <i>Yes.</i>		<i>" 6</i>	<i>Cr by Cash.</i>	<i>120.18</i>
Outside Box <i>Reg- Painted</i>		<i>" 6</i>	<i>Cr " " "</i>	<i>60.00</i>
Burial Robe				
Embalming and Attendance <i>Ed Shesing.</i>	<i>35.00</i>			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<i>R.R. Tickets & Lining Room.</i>	<i>120.18</i>			
Total amount of bill	<i>715.68</i>			<i>715.68</i>

REMARKS

FUNERAL REGISTER

NO. *Mr W. H. Land* *Corner of Church St* *and Reel St.* DATE *1922* *Feb 6th*
 Remains of *Infant.* Residence *City*
 Father's Name *W. H. Land.* Residence *Albany, Fla*
 Mother's Name *Mrs Land.* How Secured *Father.*
 Charged to *Mr W. H. Land (Father)* Shipped to *Buried at Albany.*
 Date of Funeral *Feb 6th 1922* Date of Death *Feb 6th 1922 2 a.m.*
 Place of Death *Residence.* Single or Married *Single*
 Occupation of Deceased *✓* Age *✓* years *✓* months *2* days
 Cause of Death *Premature.* Number of Burial Certificate
 Certifying Physician *Dr. Edwards.* Plate engraved
 Clergyman *✓* Lot or grave No. Section
 Interment at *Greenwood Cemetery*
 City *Albany.*
 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>2/4 H. M. Sgr.</i>	<i>8.00</i>	<i>Feb 13</i>	<i>Cr by Cash.</i>	<i>15.00</i>
Metallic Lining <i>✓</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance				
Carriages <i>Auto</i> at \$	<i>3.50</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>1/2 S. Grave.</i>	<i>1.50</i>			
Opening Grave <i>Ex cleaning.</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Alfred G. Rowley, Colchester, Conn.*

DATE *Feb 7th 1922*

Remains of *Mr Alfred G. Rowley.*

Residence *Colchester, Conn.*

Father's Name *Joseph Rowley.*

Residence *Scotland.*

Mother's Name *Lucene Beckwith.*

How Secured *Estate.*

Charged to *Mrs Mary E. Rowley.*

Shipped to *Buried in Orlando.*

Date of Funeral *Feb - 1922*

Date of Death *Feb 7th 1922 2:30 P.M.*

Place of Death *527 Bathurst St.*

Single or Married *Married*

Occupation of Deceased *Engineer (Stationary)*

Age *67* years *6* months *21* days

Cause of Death *Angina Pectoris.*

Number of Burial Certificate

Certifying Physician *Dr. Neal.*

Plate engraved *at Rest. Home & State. 1854 - 1922*




Clergyman *Neighbor & Rev Cooper.*

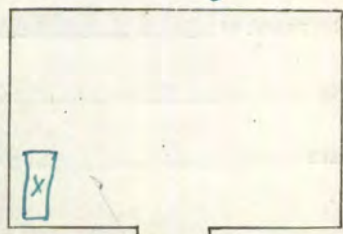
Lot or grave No. *22* Section *J-*

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 .



(son) Frank G. Hooker City

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>1/3 All Skin S.H. Cap.</i>	<i>150.00</i>	<i>Apr 3 1923</i>	<i>40.00</i>
Metallic Lining	<i>No</i>	<i>Mar 2 1924</i>	<i>By Cash Mrs Rowley.</i>	<i>10.00</i>
Outside Box	<i>Reg-Painted</i>	<i>July 25 1926</i>	<i>By Cash Mrs Rowley.</i>	<i>5.00</i>
Burial Robe	<i>Curo</i>	<i>Jan 14 1929</i>	<i>By Cash</i>	<i>25.00</i>
Embalming and Attendance	<i>Ed Shering</i>	<i>Aug 12 1930</i>	<i>By Cash</i>	<i>50.00</i>
Carriages	<i>C. Wayne at \$ 5.00</i>	<i>May 22 1938</i>	<i>By Cash</i>	<i>27.49</i>
Flowers	<i>Telegram</i>	<i>Jan 11 1945</i>	<i>By Cash</i>	<i>10.00</i>
Hearse	<i>Grey Winton.</i>	<i>Apr 30 1946</i>	<i>By Cash</i>	<i>30.00</i>
Death notices in	<i>2 Papers</i>	<i>Apr 11 1946</i>	<i>By Cash</i>	<i>60.00</i>
Outlay for lot	<i>#22 Sec J.</i>	<i>40.00</i>		
Opening Grave	<i>Ed Closing.</i>	<i>5.00</i>		
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>257.49</i>			<i>257.49</i>




REMARKS

1-19-26 Greenwood Fla

FUNERAL REGISTER

NO. *Joseph. H. Brown, Sayville, L.I.* DATE *Feb 7th 1922*
 Remains of *Mr Irene Brown.* Residence *Sayville, L.I.*
 Father's Name *Geo. Hoffman.* Residence *New York.*
 Mother's Name *Minnie Hansley.* How Secured *Germany.*
 Charged to *Joseph. H. Brown.* Shipped to *San Francisco, Cal.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 7th 1922 3 P.M.*
 Place of Death *321 Carter St.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *23* years *9* months days
 Cause of Death *Pulmonary Tuberculosis* Number of Burial Certificate
 Certifying Physician *Dr. Calahan.* Plate engraved *At Rest.*
 Clergyman *C. Lee Smith.* Lot or grave No. *#170* Section *J*
 Interment at *Greenwood.* Cemetery
 City *Albany.*
 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 .



Deed made to Geo Hoffman

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey Casket Oct 3 P. Tr.</i>	<i>125.00</i>	<i>June 12 1923</i>	<i>Cr. by check.</i>	<i>63.75</i>
Metallic Lining <i>No</i>		<i>Mar 2 1927</i>	<i>Cr. by ch.</i>	<i>53.12</i>
Outside Box <i>Reg.</i>		<i>Aug 10</i>	<i>Cr. " "</i>	<i>130.13</i>
Burial Robe <i>Grey Robe.</i>	<i>9.00</i>			
Embalming and Attendance <i>by Herring.</i>	<i>35.00</i>			
Carriages <i>C Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>2 Auto</i>	<i>10.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Death notices in <i>Papers</i>				
Outlay for lot <i>See J - Lot 170</i>	<i>40.00</i>			
Opening Grave <i>and closing.</i>	<i>5.00</i>			
Lining Grave <i>Underwear Horse</i>	<i>3.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>247.00</i>			<i>247.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Judge Josiah Taylor Marean.* *Brooklyn, New York.* DATE *of March Feb 8th 1922*

Remains of *Judge Josiah Taylor Marean.* Residence *Brooklyn, New York.*

Father's Name *Chester Marean.* Residence *New York.*

Mother's Name *Mrs Taylor Marean.* How Secured *Estate + Wife*

Charged to *Mrs Elizabeth Marean.* Shipped to *Brooklyn, New York.*

Date of Funeral *Feb - 1922* Date of Death *Feb 8th 1922 3:30 P.M.*

Place of Death *Virginia Inn Winter Park, July 17th 1842* Single or Married *Married*

Occupation of Deceased *Judge.* Age *79* years *9* months *9* days

Cause of Death *Cerebral Embolism.* Number of Burial Certificate

Certifying Physician *Dr. Hotard.* Plate engraved *Name + Date 1842 - 1922*




Clergyman *Hestination.* Lot or grave No. Section

Interment at *Hestination.* 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 .

Send Bill: - *Mr Wm Lord 44 Court St Brooklyn N.Y.*

<i>% Bassett Hotel -</i>	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/3 Grey B.C.C. S.H. Capt F.</i>	<i>600.00</i>	<i>Apr 8</i>	<i>Cr. by Check.</i>	<i>932.00</i>
Metallic Lining				
Outside Box <i>Chestnut Mahogany Fin</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>Emb. (2)</i>	<i>50.00</i>			
Carriages <i>C. Wagon at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Personal Services</i>	<i>50.00</i>			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault <i>Telegram.</i>	<i>1.92</i>			
Shipping charges, prepaid				
<i>R.R. Tickets & L. Room</i>	<i>95.08</i>			
Total amount of bill	<i>932.00</i>			<i>932.00</i>

REMARKS

FUNERAL REGISTER

NO.

Estate Edward Thompson Jackson.

DATE

1922
Feb 9th

Remains of

Edward Thompson Jackson.

Residence

305 E. Church St.

Father's Name

S. H. Jackson.

Residence

Pittsburg, Pa.

Mother's Name

Mary M. Thompson Jackson.

How Secured

Estate.

Charged to

Estate Honora Jackson.

Shipped to

East Liberty, Pittsburg Pa.

Date of Funeral

Feb - 1922

Date of Death

Feb 9th 1922 10 a.m.

Place of Death

305 E. Church St.

Single or Married

May 9th 1861 Married.

Occupation of Deceased

Bookkeeper.

Age

60 years 9 months

days

Cause of Death

Pulmonary Edema.

Number of Burial Certificate

Certifying Physician

Lt. Beardall.

Plate engraved

Name

Clergyman

Rev M. E. Connell.

Lot or grave No.

Section

Interment at

Destination.

Cemetery




City

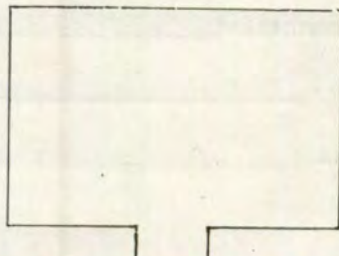
East Liberty Pittsburg

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>1/2 Grey B. Cloth U. Top.</i>	165.00	Feb 9	Cr by Check.	149.36
Metallic Lining <i>No</i>		Apr 5	Cr by Check.	226.50
Outside Box <i>Reg- Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse <i>Grey Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Underwear.</i>	1.50			
Grave Vault				
Shipping Charges, Prepaid				
<i>R.R. Tickets & Pullman</i>	149.36			
Total amount of bill	375.86			375.86

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Elijah Long. Tampa. Fla.* DATE *Feb 11th 1922*

Remains of *Mr Eliza Long.* Residence *Tampa. Fla.*

Father's Name *J. W. Long.* Residence *Orlando Fla.*

Mother's Name *Mrs. Long.* How Secured *Father & Brothers*

Charged to *Mr J. W. Long.* Shipped to *Orlando from Tampa.*

Date of Funeral *Feb 13th 1922 10:30 a.m.* Date of Death *Feb 11th 1922 12:30 p.m.*

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

Occupation of Deceased *Carpenter.* Age *52* years, months, days

Cause of Death *Auto accident. Fracture of skull.* Number of Burial Certificate

Certifying Physician *At Tampa.* Plate engraved *At Rest.*




Clergyman *Dean Adcock.* Lot or grave No. *6* Section *E. C. Circle*

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 .

J. W. Long 108 High St. Orlando. Fla.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Blk Casket</i>		<i>Feb 13</i>	<i>By Church</i>	<i>Flowers 5.00</i>
Metallic Lining <i>No.</i>		<i>Feb 15</i>	<i>By Cash</i>	<i>159.18</i>
Outside Box <i>Reg</i>				
Burial Robe <i>Blk Robe.</i>	<i>15.00</i>			
Embalming and Attendance				
Carriages <i>2 Autos 5th at \$ 5.00</i>	<i>10.00</i>		<i>75.00</i>	<i>to J. H. L. - Mar 18</i>
Flowers <i>3 Sprays 5.00</i>	<i>15.00</i>		<i>25.00</i>	<i>" " " Apr 28</i>
Hearse <i>Blk Winton</i>	<i>15.00</i>		<i>25.00</i>	<i>" " " May 25</i>
Death notices in <i>2</i> Papers			<i>1000</i>	
Outlay for lot <i>E. C. Circle Lot 6</i>				
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon</i>	<i>5.00</i>			
Grave Vault <i>Musie</i>	<i>00.00</i>			
Shipping charges, prepaid				
<i>Mr Read's Account</i>	<i>99.18</i>			
Total amount of bill	<i>164.18</i>			<i>164.18</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Wm. A. Gillespie, W. Philadelphia Pa.* DATE *Feb 12th 1922*

Remains of *Mr Wm. A. Gillespie* Residence *West Philadelphia Pa.*

Father's Name *John Gillespie* Residence *Ireland.*

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

Charged to *Mrs Clara B. Gillespie* Shipped to *West Philadelphia Pa.*

Date of Funeral *Feb - 1922* Date of Death *Feb 12th 1922 10:45 a.m.*

Place of Death *Fila. Sanitarium* Single or Married *Married*

Occupation of Deceased *Tourist Agent.* Age *36* years *4* months *25* days

Cause of Death *Chronic Nephritis-Interstitial* Number of Burial Certificate

Certifying Physician *Lt. Neal.* Plate engraved *Name & Date 1865-1922*




Clergyman *Destination* Lot or grave No. Section

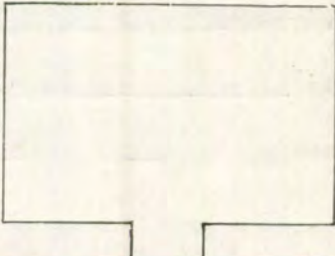
Interment at *Destination* Cemetery

City *West Philadelphia*

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>1/2 Oak. Stab. H. Cap.</i>	490.00	Feb 12	Gr by Check.	793.78
Metallic Lining <i>Yes.</i>		.. 12	Gr by Cash.	7.57
Outside Box <i>Whty. Fin.</i>	115.00			
Burial Robe				
Embalming and Attendance <i>Ed Tharing</i>	40.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Shirt-Collar & Tie</i>	3.70			
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>R.R. Tickets & Pullman.</i>	142.65			
Total amount of bill	801.35			801.35



REMARKS

FUNERAL REGISTER

NO. *Miss Alice Hall Orlando Fla.* DATE *Feb 13th 1922*

Remains of *Mrs Hannie Elizabeth Rinder* Residence *1 Mile - South of City.*
 Father's Name *Wm Grey.* Residence *Georgia.*
 Mother's Name *Don't know.* How Secured *Laughter + Yarell-Hew Co.*
 Charged to *Yarell-Hew Co.* Shipped to *Buried in Orlando.*
 Date of Funeral *Feb 14th 1922 4:30 P.M.* Date of Death *Feb 13th 1922 - 2 a.m.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At home* Age *41* years *5* months *28* days
 Cause of Death *Acute gall stone colic with Cardiac failure.* Number of Burial Certificate
 Certifying Physician *Dr. Childs.* Plate engraved *At Rest.*
 Clergyman *Rev Chisolm.* Lot or grave No. *14* 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>7/4 Grey Case Oct 30. Top</i>	90.00	July 5	Cr by check. <i>Curry Smith Employees</i>	16.50
Metallic Lining <i>No.</i>		" 12	Cr by Yarell-Hew Chk. <i>Employees</i>	100.00
Outside Box <i>Reg.</i>		" 12	Cr by Cash <i>Curry</i>	38.08
Burial Robe <i>White Silk Dress.</i>	12.50	" 12	Cr. by discount	7.92
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>Hudson 5.00 P. Car 5.00</i>	10.00			
Hearse <i>Grey Funeral Car.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#14 Sec A.</i>				
Opening Grave <i>And closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	162.50			162.50

REMARKS *Mrs W. C. Bentors (Sister) 119 West Plymouth St. Tampa, Fla.*

FUNERAL REGISTER

NO. *M. R. S. Hart, Conway, Fla.* DATE *of Health Feb 13th 1922*

Remains of *Livie Hart.* Residence *Conway, Fla.*

Father's Name *R. S. Hart.* Residence *Conway, Fla.*

Mother's Name *Agie Yates Hart.* How Secured *Father.*

Charged to *Forest Hart - Father* Shipped to *Buried at Conway*

Date of Funeral *Feb 15th 1922 3:30 P.M.* Date of Death *Feb 13th 1922 8:30 P.M.*

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

Occupation of Deceased *At Home* Age *16 years 1 months 4 days*

Cause of Death *Meningitis.* Number of Burial Certificate

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




Clergyman *P. 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>W. L. S. Det 3 P.T.</i>	125.00	Feb 21	Cr. by Cash.	65.00
Metallic Lining <i>No</i>		Jan 9	Cr. by Cash.	25.00
Outside Box <i>Reg.</i>				
Burial Robe <i>Collar-Tie 50</i>	.70			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>2 Autos 5. at \$</i>	10.00			
Flowers <i>C. Wagon.</i>	5.00			
Hearse <i>Grey Winton</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>1 Auto No chg.</i>				
Opening Grave <i>No Charge</i>				
Lining Grave <i>1st of Box to Cemetery</i>	5.00			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	185.70			

REMARKS

185.70
90.00
95.70

FUNERAL REGISTER

NO. *Mr Chas Davidson, Groveland Fla* DATE *1922 Feb 15th*

Remains of *Mr Chas Davidson* Residence *Groveland Fla.*

Father's Name _____ Residence _____

Mother's Name _____ How Secured *Estate*

Charged to *Estate of Edge Merchants Co* Shipped to *Groveland Fla. by auto*

Date of Funeral *Feb 16th 1922* Date of Death *Feb 15th 1922 9:30 a.m.*

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

Occupation of Deceased _____ Age *50* years months days

Cause of Death *Shock from Gun shot wound* Number of Burial Certificate _____

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




Clergyman *Restoration* Lot or grave No. _____ Section _____

Interment at *Restoration* Cemetery _____

City *Groveland* _____

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>5/8 Guyloc - Oct. 11. 7.</i>	165.00	<i>July 4</i>	<i>En. by check.</i>	303.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Serge Suit</i>	35.00			
Embalming and Attendance <i>Ed Sharning</i>	45.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Blk Winton to Groveland.</i>	50.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Undercar 2.50 Lock 50</i>	3.00			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	303.00			303.00

REMARKS

FUNERAL REGISTER

NO. *Estate Fred Willis, corner of* *Rosalind & Anderson.* DATE *1922* *Feb 15th*

Remains of *Mr Fred Willis.* Residence *Rosalind & Anderson.*

Father's Name *Chas Willis.* Residence *Quincy, Fla.*

Mother's Name *Not Known.* How Secured *Estate & Wife*

Charged to *Mrs Fred Willis (Wife)* Shipped to *Quincy, Fla.*

Date of Funeral *Feb 1922* Date of Death *Feb 15th 1922*

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

Occupation of Deceased *Wholesale Groceries* Age *35* years *5* months *19* days

Cause of Death *Probably Sudden Dilatation of Heart* Number of Burial Certificate *664*

Certifying Physician *Dr. Christ.* Plate engraved *Name & Date.*
1886 - 1922




Clergyman *Destination.* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Quincy.*

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>4/4 B. Co. S. H. Cap.</i>	450.00	May 6	En by Check.	200.00
Metallic Lining <i>Yes Inner.</i>		June 24	En by Check.	100.00
Outside Box <i>Reg - Painted</i>		Oct 26	En by Check.	50.00
Burial Robe		Mar 5 ¹⁹²³	En by Check.	145.00
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2</i> at \$ 5.00	10.00			
Flowers				
Hearse				
Death notices in <i>Papers</i>				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	495.00			495.00

REMARKS

FUNERAL REGISTER

NO. *Estate James Case* *718 W. Church St.* *Feb 15* 1922 *March* DATE

Remains of *Mr James Case* Residence *718 W. Church St.*

Father's Name *Not known* Residence *England*

Mother's Name *Not known* How Secured *Estate & Haulster*

Charged to *Estate* Shipped to

Date of Funeral *Feb - 1922* Date of Death *Feb 15th 1922 9 a.m.*

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

Occupation of Deceased *Merchant (Retired)* Age *79* years *2* months *28* days

Cause of Death *Acute Indigestion* Number of Burial Certificate

Certifying Physician *Judge Smith* Plate engraved


Clergyman *Destinasion* Lot or grave No. Section

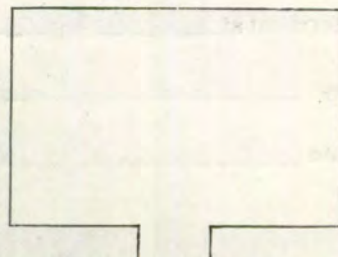
Interment at *Destinasion* Cemetery

City *Loecheard*

State *Tenn.*

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
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


Coffin or Casket <i>Hygloc Oct 30. 74.</i>	125.00	Mar 7	by Wm Laffer. En by Check	226.08
Metallic Lining				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	25.00			
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				
Grave Vault				
Shipping charges, prepaid <i>R. R. Tickets.</i>	66.08			
Total amount of bill	226.08			226.08

REMARKS

FUNERAL REGISTER

NO. *Estate Marie Martha Hughes* *Pittsburg, Pa.* DATE *1922*
Feb 14
 Remains of *Mrs Marie Martha Hughes* Residence *Pittsburg, Pa.*
 Father's Name *John M. Hughes* Residence *Philadelphia, Pa.*
 Mother's Name *Margaret M. Hughes* How Secured *Estate*
 Charged to *Jas. E. M. Hughes* Shipped to *Pittsburg, Pa.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 14 1922 3 P.M.*
 Place of Death *C. G. Hospital* Single or Married *Married*
 Occupation of Deceased *at home* Age *60* years months days
 Cause of Death *Fracture of skull, auto accident* Number of Burial Certificate *663*
 Certifying Physician *Dr. Edwards* Plate engraved *Name & Date*
1861 - 1922
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Pittsburg*
 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>1/2 Guy B Co. Casket</i>	<i>250.00</i>	<i>Feb 15</i>	<i>By Check & Cash.</i>	<i>89.18</i>
Metallic Lining		<i>Feb 27</i>	<i>By A.B.A. Chks</i>	<i>300.00</i>
Outside Box				
Burial Robe				
Embalming and Attendance <i>preparing emb.</i>	<i>40.00</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				
Grave Vault				
Shipping Charges, Prepaid				
<i>Express on body.</i>	<i>89.18</i>			
Total amount of bill.	<i>389.18</i>			<i>389.18</i>

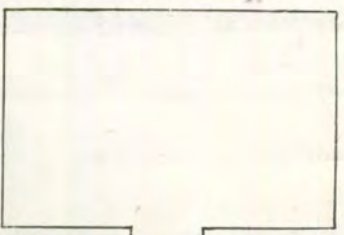
REMARKS

FUNERAL REGISTER

NO. *Phil Ketterer, Roanoke, Va.* DATE *of death Feb 15th 1922*

Remains of	<i>Arnold Howard Ketterer</i>	Residence	<i>201 Magnolia Ave, City</i>
Father's Name	<i>Phillip Ketterer.</i>	Residence	<i>Roanoke, Va.</i>
Mother's Name	<i>Mauder Cooper Line</i>	How Secured	<i>Father & Mother.</i>
Charged to	<i>Mr Phillip Ketterer (Father)</i>	Shipped to	<i>Waycross, Ga.</i>
Date of Funeral	<i>Feb 1922</i>	Date of Death	<i>Feb 15th 1922 40m.</i>
Place of Death	<i>Lake Gola.</i>	Single or Married	<i>Single</i>
Occupation of Deceased	<i>At Home.</i>	Age	<i>9 years 4 months 18 days</i>
Cause of Death	<i>Accidentally drowned in Lake Gola.</i>	Number of Burial Certificate	
Certifying Physician	<i>Judge Smith.</i>	Plate engraved	<i>Our Darling.</i>
Clergyman	<i>Rev Fuller.</i>	Lot or grave No.	Section
Interment at	<i>Restinater Cemetery</i>		
City	<i>Waycross.</i>		
State	<i>Georgia.</i>		

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 =.



F. W. Lyons (Step Father) 201 Magnolia Ave.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>H. W. Plush Couch</i>	<i>90.00</i>	<i>Feb 18</i>	<i>Or by check</i>	<i>160.50</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg. Painted</i>				
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				
Grave Vault <i>Underwear Waise Tie - 1700</i>	<i>3.50</i>			
Shipping charges, prepaid				
<i>R.R. Tickets & Pullman.</i>	<i>22.00</i>			
Total amount of bill	<i>160.50</i>			<i>160.50</i>

REMARKS

FUNERAL REGISTER

NO.

DATE

1922

Remains of

Father's Name

Mother's Name

Charged to

Date of Funeral

Place of Death

Occupation of Deceased

Cause of Death

Certifying Physician

Clergyman

Interment at

City

State

Residence

Residence

How Secured

Shipped to

Date of Death

Single or Married

Age

years

months

days




Number of Burial Certificate

Plate engraved

Lot or grave No.

Section

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 at \$

Flowers

Hearse

Death notices in

Papers

Outlay for lot

Opening Grave

Lining Grave

Grave Vault

Shipping Charges, Prepaid

Total amount of bill

REMARKS

FUNERAL REGISTER

NO. *Estate David L. Mann. 410 E. Jackson St. of death Feb 15th 1922* DATE *Feb 15th 1922*

Remains of *David L. Mann, Jr.* Residence *410 E. Jackson St.*

Father's Name *David L. Mann Sr.* Residence *Kentucky.*

Mother's Name *Mrs. Alexander Mann* How Secured *Estate + Wife + Rev. Cooper*

Charged to *Mrs. Elizabeth C. Mann Wife* Shipped to *Winchester, Ky.*

Date of Funeral *Feb 17th 1922* Date of Death *Feb 15th 1922*

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

Occupation of Deceased *Farmer (Retired)* Age *73* years months days

Cause of Death *Acute Dilatation of Heart* Number of Burial Certificate

Certifying Physician *Judge Smith.* Plate engraved *At Rest.*




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

Interment at *Restoration* Cemetery

City *Winchester.*

State *Ky.*

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>Y. Blk. B Co. Oct-O.T.</i>	125.00	Apr 4	By check.	75.00
Metallic Lining		July 25	By check.	75.00
Outside Box <i>Lined Box</i>	35.00	Oct 28	By check.	55.00
Burial Robe <i>Blk Suit</i>	10.00			
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse <i>Blk Winton, No Charge</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	205.00			205.00

REMARKS

Placed in vault until April.

FUNERAL REGISTER

NO. Lewis H. Furen, Kuhl Ave., Orlando, Fla. DATE of Death Feb 16th 1922

Remains of Master David Furen. Residence Kuhl Ave.

Father's Name Lewis H. Furen. Residence Kuhl Ave.

Mother's Name Alma Patton Furen. How Secured Father.

Charged to Lewis H. Furen. Shipped to Buried in Orlando.

Date of Funeral Feb 17th 1922 2 P.M. Date of Death Feb 16th 1922 8 a.m.

Place of Death Orange. G. Hospital. Single or Married Single

Occupation of Deceased _____ Age 1 years 11 months 4 days

Cause of Death Diphtheria (Epidemic) Number of Burial Certificate _____

Certifying Physician Dr. Edwards. Plate engraved Our Darling.



Clergyman Lean Adcock. Lot or grave No. 115 Section R

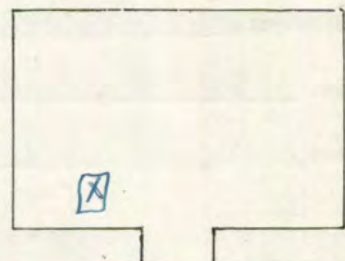
Interment at Greenwood. Cemetery _____

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 =.



Arrangements made by S. S. Furen.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>3/4 White Plush, 10x17.</u>	60.00	Feb 27	Cr. by Check.	60.00
Metallic Lining		Apr 29	Cr. by Check	25.00
Outside Box		Aug 3	Cr. by Check.	25.00
Burial Robe		1923 Mar 2	Cr. by Check.	25.00
Embalming and Attendance <u>E. Harrington</u>	25.00	Dec 24	Cr. by Check.	25.00
Carriages at \$				
Flowers				
Hearse <u>Hudson.</u>	5.00			
Death notices in <u>2</u> Papers				
Outlay for lot <u>Sec R. #115</u>	65.00			
Opening Grave <u>End Closing.</u>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	160.00			160.00

REMARKS

FUNERAL REGISTER

NO. *Estate Mr Ben H. Hunaway, Fla.* ^{*Beulah*} DATE *Feb 16th 1922* ^{*1922*}

Remains of *Mr Ben. H. Hunaway* Residence *Beulah. Fla.*

Father's Name *A. J. Hunaway* Residence *Georgia.*

Mother's Name *Lizzie Stevens.* How Secured *Brother.*

Charged to *Estate & America Keen (Sister)* Shipped to *Buried at Beulah.*

Date of Funeral *Feb 18th 1922* Date of Death *Feb 16th 1922 5 P.M.*

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

Occupation of Deceased *Laborer.* Age *65* years *1* months *28* days




Cause of Death *Lobar Pneumonia* Number of Burial Certificate

Certifying Physician *C. J. Wheatly.* Plate engraved *At Rest.*

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

Interment at *Beulah* Cemetery

City *Beulah S. of Winter Garden* CEMETERY CHART

State *Fla.* 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 Loc. Oct. 3 P. Top.</i>	125.00	<i>Mar 29</i>	<i>Ex. Smith, by check.</i>	218.00
Metallic Lining <i>No.</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Blk B. Suit.</i>	20.00			
Embalming and Attendance <i>& Shaving.</i>	35.00			
Carriages <i>C. Wagon to Beulah at \$.</i>	15.00			
Flowers				
Hearse <i>Blk Vinton</i>	20.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Underwear & Locks</i>	3.00			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	218.00			218.00

REMARKS

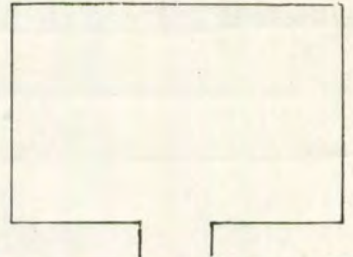
FUNERAL REGISTER

NO. *Mr Edgar. A. Hopkins, Providence* DATE *Feb 18* ¹⁹²²

Remains of *Mrs Grace Russell Hopkins* Residence *Providence, R.I.*
 Father's Name *Don't Know.* Residence *Don't Know.*
 Mother's Name *Don't Know.* How Secured *Husband.*
 Charged to *Mr Edgar. A. Hopkins* Shipped to *Providence, R.I.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 18th 1922 8 P.M.*
 Place of Death *O. G. Hospital.* Single or Married *Married*
 Occupation of Deceased *At Home.* Age *34* years *4* months *24* days
 Cause of Death *Lobar Pneumonia* Number of Burial Certificate
Complicating Typhoid Fever.
 Certifying Physician *Dr. Holard* Plate engraved *Name & Date*
1887 - 1922
 Clergyman *At Destination.* Lot or grave No. Section
 Interment at *Destination.* Cemetery
 City *Providence.*
 State *Rhode Island.*

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 by 13 by 10 1/2</i>	<i>250.00</i>	<i>Feb 19</i>	<i>Cr by Cash.</i>	<i>114.45</i>
Metallic Lining <i>No</i>		<i>Feb 20</i>	<i>Cr .. Check.</i>	<i>302.00</i>
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</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				
Grave Vault				
Shipping Charges, Prepaid				
<i>R. R. Tickets</i>	<i>114.45</i>			
<i>2 1/2 Ambulance</i>	<i>7.00</i>			
Total amount of bill	<i>416.45</i>			<i>416.45</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Chas. Martin, Orlando, Fla.* DATE *Feb 18th 1922*

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

Father's Name *Mr Chas Martin.* Residence *Orlando, Fla.*

Mother's Name *Lillie Ferris.* How Secured *Father.*

Charged to *Chas Martin (Father)* Shipped to *Buried in Orlando*

Date of Funeral *Feb 20th 1922* Date of Death *Feb 18th 1922*

Place of Death *C. 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. Ford.* 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>H. M. Sgr.</i>	<i>5.00</i>			
Metallic Lining <i>✓</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance				
Carriages at \$				
Flowers				
Hearse <i>Auto & Services</i>	<i>5.00</i>			
Death notices in Papers				
Outlay for lot <i>1/2 grave.</i>	<i>1.50</i>			
Opening Grave <i>and closing</i>	<i>2.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>13.50</i>			<i>13.50</i>

REMARKS *lies in Country west of City in home*

FUNERAL REGISTER

NO. *Mr W. Mann, 644 W. Church St. City of Orlando*

DATE *Feb 19th 1922*

Remains of *Maile John Edward Mann.*

Residence *644 W. Church St.*

Father's Name *W. Mann.*

Residence *644 W. Church St.*

Mother's Name *Maud Bennett Mann.*

How Secured *Father*

Charged to *W. Mann (Father)*

Shipped to *Buried in Orlando*

Date of Funeral *Feb 20th 1922*

Date of Death *Feb 19th 1922 11:30 a.m.*

Place of Death *Residence*

Single or Married *Single*

Occupation of Deceased *At Home.*

Age *1* years *5* months *22* days

Cause of Death *Cerebro. Spinal Meningitis.*

Number of Burial Certificate

Certifying Physician *Lt. Childs*

Plate engraved *At Rest.*



Clergyman *Rev Williams,*

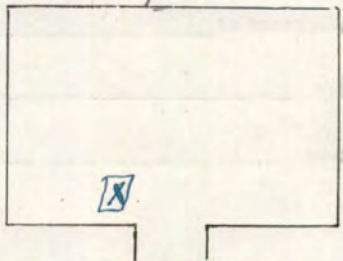
Lot or grave No. *#232* Section *13*

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 =.



P. H. J. J. Bennett 644 W. Church.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/8 White L.S. Set H-T.</i>	<i>45.00</i>	<i>Feb 23</i>	<i>Mr Bennett Cr. by Check</i>	<i>105.00</i>
Metallic Lining				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Care of body</i>	<i>10.00</i>			
Carriages <i>Closed Car.</i> at \$	<i>5.00</i>			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot <i>232 - Sec 13.</i>	<i>40.00</i>			
Opening Grave <i>& Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>105.00</i>			<i>105.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr W. X. Garren, Orlando, Fla.* DATE *1922 of Death Feb 21st*

Remains of *Forrest Alexander Garren.* Residence *Tampa Ave Orlando*

Father's Name *Mr W. X. Garren* Residence *Tampa Ave Orlando*

Mother's Name *Margaret M. Laughlin Garren.* How Secured *Father.*

Charged to *Mr W. X. Garren, Father.* Shipped to *Buried at Orlando.*

Date of Funeral *Feb 22nd 1922.* Date of Death *Feb 21st 1922 9:45 A.M.*

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

Occupation of Deceased *At Home.* Age *6* years *6* months *13* days

Cause of Death *Diphtheria.* Number of Burial Certificate

Certifying Physician *H. Edwards.* Plate engraved *Our Darling*




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 . Designate site of monument thus .

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4/8 W. Plush Alt. Day Side</i>	75.00	<i>Feb 21</i>	<i>Cr by Check.</i>	<i>40.00</i>
Metallic Lining		<i>Mar 1</i>	<i>Cr .. Check.</i>	<i>25.00</i>
Outside Box <i>Req.</i>		<i>May 4</i>	<i>Cr .. Check</i>	<i>15.00</i>
Burial Robe		<i>May 15</i>	<i>Cr .. Check</i>	<i>7.50</i>
Embalming and Attendance				
Carriages <i>Hel box</i> at \$	<i>2.50</i>			
Flowers <i>Auto for Minister</i>	<i>5.00</i>			
Hearse <i>Towing car.</i>	<i>5.00</i>			
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>87.50</i>			<i>87.50</i>




Aug. 17, 1941.
Disinterred Body
and moved to
Woodlawn Memorial
Park.

REMARKS

FUNERAL REGISTER

NO. Saul Helifus, E. Orlando, Jacksonville, Fla. DATE Feb 20th 1922
 Remains of Annie Helifus (Col) Residence East Orlando
 Father's Name Don't know Residence Don't know
 Mother's Name Don't know How Secured Husband
 Charged to Saul Helifus Husband Shipped to Alonso J. Jay
 Date of Funeral Feb 23rd 1922 2 P.M. Date of Death Feb 20th 1922
 Place of Death Jacksonville, Fla Single or Married Married
 Occupation of Deceased Nurse Age 50 years months days
 Cause of Death Acute Indigestion Number of Burial Certificate
 Certifying Physician At Jacksonville Plate engraved At Rest
 Clergyman Lot or grave No. # 8 Section T
 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			<u>Feb 23rd by cash.</u>	<u>35.00</u>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Carriages <u>3 Autos</u> at \$ <u>5.00</u>	<u>15.00</u>			
Flowers <u>C. Wagon</u>	<u>5.00</u>			
Hearse <u>Reo</u>	<u>10.00</u>			
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave <u>Exclosing</u>	<u>5.00</u>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<u>35.00</u>			<u>35.00</u>

REMARKS

FUNERAL REGISTER

NO. *Maynard. A. Cheney* ^{West} ~~Colonial~~ ^{Slave} DATE *Feb 23rd 1922*

Remains of *Helen Tyerrell Cheney* Residence *W. Colonial Slave*

Father's Name *John Tyerrell* Residence *New Hampshire*

Mother's Name *Caroline Bulley Tyerrell* How Secured *Husband*

Charged to *Maynard. A. Cheney* ^{Husband} Shipped to *Washington D.C.*

Date of Funeral *Feb 27th 1922 3 P.M.* Date of Death *Feb 23rd 1922 9:40 P.M.*

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

Occupation of Deceased *At Home* Age *64* years *7* months *5* days

Cause of Death *Chro-Interstitial Nephritis* Number of Burial Certificate

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

Clergyman *Rev Badger* Lot or grave No. Section

Interment at *Restoration (Cremated)* 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 =.

Body sent to E. Lee & Sons Washington D.C. to be cremated

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>6/8 Grey B. Clo. Oct. D. Wp.</i>	<i>175.00</i>	<i>June 10 Cr. by Check</i>	<i>300.00</i>
Metallic Lining	<i>No.</i>		<i>June 23 Cr. by freight</i>	<i>42.96</i>
Outside Box	<i>Reg. Painted</i>			
Burial Robe				
Embalming and Attendance	<i>E. J. Shesing</i>	<i>40.00</i>		
Carriages	<i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>		
Flowers				
Hearse				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot	<i>Bronze Crn.</i>	<i>50.00</i>		
Opening Grave	<i>Engraving Crn.</i>	<i>10.00</i>		
Lining Grave	<i>Minister</i>	<i>5.00</i>		
Grave Vault	<i>Telegram</i>	<i>2.02</i>		
Shipping charges, prepaid	<i>Telegrams</i>	<i>.94</i>		
Cash advanced		<i>50.00</i>		
Total amount of bill	<i>342.96</i>			<i>342.96</i>

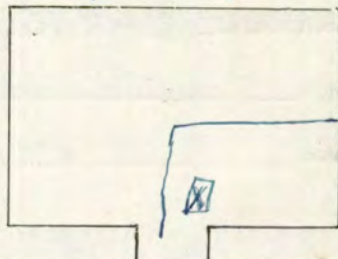
REMARKS *Bronze Crn received 3-7-22 Ashes received 3-7-22*

FUNERAL REGISTER

NO. *Lewis Paul Harris. Orlando.* DATE *1922*
of death Feb 24th
 Remains of *Mrs. Lidia P. Harris.* Residence *147 E. Amelia Ave.*
 Father's Name *John A. Trisman.* Residence *Virginia.*
 Mother's Name *Don't know.* How Secured *See*
 Charged to *Lewis Paul Harris Jr.* Shipped to *Buried in Orlando.*
 Date of Funeral *Feb 26th 1922 2 P.M.* Date of Death *Feb 24th 1922 3 A.M.*
 Place of Death *Residence.* Single or Married *Widow.*
 Occupation of Deceased *At Home.* Age *82* years *8* months *12* days
 Cause of Death *Chronic Nephritis* Number of Burial Certificate
 Certifying Physician *Lt. Christ* Plate engraved *At Rest.*
 Clergyman *Rev. Cooper.* Lot or grave No. *21-S.W. 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 x. Designate site of monument thus =.






	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Life-Net-Top</i>	100.00	Nov 18	Cr. by check.	50.00
Metallic Lining <i>No.</i>		May 31	Cr. by check.	50.00
Outside Box <i>Reg.</i>		July 1	Cr. by check.	50.00
Burial Robe		July 16	Cr. by check.	40.00
Embalming and Attendance <i>Emb.</i>	35.00		<i>Int.</i>	17.50
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Grey Winton</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#21 - Sec. J.S.W. 1/4</i>	12.50			
Opening Grave <i>by closing</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
<i>Int</i>	17.50			
Total amount of bill	190.00			190.00

REMARKS

FUNERAL REGISTER

NO. *Estate William Seaman Weeks Brooklyn* DATE *Feb 25th 1922*
 Remains of *William Seaman Weeks.* Residence *Brooklyn. New York.*
 Father's Name *Not Known.* Residence *Not Known.*
 Mother's Name *Not Known.* How Secured *Estate*
 Charged to *Brooklyn Casket Co.* Shipped to *Brooklyn. New York.*
 Date of Funeral *Feb - 1922* Date of Death *Feb 25th 1922. 34.m*
 Place of Death *A. G. Hospital* Single or Married *Single.*
 Occupation of Deceased *Retired.* Age *81* years months days
 Cause of Death *Pro-Pneumonia.* Number of Burial Certificate
 Certifying Physician *Dr. Neal* Plate engraved *At Rest*
 Clergyman *Restoration.* Lot or grave No. Section
 Interment at *Restoration.* 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>6/8 Grey Casket.</i>	<i>75.00</i>	<i>Feb 25</i>	<i>Cr by W. Union Chk.</i>	<i>125.00</i>
Metallic Lining				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>Shaw + Dressing</i>	<i>5.00</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				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>125.00</i>			<i>125.00</i>

REMARKS

FUNERAL REGISTER

NO. Estate James B. Sheehan, New York City DATE Feb 25th 1922
 Remains of James B. Sheehan Residence New York City
 Father's Name James B. Sheehan Residence New York City
 Mother's Name Sarah Connors Sheehan How Secured Estate
 Charged to Tessie Sheehan (Wife) Shipped to New York City
 Date of Funeral Feb - 1922 Date of Death Feb 25th 1922 11:30 a.m.
 Place of Death Winter Park Single or Married Married
 Occupation of Deceased Lawyer Age 57 years 8 months 3 days
 Cause of Death Double Pneumonia Number of Burial Certificate
 Certifying Physician H. Smith (Winter Park) Plate engraved Name
 Clergyman Destination Lot or grave No. Section
 Interment at Destination Cemetery
 City New York City
 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 =.

Tessie A. Sheehan 203 West 117th St. New York City n.y.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>3 R. Co. State Lumber Co.</u>	<u>200.00</u>	<u>May 13</u>	<u>Gr. by check.</u>	<u>424.44</u>
Metallic Lining <u>No.</u>		<u>" 13</u>	<u>Gr. by L.L.S.</u>	<u>4.20</u>
Outside Box <u>Reg. Painted</u>	<u>10.00</u>			
Burial Robe				
Embalming and Attendance <u>E.S. & H.</u>	<u>45.00</u>			
Carriages <u>C. Wagon to W. Park.</u>	<u>10.00</u>			
Flowers <u>Engraving Name Plate</u>	<u>5.00</u>			
Hearse <u>C. Wagon to Station</u>	<u>5.00</u>			
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <u>Shirt, Collar & Tie</u>	<u>4.20</u>			
Grave Vault				
Shipping Charges, Prepaid				
<u>J.R.R. Tichels</u> <u>4.83</u>	<u>125.49</u>			
<u>1 Power</u> <u>12.75</u> <u>10.20</u> <u>Phone</u>	<u>23.95</u>			
Total amount of bill	<u>428.64</u>			<u>428.64</u>

REMARKS

FUNERAL REGISTER

NO. *Estate Theodore Edward Kniff* ^{473 Central Park West} ^{new York} DATE *Feb 26* ¹⁹²²

Remains of *Mr Theodore Edward Kniff* Residence *New York City*

Father's Name *J. H. Kniff* Residence *Holland*

Mother's Name *Mrs Smith Kniff* How Secured *Estate + Wife*

Charged to *Mrs Mary A. Kniff* Shipped to *New York City*

Date of Funeral *Feb - 1922* Date of Death *Feb 26th 12:30 P.M.*

Place of Death *Carolina Apartments* Single or Married *Married*

Occupation of Deceased *Accountant* Age *60* years months days

Cause of Death *Bronch-Pneumonia* Number of Burial Certificate

Certifying Physician *H. Beardsall* Plate engraved *Name*




Clergyman *Destination* Lot or grave No. Section

Interment at *Destination* Cemetery

City *New York City*

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>6/3 Guy B. Co. R. Co. St.</i>	275.00	Mar 1	<i>Mrs Kniff. En. by Check.</i>	585.19
Metallic Lining				
Outside Box <i>S. Steel Vault.</i>	100.00			
Burial Robe <i>Shaving, Fitting & Dressing</i>	10.00			
Embalming and Attendance <i>Emb.</i>	40.00			
Carriages <i>C. Wagon. at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>125.49</i>				
<i>R.R. Tickets Pullman & 24. Phone</i>	150.19			
Total amount of bill	585.19			585.19

REMARKS

FUNERAL REGISTER

NO *Estate Edward Rice Sallee* DATE *Feb 26th 1922*
 Remains of *Mr Edward Rice Sallee*, Residence *Campbellsburg, Ind.*
 Father's Name *Edward Sallee*, Residence *Kentucky*
 Mother's Name *Don't Know*, How Secured *Estate*
 Charged to *Mr Thomas Sallee (son)* Shipped to *Campbellsburg, Ind.*
 Date of Funeral *March - 1922* Date of Death *Feb 26th 1922 2:45 P.M.*
 Place of Death *610 S. Division St* Single or Married *Widower*
 Occupation of Deceased *Farming* Age *72* years *10* months *13* days
 Cause of Death *Interstitial Nephritis* Number of Burial Certificate
 Certifying Physician *Ch. Roney* Plate engraved
 Clergyman *Destination* Lot or grave No. Section
 Interment at *Destination* Cemetery
 City *Campbellsburg*
 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 .

Thomas Sallee 610 S. Division St Campbellsburg, Ind.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>4 Blk B.Clo. Vel 38</i>	<i>135.00</i>	<i>Feb 27</i>	<i>Cr. by Cash.</i>	<i>235.00</i>
Metallic Lining <i>No</i>		<i>Mar 6</i>	<i>Cr. by Check.</i>	<i>103.00</i>
Outside Box <i>Reg. Painted</i>		<i>Mar 6</i>	<i>Cr. by Lic.</i>	<i>85</i>
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				
Grave Vault				
Shipping Charges, Prepaid <i>R.R. Ticket</i>	<i>158.85</i>			
Total amount of bill	<i>338.85</i>			<i>338.85</i>

REMARKS

FUNERAL REGISTER

NO. *Margaret Byrnes (Col.)* ^{Col.} *Loughman* ^{Fla} DATE *of Heach Feb 28* ¹⁹²²

Remains of *Margaret Byrnes (Col.)* Residence *Loughman*

Father's Name *Jack Francis* Residence *Fla.*

Mother's Name *Fannie M. Clare Francis* How Secured *Sister*

Charged to *Lulu Johnson* Shipped to *Buried in Orlando*

Date of Funeral *March 5th 1922* Date of Death *Feb 28th 1922* ^{104.2}

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

Occupation of Deceased *Domestic* ^{some} Age *25* years months days

Cause of Death *Gunshot Wound of Spinal Cord* Number of Burial Certificate

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




Clergyman *Colored Minister* 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 .

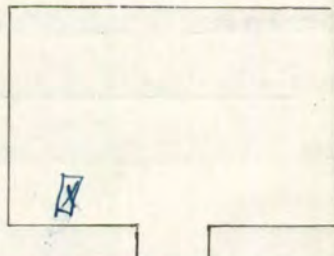
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>6/4 Grey Casket Oct 3 P. D.</i>	<i>100.00</i>	<i>Mar 4</i>	<i>Cr. by Wire.</i>	<i>60.00</i>
Metallic Lining		<i>Mar 5</i>	<i>Cr. by Cash.</i>	<i>90.00</i>
Outside Box		<i>Mar 15</i>	<i>Cr. by P. G. Elder.</i>	<i>10.00</i>
Burial Robe		<i>Mar 15</i>	<i>Cr. by L. E. -</i>	<i>3.00</i>
Embalming and Attendance <i>E. L. Sherrin</i>	<i>35.00</i>			
Carriages <i>1 Auto</i> at \$	<i>6.00</i>			
Flowers				
Hearse <i>Res Hearse.</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Colored - grave.</i>	<i>5.00</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>163.00</i>			<i>163.00</i>

REMARKS *X*

FUNERAL REGISTER

NO. *Estate B. J. M^c Kenney* *111 East Jackson* ¹⁹²² DATE *Feb 28th*
Remains of *Mr B. J. M^c Kenney*, Residence *111 E. Jackson. St.*
Father's Name *F. M. M^c Kenney*, Residence *Georgia*
Mother's Name *Elizabeth Adams Kenney*, How Secured *Estate & Wife*
Charged to *Mrs Mollie J. M^c Kenney*, Shipped to *Buried in Orlando*
Date of Funeral *March 9th 1922 3:30 P.m.*, Date of Death *Feb 28th 1922 10.m.*
Place of Death *Beth. Hospital*, Single or Married *Married*
Occupation of Deceased *Retired*, Age *69* years *3* months *11* days
Cause of Death *Septicemia (Following Prostatectomy)*, Number of Burial Certificate.
Certifying Physician *Lt. Christ*, Plate engraved *Father*
Clergyman *Rev M^c Connell & Adcock*, Lot or grave No. *#133* Section *L*
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 Guy B. Co. 402.00</i>	<i>165.00</i>	<i>Apr 3</i>	<i>Co by check</i>	<i>303.95</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Edressing</i>	<i>35.00</i>			
Carriages <i>2 Autos (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#133 Sec L</i>	<i>65.00</i>			
Opening Grave <i>Edressing</i>	<i>5.00</i>			
Lining Grave <i>Shirt, collar, Tie - Socks</i>	<i>3.95</i>			
Grave Vault <i>Underwear</i>	<i>2.00</i>			
Shipping Charges, Prepaid				
Total amount of bill	<i>300.95</i>			<i>303.95</i>

REMARKS

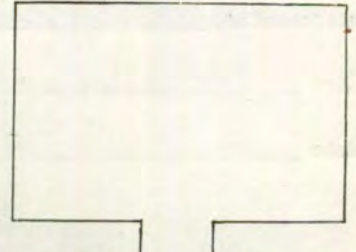
FUNERAL REGISTER

NO. Mrs Richard Butler, Seward, Pa. DATE of death Feb 28th 1922

Remains of Richard L. Butler. Residence Seward Pa.
 Father's Name Richard Butler Sr. Residence Pa.
 Mother's Name Saddie Leman Butler. How Secured Mother
 Charged to Mrs Richard Butler (Mother). Shipped to Johnstown, Pa.
 Date of Funeral March 2nd 1922 Date of Death Feb 28th 1922 8:30 P.M.
 Place of Death 608 Putman St Single or Married Single
 Occupation of Deceased Farming Age 22 years 9 months 24 days
 Cause of Death Pulmonary Tuberculosis Number of Burial Certificate
 Certifying Physician Dr. Harris. Plate engraved Name & Date 1899 - 1922
 Clergyman Rev. W. E. Cornell Lot or grave No. _____ Section _____
 Interment at Destinatin Cemetery
 City Seward
 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 <u>1/3 Copper S. H. Cap & Ft.</u>	1500.00	Mar 2	Cr by Check.	1553.43
Metallic Lining <u>Inner.</u>		" 2	Cr	400.00
Outside Box <u>Wghty Fin.</u>	200.00			
Burial Robe				
Embalming and Attendance <u>Shaving & Bathing</u>	45.00			
Carriages <u>C. Wagon 2 at \$ 5.00</u>	10.00			
Flowers <u>End. Telegrams</u>	10.00			
Hearse <u>Rev - Hearse.</u>	15.00			
Death notices in <u>2</u> Papers				
Outlay for lot <u>Engraving Name Plate.</u>	15.00			
Opening Grave <u>Cuto</u>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
<u>3 R.R. Tickets Section Phone,</u>	<u>153.43</u>			
Total amount of bill	<u>1953.43</u>			<u>1953.43</u>

REMARKS

FUNERAL REGISTER

NO. *Estate George Lehmann, 512 Bishop St* DATE *1922 Mar 1st*
 Remains of *Mr George Lehmann* Residence *512 Bishop St. City*
 Father's Name *Henry Lehmann.* Residence *Germany.*
 Mother's Name *Not Known.* How Secured *Wife*
 Charged to *Mrs Minnie Lehman (Wife)* Shipped to *Buried in Orlando,*
 Date of Funeral *Mar - 4th 1922* Date of Death *Mar 1st 1922 1:45 a.m.*
 Place of Death *Residence.* Single or Married *Married*
 Occupation of Deceased *Retired* Age *57* years *9* months *18* days
 Cause of Death *Abscess of Liver.* Number of Burial Certificate
 Certifying Physician *Lt. Christ* Plate engraved *At Rest.*
 Clergyman *Rev. Trapp.* Lot or grave No. *#171-S.W. 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 x. Designate site of monument thus =.


	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Grey Casket Not-D-Tp.</i>	90.00	Apr 5	Cr by A.B.A. Chh	50.00
Metallic Lining <i>No</i>		" 5	Cr " Cash	50.00
Outside Box <i>Reg.</i>		July 11	Cr " Check.	42.50
Burial Robe <i>Blk Suit.</i>	10.00	Aug 12	Cr " Check.	43.00
Embalming and Attendance <i>Emb.</i>	25.00			
Carriages <i>3 Caskets at \$ 5.00</i>	15.00			
Flowers <i>Casket Wagon.</i>	5.00			
Hearse <i>Blk Winton</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#171-S.W. 1/4 sec J.</i>	12.50			
Opening Grave <i>& Closing.</i>	5.00			
Lining Grave <i>Underwear + Horse.</i>	3.00			
Grave Vault				
Shipping Charges, Prepaid				
<i>Ambulance Feb 28th</i>	5.00			
Total amount of bill	185.50			185.50

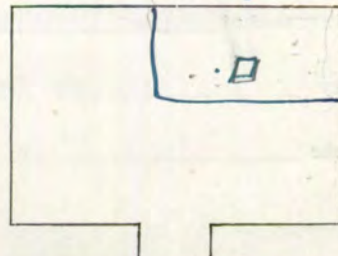
REMARKS

FUNERAL REGISTER

NO. *James. A. Carder, Fairville, Fla.* DATE *1922 Mar 1*
Remains of *James. L. Carder.* Residence *Fairville, Fla.*
Father's Name *James. A. Carder.* Residence *Fairville, Fla.*
Mother's Name *Mable Barker Carder* How Secured *Father.*
Charged to *James A. Carder.* Shipped to *Buried in Orlando.*
Date of Funeral *Mar 3rd 1922 2 P.M.* Date of Death *Mar 1st 1922 8 P.M.*
Place of Death *A. G. Hospital.* Single or Married *Single.*
Occupation of Deceased *✓* Age *2* years *2* months *2* days
Cause of Death *Bron - Pneumonia.* Number of Burial Certificate
Certifying Physician *H. Edwards.* Plate engraved *Our Darling.*
Clergyman *Rev. Shishohn.* Lot or grave No. *171 S.E. 1/4* Section *f*
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>White L.S. Complete</i>	<i>55.00</i>	<i>Mar 17</i>	<i>Pr by check.</i>	<i>107.50</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Fluid Used.</i>	<i>15.00</i>			
Carriages <i>Auto</i> at \$	<i>5.00</i>			
Flowers <i>Blanket + Horse.</i>	<i>2.50</i>			
Hearse <i>Hudson Car.</i>	<i>7.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#171 - S.E. 1/4 - Sec f.</i>	<i>12.50</i>			
Opening Grave <i>Full Closing.</i>	<i>5.00</i>			
Lining Grave <i>Auto to Cemetery.</i>	<i>5.00</i>			
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>107.50</i>			<i>107.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Lorenzo L. Loraine*, 406 *Magnolia* *ave.* *Leach* *Mar 2nd* *1922*
 Remains of *Mr Lorenzo L. Loraine*, Residence *406 Magnolia ave.*
 Father's Name *J. Oscar Loraine*, Residence *Penn.*
 Mother's Name *Mrs Kessler Loraine*, How Secured *Estate & Brother*
 Charged to *Hal Loraine Brother*, Shipped to *Buried in Orlando*
 Date of Funeral *Mar 5th 1922 - 4 P.M.*, Date of Death *Mar 2nd 1922 3⁴ M.*
 Place of Death *Residence*, Single or Married *Single*
 Occupation of Deceased *Retired*, Age *45* years *5* months *11* days
 Cause of Death *Mitral Regurgitation*, Number of Burial Certificate
 Certifying Physician *Dr. Beaidall*, Plate engraved *Name - State*
 Clergyman *Dean Long*, Lot or grave No. *# 4* Section *Cen-C-C*
 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 Guy B. Co. Oct 4-7</i>	<i>350.00</i>	<i>April 3</i>	<i>Cr. by check.</i>	<i>433.00</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Closed car.</i>	<i>5.00</i>			
Embalming and Attendance <i>Shaw & Henry</i>	<i>35.00</i>			
Carriages <i>3 autos at \$5.00</i>	<i>15.00</i>			
Flowers <i>Shirt.</i>	<i>3.00</i>			
Hearse <i>Grey Winton.</i>	<i>15.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i># 4 Cent C-C.</i>				
Opening Grave <i>Exc closing.</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>433.00</i>			<i>433.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Rev. Chas. H. Martin* *Bowling Green, Fla.* DATE *of March 3rd 1922*

Remains of *Rev. Chas. H. Martin.* Residence *Bowling Green, Fla.*

Father's Name *Not Known.* Residence *Kentucky.*

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

Charged to *J. D. Jones (Arcadia, Fla.)* Shipped to *Paintsville, Ky.*

Date of Funeral *March 1922* Date of Death *Mar 3rd 1922 10m.*

Place of Death *Fla. Sanitarium* Single or Married *Widower.*

Occupation of Deceased *Minister of Gospel* Age *about 50* years months days

Cause of Death *Cepoplexy.* Number of Burial Certificate

Certifying Physician *L. R. Andrews.* Plate engraved *Name*




Clergyman *Destination.* Lot or grave No. Section

Interment at *Destination* Cemetery

City *Paintsville*

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 Guy B. Co. R. Co. State</i>	200.00	May 11	<i>J. S. Jones</i> <i>Cr. by Check.</i>	245.00
Metallic Lining		" 11	<i>Cr. " Lin</i>	3.70
Outside Box				
Burial Robe				
Embalming and Attendance <i>& Shaving</i>	35.00			
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				
Grave Vault <i>Shut, collar & Tie & Socks</i>	3.70			
Shipping charges, prepaid				
Total amount of bill	248.70			248.70




REMARKS

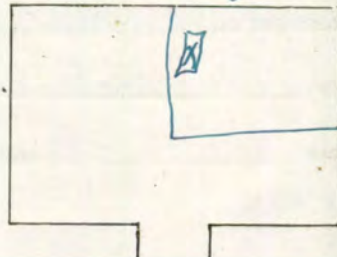
FUNERAL REGISTER

NO. *Hans. C. Hansen, Kissimmee, Fla.* DATE *1922 Mar 4th*

Remains of *Mrs Helene Hansen*, Residence *Kissimmee, Fla.*
 Father's Name *Not Known*, Residence *Denmark*.
 Mother's Name *Not Known*, How Secured *Husband*.
 Charged to *Hans. C. Hansen (Husband)* Shipped to *Buried in Orlando*.
 Date of Funeral *Mar 6th 1922* Date of Death *Mar 4th 1922*
 Place of Death *A. G. Hospital* Single or Married *Married*
 Occupation of Deceased *At Home* Age *40* years *5* months *15* days
 Cause of Death *Chambers* Number of Burial Certificate
 Certifying Physician *Dr. Christ* Plate engraved *At Rest*.
 Clergyman *Sh. Cooper* Lot or grave No. *# 21-S.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>1/3 Grey Cape Let.</i>	<i>75.00</i>	<i>Mar 4</i>	<i>En by Check.</i>	<i>135.00</i>
Metallic Lining <i>No.</i>		<i>Mar 4</i>	<i>En by Lhi</i>	<i>7.50</i>
Outside Box <i>Req.</i>				
Burial Robe <i>White Robe.</i>	<i>15.00</i>			
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers				
Hearse <i>Blk Winton</i>	<i>150.0</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i># 21-S.E. 1/4- Sec J.</i>	<i>12.50</i>			
Opening Grave <i>and Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>162.50</i>			<i>162.50</i>

REMARKS

FUNERAL REGISTER

NO. *Adams Gow. Orlando, Fla.* DATE *1922 of Leach Mar 5th*
 Remains of *Landis Gow.* Residence *2 1/2 Miles E. of Orlando.*
 Father's Name *Adams Gow.* Residence *Virginia (Orlando)*
 Mother's Name *Carrie Norndace (Gow)* How Secured *Father & Wife Eulie*
 Charged to *Adams Gow.* Shipped to *Buried in Orlando*
 Date of Funeral *Mar - 1922* Date of Death *Mar 5th*
 Place of Death *Residence* Single or Married *Married*
 Occupation of Deceased *Labour in Camp* Age *22* years *8* months *18* days
 Cause of Death *Acute Gastritis.* Number of Burial Certificate
 Certifying Physician *Th. Wooden (col)* Plate engraved *At Rest*
 Clergyman *Colored Minister.* 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 x. Designate site of monument thus =.

Eulie Gow #133 Jefferson St.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey Cope Flat Top.</i>	<i>75.00</i>	<i>Mar 13</i>	<i>En by Check</i>	<i>35.00</i>
Metallic Lining <i>No</i>		<i>.. 13</i>	<i>En .. Cash.</i>	<i>.50</i>
Outside Box <i>Req.</i>		<i>Mar 23</i>	<i>En by Insurance Check.</i>	<i>112.00</i>
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Carriages <i>C. Wagon at \$</i>	<i>5.00</i>			
Flowers <i>2 Autos</i>	<i>12.00</i>			
Hearse <i>Rev Hearse.</i>	<i>12.50</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Grave (col)</i>	<i>3.00</i>			
Opening Grave <i>Ed Closing</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	<i>147.50</i>			<i>147.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Ella C. Edwards, Winton Park, Fla.* DATE *1922 Mar 6th*

Remains of *Mrs Ella C. Edwards,* Residence *Winton Park, Fla.*

Father's Name *John W. Osborne,* Residence *Conn.*

Mother's Name *Don't know,* How Secured *Estate (Daughter)*

Charged to *Anna K. Edwards (Daughter)* Shipped to *La Cross, Wis.*

Date of Funeral *Mar - 8th 1922 11 a.m.* Date of Death *Mar 6th 1922 7:15 a.m.*

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

Occupation of Deceased *At home,* Age *79* years ☒ months *5* days

Cause of Death *Chro. Interstital Nephritis* Number of Burial Certificate

Certifying Physician *Lt. M. C. Evans,* Plate engraved *No name Plate.*




Clergyman *Friend of Family at Leminole Hotel* Lot or grave No. Section

Interment at *Hesteria Cemetery*

City *La Cross*

State *Wis.*

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 .

Helen L. Edwards. Orchard Place. Winton Park.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo R. Co. St.</i>	550.00	Mar 10	Cr by Check.	67.29
Metallic Lining <i>Yes</i>		Apr 11	Cr .. Check.	735.00
Outside Box <i>Chestnut Shipping Case</i>	125.00			
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>Del. of Casket.</i> at \$	5.00			
Flowers				
Hearse <i>Grey Winton.</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Casket Wagon to Sta</i>	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid <i>R. R. Ticket</i>	67.29			
Total amount of bill	802.29			802.29

REMARKS

FUNERAL REGISTER

NO. *Estate Jacob Mitchell, Reading, Mass.* DATE *1922*
of death Mar 8th
25 Linden St.

Remains of *Mr Jacob Mitchell.* Residence *Reading, Mass*

Father's Name *Jacob Mitchell Sr.* Residence *Maine.*

Mother's Name *Mary Stateria Blanchard.* How Secured *Estate & Wife.*

Charged to *Mrs Annett Mitchell wife* Shipped to *Boston, Mass.*

Date of Funeral *Mar - 1922* Date of Death *Mar 8th 1922 1 P.M.*

Place of Death *Amherst Apts.* Single or Married *Married.*

Occupation of Deceased *Treasurer of Mitchell* Age *76* years *5* months *12* days
Wordbury Co.

Cause of Death *Cerebral Hemorrhage.* Number of Burial Certificate

Certifying Physician *H. Christ.* Plate engraved *Name & Date*
1845-1922


Clergyman *At 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>1/3 Solid Coffin R. Co. S. H. Co.</i>	<i>1750.00</i>	<i>Mar 9</i>	<i>By Cash.</i>	<i>152.77</i>
Metallic Lining <i>Yes</i>				<i>1988.34</i>
Outside Box <i>Chestnut.</i>	<i>125.00</i>			
Burial Robe				
Embalming and Attendance <i>Ed Sharning</i>	<i>50.00</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				
Grave Vault				
Shipping charges, prepaid <i>R. R. Tichels & section</i>	<i>152.77</i>			
<i>Telegrams.</i>	<i>3.34</i>			
Total amount of bill	<i>2091.11</i>			<i>2091.11</i>

REMARKS

FUNERAL REGISTER

NO.

James L. Hillard Winter Garden.

DATE

1922
of Leade Mar 8th

Remains of

Mrs Mattie Agnes Hillard

Residence

Winter Garden, Fla.

Father's Name

Don't know.

Residence

Don't know.

Mother's Name

Don't know.

How Secured

Husband.

Charged to

James L. Hillard Husband.

Shipped to

Buried at Oakland.

Date of Funeral

Mar 9th 1922 4 P.M.

Date of Death

Mar 8th 1922 3 P.M.

Place of Death

Residence.

Single or Married

Married

Occupation of Deceased

At Home.

Age

about 65 years 11 months 20 days

Cause of Death

Shro Nephritis.

Number of Burial Certificate

Certifying Physician

Sh. Harris.

Plate engraved

Mother

Clergyman

At Winter Garden.

Lot or grave No.

Section

Interment at

Oakland.

Cemetery




City

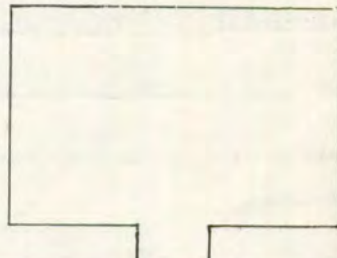
Oakland.

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	Gold Mtg. Co. Sta 450.00	Apr 4	By Chk. 592.00	
Metallic Lining	NO			
Outside Box	Req.			
Burial Robe	White Satin Dress. 50.00			
Embalming and Attendance	Emb. 35.00			
Carriages	at \$			
Flowers	Spray 12.00 Casket on card 15.00			
Hearse	Grey Auto F. Car. 20.00			
Death notices in	2 Papers			
Outlay for lot				
Opening Grave	Std of Casket + box 10.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	592.00			592.00

1933
Mar 21 - Disinterred Body and removed to Woodlawn Cemetery
Lot 106 Sec 4-
Grave # 6

\$17.50
was in brick & cement Vault at Oakland Cemetery




REMARKS

FUNERAL REGISTER

Estate
NO. *Kate Virginia Anderson, Martinsville* DATE *1922*
of Hearsh Mar 8th

Remains of *Miss Kate Virginia Anderson* Residence *Martinsville, Va.*
Father's Name *R. C. Anderson* Residence *Virginia*
Mother's Name *Not Known* How Secured *R. C. Anderson (Brother)*
Charged to *R. C. Anderson Brother* Shipped to *Martinsville, Va*
Date of Funeral *Mar - 1922* Date of Death *Mar 8th 1922 - 5:30 P.M.*
Place of Death *216 Lucern Circle* Single or Married *Single*
Occupation of Deceased *At Home* Age *65* years months days
Cause of Death *Chronic Nephritis* Number of Burial Certificate
Certifying Physician *Dr. Beardall* Plate engraved *Name*
Clergyman *Destination* Lot or grave No. Section
Interment at *Destination* Cemetery
City *Martinsville*
State *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>1/3 Grey B. Clo. Electric</i>	450.00	<i>Mar 9</i>	<i>Ex. by cash.</i>	58.18
Metallic Lining		<i>Mar 17</i>	<i>Ex. by Check.</i>	498.84
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Carriages <i>C. Wagon 2 at \$</i>	5.00			
Flowers				
Hearse				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Grave Vault				
Shipping charges, prepaid <i>Telegrams</i>	3.84			
<i>R. R. Tickets & Pullman.</i>	58.18			
Total amount of bill	557.02			557.02


REMARKS

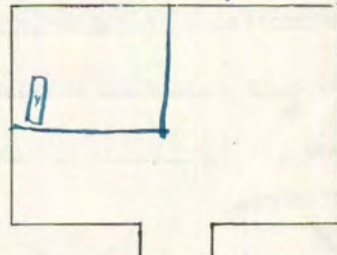
FUNERAL REGISTER

NO. *C. Walter Johnson. 28 W. Washington* DATE *1922 Mar 9th*

Remains of *James Robert Johnson.* Residence *28 W. Washington St*
 Father's Name *C. Walter Johnson.* Residence *28 W. Washington St*
 Mother's Name *Oey Henkel Johnson.* How Secured *Father.*
 Charged to *C. Walter Johnson.* Shipped to *Buried in Orlando.*
 Date of Funeral *Mar - 1922* Date of Death *Mar 9th 1922*
 Place of Death *Residence* Single or Married *Single*
 Occupation of Deceased *✓* Age *years 11 months 8 days*
 Cause of Death *Bro - Pneumonia* Number of Burial Certificate
 Certifying Physician *Dr. Edwards.* Plate engraved *Our Darling*
 Clergyman *Leona Adcock.* Lot or grave No. *NE 1/4 20* 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 x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 W. & Skin Oct-H Cap</i>	<i>55.00</i>	<i>Apr 4</i>	<i>En by Check.</i>	<i>92.50</i>
Metallic Lining <i>No.</i>				
Outside Box				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>15.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Hudson.</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec J. N.E. 1/4 20</i>	<i>12.50</i>			
Opening Grave <i>Ed Cloring.</i>	<i>5.00</i>			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	<i>92.50</i>			<i>92.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Gustof Bjorkander.* *Albando* *Fla.* DATE *1922* *of March 7th*

Remains of *Mr Gustof Bjorkander.* Residence *Albando. Fla.*

Father's Name *None known.* Residence *Sweden.*

Mother's Name *None known.* How Secured *Estate & niece.*

Charged to *Mrs Marion L. Wade* Shipped to *Buried in Albando.*

Date of Funeral *Mar-10th 1922* Date of Death *Mar 7th 1922 11 P.M.*

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

Occupation of Deceased *Farming* Age *77* years *9* months *6* days

Cause of Death *Senility* Number of Burial Certificate

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


Clergyman *Rev Christholm* Lot or grave No. *S.E. 1/4 20* Section *J.*

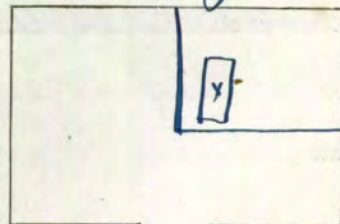
Interment at *Greenwood* Cemetery

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 =.



Mrs Marion Wade, Green Cove Springs, Fla. Box 367

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Var - Casket Lyr.</i>	70.00	Apr 4	Cr by check.	25.00
Metallic Lining		May 2	Cr	25.00
Outside Box		May 11	Cr .. P.O.	50.00
Burial Robe		July 4	Cr .. check	10.00
Embalming and Attendance <i>Emb.</i>	25.00	Oct	Cr .. check.	15.00
Carriages at \$				
Flowers				
Hearse <i>Blk Hearse</i>	12.50			
Death notices in <i>2</i> Papers				
Outlay for lot <i>Sec. J. S.E. 1/4 #20</i>	12.50			
Opening Grave <i>and closing.</i>	5.00			
Lining Grave				
Grave Vault				
Shipping charges, prepaid				
Total amount of bill	125.00			125.00

REMARKS

FUNERAL REGISTER

NO. *Estate James Law Redman, Orange* 412 N. DATE *1922 Mar 9th*

Remains of *Mr James Law Redman* Residence *412 N. Orange Ave*

Father's Name *Joseph Redman* Residence *England*

Mother's Name *Jane Law Redman* How Secured *Estate*

Charged to *Mrs Betty Redman (Wife)* Shipped to

Date of Funeral *Mar 12th 1922* Date of Death *Mar 9th 1922 8:30 AM*

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

Occupation of Deceased *Journalist* Age *57* years *✓* months *18* days

Cause of Death *Pneumonia* Number of Burial Certificate

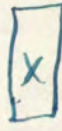
Certifying Physician *Dr. Crenshaw* Plate engraved *Name & Date*

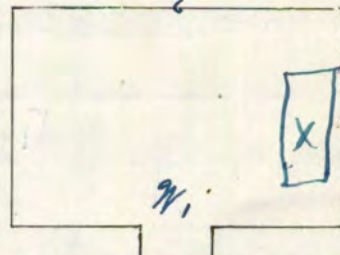
Clergyman *Rev Cooper* Lot or grave No. *1865-1922* Section *2*

Interment at *Restoration* Cemetery. *152*

City _____ State _____

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 S. H. Cap.</i>	400.00	May 12	Cr. by check	250.00
Metallic Lining <i>Yes</i>		July 7	Cr. by check	290.00
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>Shav. & Dress</i>	50.00			
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers				
Hearse <i>Grey Winton</i>	15.00			
Death notices in <i>2</i> Papers				
Outlay for lot <i>#154 Sec 2</i>	65.00			
Opening Grave	5.00			
Lining Grave				
Grave Vault				
Shipping Charges, Prepaid				
Total amount of bill	540.00			540.00

REMARKS

