

3-11-1922

Funeral Register Volume 04: Carey Hand Funeral Home records, March 11, 1922 to June 01, 1923

Carey Hand Funeral Home

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From

March 11th - 1922

To

June 1st 1923

FUNERAL REGISTER

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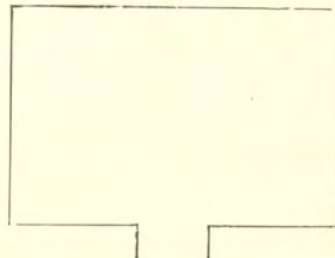
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FUNERAL REGISTER

NO. *Senator Park Trammell, Washington D.C.* DATE *1922*
of Death Mar 14th
 Remains of *Mrs Virginia Trammell.* Residence *Washington D.C.*
 Father's Name *T.C. Harby.* Residence *Florida*
 Birthplace of Father *Alabama.* How Secured *Husband.*
 Mother's Maiden Name *Maria Welch.* Shipped to *Lakeland, Fla.*
 Birthplace of Mother *Alabama.* Date of Death *Mar 14th 1922 10:30 a.m.*
 Charged to *Park Trammell (Husband)* Single or Married *Married.*
 Date of Funeral *March 16th 1922* Age *42* years *5* months *1* days
 Place of Death *A.G. Hospital.* Number of Burial Certificate *704*
 Occupation of Deceased *At Home.* Plate engraved *Name & date*
 Cause of Death *General Peritonitis.* Lot or grave No. *1879 - 1922* Section
 Certifying Physician *Dr. M. E. Ewan.*
 Clergyman *Destination*
 Interment at *Destination 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 x. Designate site of monument thus =.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 White B. Clo. Eftici</i>	465.00	Mar 18	Pr by Check.	544.40
Metallic Lining <i>Yes</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	40.00			
Autos Carriages <i>C. Wagon.</i> at \$	5.00			
Flowers				
Hearse <i>Grey Winton.</i>	15.00			
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>2 R.R. Tickets to Lakeland</i>	4.40			
Shipping charges, prepaid				
<i>Amb. Service (Winter Garden)</i>	15.00			
Total amount of bill	544.40			544.40

REMARKS

FUNERAL REGISTER

NO. *M Morgan Wesson, Winter Park* DATE *Mar 17th 1922*

Remains of *Infant.* Residence *Winter Park, Fla*

Father's Name *Morgan Wesson.* Residence *Winter Park. "*

Birthplace of Father How Secured *Father.*

Mother's Maiden Name *Lettie Bennett* Shipped to *Buried Winter Park.*

Birthplace of Mother *Milmore, Ga* Date of Death *Mar 17th 1922* *10 a.m.*

Charged to *Morgan Wesson.* Single or Married *Single*

Date of Funeral *Mar 17th 1922* Age ☒ years ☒ months ☒ days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *✓* Plate engraved *Our Darling*

Cause of Death *Still Born.* Lot or grave No. Section




Certifying Physician *Dr. H. Stord*

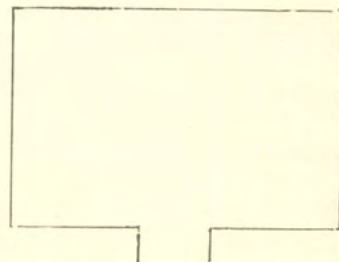
Clergyman *Winter Park*

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>2/14 Made Lgr.</i>	<i>6.00</i>	<i>Mar 17</i>	<i>Cr. by Cash</i>	<i>6.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages				
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in				
Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>6.00</i>			<i>6.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mack Brinkley. Colored* DATE *Mar 18 1922*
 Remains of *Mack Brinkley Col.* Residence *Yakaka - Near Leesburg.*
 Father's Name *E. Brinkley* Residence *Georgia.*
 Birthplace of Father *Georgia* How Secured *Wife*
 Mother's Maiden Name *Maggie Brinkley* Shipped to *Valdosta, Ga.*
 Birthplace of Mother *Georgia* Date of Death *Mar 18th 1922 8:4 a.m.*
 Charged to *Sarah Brinkley Wife* Single or Married *Married*
 Date of Funeral *Mar - 1922* Age *42* years *9* months *28* days
 Place of Death *A. G. Hospital* Number of Burial Certificate
 Occupation of Deceased *Farming.* Plate engraved *At Rest.*
 Cause of Death *Cancer of Stomach* Lot or grave No. Section
 Certifying Physician *Dr. Christ*
 Clergyman *Destination*
 Interment at *Destination* Cemetery
 City *Valdosta* 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>1/2 Var Coffin</i>	<i>35.00</i>	<i>Mar 18</i>	<i>Cr by cash.</i>	<i>86.50</i>
Metallic Lining				
Outside Box <i>Reg- Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb</i>	<i>25.00</i>			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman <i>Destination</i>				
Singers				
Death notices in Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>2 P.R. Tickets 8.25</i>	<i>16.50</i>			
Total amount of bill	<i>86.50</i>			<i>86.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Miss Tressa M. Halloran. N.Y.* *Sinclairville* DATE *March 18th 1922*

Remains of *Miss Tressa M. Halloran.* Residence *Sinclairville, N.Y.*

Father's Name *Bernard Halloran.* Residence *Ireland.*

Birthplace of Father *Ireland.* How Secured *Estate.*

Mother's Maiden Name *Bridget O'Hare.* Shipped to *Walhalla, N. Dakota.*

Birthplace of Mother *Ireland.* Date of Death *Mar 18th 1922 - 11 A.M.*

Charged to *James Halloran (Brother)* Single or Married *Single*

Date of Funeral *Mar - 1922* Age *52* years months days

Place of Death *Peffercorn Apartments.* Number of Burial Certificate

Occupation of Deceased *Secretary.* Plate engraved *Name - Tressa.*

Cause of Death *Cerebral Hemorrhage.* Lot or grave No. Section




Certifying Physician *Dr. Edwards.*

Clergyman *Destination.*

Interment at *Destination.* Cemetery

City *Walhalla.* State *N. Dakota.*

CEMETERY CHART

Put in the diagram one mark like this  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 Bush Art-D.?</i>	300.00	Mar 23	<i>my Cof. Co.</i> En. by Check	350.00
Metallic Lining		Mar 23	<i>Miss Halloran</i> En. by Cash R.R. Ticket	58.90
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>B & Henry</i>	40.00			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>R. R. Ticket</i>	58.90			
Total amount of bill	408.90			408.90



REMARKS

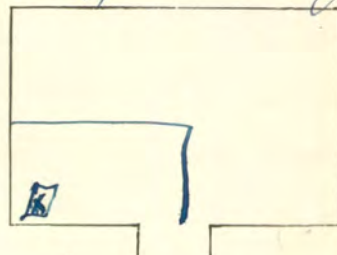
FUNERAL REGISTER

13

NO. *Estate Dr. Albert Joshua Taylor* *905 E. Central* DATE *1922* *of March Mar 19th*
Remains of *Dr. Albert Joshua Taylor* Residence *905 E. Central ave.*
Father's Name *Samuel Taylor* Residence *Maine*
Birthplace of Father *Maine* How Secured *Estate & Wife*
Mother's Maiden Name *Elizabeth Scammon* Shipped to *Buried in Orlando*
Birthplace of Mother *Maine* Date of Death *Mar 19th 1922 - 46 m.*
Charged to *Mrs Margaret Taylor (Wife)* Single or Married *Married*
Date of Funeral *Mar 20th 1922 - 11 a.m.* Age *56* years *4* months days
Place of Death *Q. G. Hospital* Number of Burial Certificate
Occupation of Deceased *Retired Physician* Plate engraved *Name & Date*
Cause of Death *Hemorrhage from Ulcer of Stomach* Lot or grave No. *1865 - 1922* Section *Sec J.*
Certifying Physician *Dr. Christ*
Clergyman *W. H. T. Alwit Commandery #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 Metal - Electric</i>	<i>325.00</i>	<i>Apr 6</i>	<i>Dr by Check.</i>	<i>397.50</i>
Metallic Lining <i>Yes</i>		<i>" 6</i>	<i>Dr " " "</i>	<i>5.00</i>
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Ex Shaving</i>	<i>35.00</i>			
Autos				
Carriages <i>C. Wagon 1 at \$</i>	<i>5.00</i>			
Flowers <i>Cuts</i>	<i>5.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#28 - N.W. 1/4 Sec J.</i>	<i>12.50</i>			
Opening Grave <i>And Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>402.50</i>			<i>402.50</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Hon Juan Scott, Yalesville - Conn.* DATE *1922 Mar 21st*

Remains of *Mr Hon Juan Scott.* Residence *Yalesville - Conn.*

Father's Name *Wade Scott.* Residence *Vermont.*

Birthplace of Father *Vermont.* How Secured *Estate & Wife*

Mother's Maiden Name *Juan Smith* Shipped to *Plainville - Conn.*

Birthplace of Mother *Vermont.* Date of Death *Mar 21st - 1922*

Charged to *Mrs Ada L. Scott (Wife)* Single or Married *Married*

Date of Funeral *Mar - 1922* Age *53* years *10* months *✓* days

Place of Death *Fla Sanitarium* Number of Burial Certificate

Occupation of Deceased *Mechanic - Shoe Maker.* Plate engraved *I.O.O.F. Emb.*

Cause of Death *Tubercular of Kidney* Lot or grave No. Section




Certifying Physician *Dr. Anderson.*

Clergyman *Destination*

Interment at *Destination* Cemetery

City *Plainville* 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>4 Guy B. Clo. Lett. D.T.</i>	<i>175.00</i>	<i>Mar 23</i>	<i>Dr by Cash.</i>	<i>330.71</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Shirt - Collar ^{2.50} ^{1.20}</i>	<i>2.70</i>			
Shipping charges, prepaid <i>R.R. Tickets & Pullman</i>	<i>108.01</i>			
Total amount of bill	<i>330.71</i>			<i>330.71</i>

REMARKS *+*

FUNERAL REGISTER

1922

NO. Estate Martin Wischmeyer, Indianapolis, Ind. DATE Mar 21st 1922

Remains of Mr Martin Wischmeyer. Residence Indianapolis, Ind.

Father's Name Jm Wischmeyer. Residence Germany.

Birthplace of Father Germany. How Secured Estate & Mr A.C. Brunkman

Mother's Maiden Name Not Known. Shipped to Indianapolis, Ind.

Birthplace of Mother Germany. Date of Death Mar 21st 1922

Charged to Mr Anton C. Brunkman Single or Married Single

Date of Funeral April - 1922 Age 52 years 7 months 21 days

Place of Death Winter Garden. Number of Burial Certificate

Occupation of Deceased Grocery Clerk. Plate engraved At Rest.

Cause of Death Heart Failure (Indigestion) Lot or grave No. Section




Certifying Physician H. B. H. Lawson.

Clergyman Destination.

Interment at Destination Cemetery

City Indianapolis 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 <u>1/4 Grey Hec Oct-3 R. Box</u>	130.00	<u>Apr 3</u>	<u>Cr by Check</u>	193.00
Metallic Lining <u>No</u>		<u>" 3</u>	<u>Cr by Cash.</u>	46.18
Outside Box <u>Reg- Painted.</u>		<u>" 3</u>	<u>Inc.</u>	.20
Burial Robe				
Embalming and Attendance <u>Shaving & Fitting</u>	38.00			
Autos				
Carriages <u>Res to Winter Garden at \$</u>	15.00			
Flowers <u>C. Wagon.</u>	5.00			
Hearse				
Clergyman				
Singers <u>2.00 2.50 .25 30</u> <u>Underwear-Shirt-Collar-Socks</u>	5.20			
Death notices in <u>2</u> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <u>R.R. Tickets</u>	46.18			
Total amount of bill	239.38			239.38

REMARKS

FUNERAL REGISTER

NO. *Estate Benjamin Thomas Boyd.* *Winter Garden* *1922*
 Remains of *Mr Benjamin Thomas Boyd* Residence *Winter Garden, Fla.*
 Father's Name *Benjamin Boyd* Residence *Don't know.*
 Birthplace of Father *Don't know.* How Secured *Estate & Wife*
 Mother's Maiden Name *Rachel Boyd.* Shipped to *Buried at Cece.*
 Birthplace of Mother *Georgia.* Date of Death *Mar 22nd 1922 8 P.m.*
 Charged to *Mrs Sarah Boyd (Wife)* Single or Married *Married*
 Date of Funeral *Mar 24th 1922 3 P.m.* Age *62* years *1* months *22* days
 Place of Death *Residence.* Number of Burial Certificate
 Occupation of Deceased *Merchant & Fruit Grower.* Plate engraved *Name & Date.*
 Cause of Death *Afoplexy.* Lot or grave No. *1860 - 1922* Section
 Certifying Physician *Dr. Harris Winter Garden*
 Clergyman *at Winter Garden*
 Interment at *Cecee* Cemetery
 City *Cecee.* 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 Guy B Co R. Co. Fla</i>	<i>550.00</i>	<i>April 20</i>	<i>Cr by Check.</i>	<i>625.00</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Emb Sh. - Home</i>	<i>40.00</i>			
Autos				
Carriages <i>Del. of Casket & box</i>	<i>10.00</i>			
Flowers				
Hearse <i>Grey Winton</i>	<i>20.00</i>			
Clergyman <i>Rev W. Olley.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Building Arch</i>	<i>5.00</i>			
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>625.00</i>			<i>625.00</i>

REMARKS

FUNERAL REGISTER

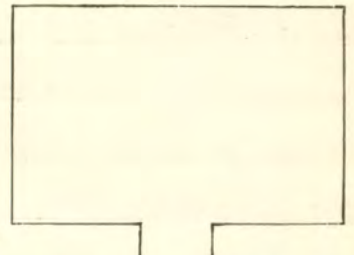
17

NO. Henry M. Ayres. Stamford, Conn. DATE 1922 of Death Mar 23rd

Remains of Mr Henry M. Ayres. Residence Stamford, Conn.
 Father's Name Daniel J. Nash. Residence New York.
 Birthplace of Father North Castle N. Y. How Secured Husband.
 Mother's Maiden Name Sarah Lyon. Shipped to Stamford, Conn.
 Birthplace of Mother North Castle N. Y. Date of Death Mar 23rd 1922 - 10:30 a.m.
 Charged to Mr Henry M. Ayres (Husband) Single or Married Married
 Date of Funeral March - 1922 Age 63 years months days
 Place of Death Lakeview Hotel. Number of Burial Certificate
 Occupation of Deceased At Home. Plate engraved Name + Date
 Cause of Death Lobar Pneumonia. Lot or grave No. Section
 Certifying Physician Dr. A. W. Guyan
 Clergyman Destinatin
 Interment at Destinatin Cemetery
 City Stamford State Conn.

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 **=**.



Mr Henry M. Ayres - 178 Atlantic St., Stamford, Conn.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <u>1/2 Guy B. Clo 1/2 Couch - B.T. Oct</u>	250.00	Mar 24	Tr by Check.	150.00
Metallic Lining <u>✓</u>		" 24	Expn Check.	50.00
Outside Box <u>Reg - Painted</u>		" 24	" "	50.00
Burial Robe <u>✓</u>		" 24	" "	50.00
Embalming and Attendance <u>& Dressing</u>	40.00			
Autos Carriages <u>C. Wagon.</u> at \$ <u>10.00</u>	10.00			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in <u>2</u> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	300.00			300.00

REMARKS

FUNERAL REGISTER

NO. *Estate Franklin A. Rigby. Windermere, Fla.* DATE *Mar 25th 1922*

Remains of *Mr Franklin A. Rigby.* Residence *Windermere, Fla.*

Father's Name *James. N. Rigby.* Residence *Newark, N.J.*

Birthplace of Father *Newark, New Jersey.* How Secured *Estate & Son.*

Mother's Maiden Name *Mary, E. Adams.* Shipped to *Yonkers, New York.*

Birthplace of Mother *Newark, New Jersey.* Date of Death *Mar 25th 1922 1 a.m.*

Charged to *George Rigby (Son)* Single or Married *Married*

Date of Funeral *Mar - 26th - 1922 - 3 p.m.* Age *72* years ☒ months *21* days

Place of Death *Orange. G. Hospital* Number of Burial Certificate

Occupation of Deceased *Life Insurance Agent* Plate engraved *Name & Date*

Cause of Death *Peforatory-Gastric Ulcer.* Lot or grave No. *1850 - 1922* Section *F & A.M. Emb.*

Certifying Physician *Dr. Edwards.*




Clergyman *Rev Champion of Windermere*

Interment at *Destination.* Cemetery

City *Yonkers* State *New York.*

George Rigby - Emerald, 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. Oct 10 Top</i>	175.00	Mar 27	<i>Esco Rigby</i> Cr. by Check	84.84
Metallic Lining		Apr 17	Cr by check	239.28
Outside Box		" 17		
Burial Robe				
Embalming and Attendance <i>Shaw-Herling</i>	35.00			
Autos				
Carriages <i>C. Wagon</i> at \$ 5.00	10.00			
Flowers				
Hearse				
Clergyman <i>Rev Champion</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Shirt Collar</i>	2.70			
Opening Grave <i>Sch 5⁰⁰ Tie 1⁰⁰</i>	1.50			
Lining Grave	.08			
Shipping charges, prepaid <i>Express on today</i>	84.84			
<i>Amb- to Windermere.</i>	15.00			
Total amount of bill	324.12			324.12

REMARKS

FUNERAL REGISTER

NO. *Estate Margaret M. Benjamin* ^{Maplewood} DATE *Mar 27th 1922*
 Remains of *Mrs Margaret M. Benjamin* Residence *Maplewood, N. Jersey.*
 Father's Name *Samuel L. Post.* Residence *New Jersey.*
 Birthplace of Father *Westfield New Jersey* How Secured *Estate & Heirline*
 Mother's Maiden Name *Hays* Shipped to
 Birthplace of Mother *New York.* Date of Death *Mar 27th 1922 10:30 p.m.*
 Charged to *Mrs Edith Watts, Maplewood, N.J.* Single or Married *Widow*
 Date of Funeral *April 2nd 1922* Age *79* years *5* months *15* days
 Place of Death *311 E. Concord Ave.* Number of Burial Certificate
 Occupation of Deceased *At Home.* Plate engraved *Name & Date*
 Cause of Death Lot or grave No. *1842 - 1922* Section
 Certifying Physician *Dr. Edwards.*
 Clergyman *Hestination*
 Interment at *Cypress Hill* Cemetery
 City *Long Island* 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>1/4 Guy B. Clo. Oct Q-Top</i>	<i>180.00</i>	<i>Mar 29</i>	<i>to by check</i>	<i>375.15</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman <i>Hestination</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>Telegrams 182882</i>	<i>2.64</i>			
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>A.R. Nichols & Section</i>	<i>147.51</i>			
Total amount of bill	<i>375.15</i>			<i>375.15</i>

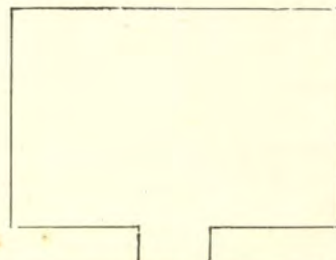
REMARKS

FUNERAL REGISTER

NO. *Estate Wm James Miller, Chicago, Ill.* DATE *1922 Mar 28th*
 Remains of *Wm James Miller.* Residence *Chicago, Ills.*
 Father's Name *Don't Know.* Residence *Don't Know.*
 Birthplace of Father *Don't Know.* How Secured *Estate + Wife*
 Mother's Maiden Name *Don't Know.* Shipped to *Chicago, Ills.*
 Birthplace of Mother *Don't Know.* Date of Death *Mar 28th 1922 12:20 a.m.*
 Charged to *Mrs Minnie May Miller* Single or Married *Married*
 Date of Funeral *Mar - 1922* Age *68* years *9* months *28* days
 Place of Death *Fila Sanitarium* Number of Burial Certificate
 Occupation of Deceased *Manager of both Thomas Clock Co. & Rethed* Plate engraved *Name + Date 1853 - 1922*
 Cause of Death *Myocardial Insufficiency.* Lot or grave No. Section
 Certifying Physician *Dr. Andrews.*
 Clergyman *Destination*
 Interment at *Destination* Cemetery
 City *Chicago.* State *Ills.*
Mr John H. Miller (Son) Chicago, 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 *1/2 Brown Metal S.H. Co.* 450.00 *Mar 28 Cr. by check.* 588.82

Metallic Lining *Inner*

Outside Box *Reg - Painted*

Burial Robe

Embalming and Attendance *Shaw-Hessing* 40.00

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

Flowers

Hearse

Clergyman

Singers

Death notices in *2* Papers

Outlay for lot

Opening Grave

Lining Grave

Shipping charges, prepaid

P.R. Ticket, Compartment 2 seats to pay 88.82

Total amount of bill

588.82

588.82

REMARKS

FUNERAL REGISTER

21

NO. *Estate Anna Green, Winter Park, Fla.* ^{Colored} DATE *Mar 28 1922*
Remains of *Anna Green (Colored)* Residence *Winter Park, Fla.*
Father's Name *Monroe Mapell.* Residence *Winter Park, Fla.*
Birthplace of Father *Coffee Co., Ga.* How Secured *Insurance.*
Mother's Maiden Name *Susan Bunley.* Shipped to *Buried in Winter Park.*
Birthplace of Mother *White Hall, Va.* Date of Death *Mar 28th 1922 4:30 a.m.*
Charged to *Susan Maprell (Mother)* Single or Married *Widow*
Date of Funeral *April 2nd 1922* Age *55* years *3* months *13* days
Place of Death *Residence.* Number of Burial Certificate
Occupation of Deceased *At Home.* Plate engraved *Name & Date*
Cause of Death *Paralysis.* *1866 - 1922* Section
Certifying Physician *Dr. Callahan.*
Clergyman *At Winter Park*
Interment at *Winter Park* Cemetery
City *Winter Park* State *Fla.*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Grey B. Clo. High Side C.</i>	225.00	Apr 28	Dr by Check.	285.00
Metallic Lining <i>No</i>		.. 28	Dr .. <i>Rev.</i>	8.50
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	35.00			
Autos <i>C. Wagon</i> at \$	5.00			
Flowers <i>Hel. of box to Cemetery</i>	5.00			
Hearse <i>Grey Reo Car.</i>	15.00			
Clergyman				
Singers <i>One Auto</i>	8.50			
Death notices in <i>Papers</i>				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	293.50			293.50

REMARKS

FUNERAL REGISTER

NO. *Lh. Lemuel Lindsay*, 504 W. Concord ¹⁹²² DATE *Mar 28th*

Remains of *Mrs Sue Wayfield Lindsay* Residence *504 W. Concord ave.*

Father's Name *Benjamin Quarry* Residence *Ireland*

Birthplace of Father *Ireland.* How Secured *Husband.*

Mother's Maiden Name *Dont Know* Shipped to *Buried in Ireland.*

Birthplace of Mother *Ireland.* Date of Death *Mar 28th 1922 - 8:30 P.M.*

Charged to *Lh. Lemuel Lindsay* Single or Married *Married*

Date of Funeral *March 30th 1922* Age *59* years *8* months *10* days

Place of Death *Residence.* Number of Burial Certificate *720*

Occupation of Deceased *At Home.* Plate engraved *Name + State*

Cause of Death *Angina Pectoris* Lot or grave No. *1862 - 1922* Section *2*


Certifying Physician *Lh. Kleiser.*

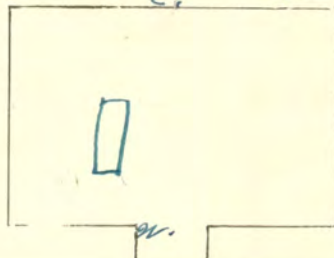
Clergyman *Mrs Edgerton (C.S. Service)*

Interment at *Greenwood* Cemetery

City *Calando.* 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 Metal Casket - Electric</i>	<i>335.00</i>	<i>May 1</i>	<i>Cr by Check.</i>	<i>475.00</i>
Metallic Lining <i>Linner.</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos				
Carriages <i>C. Wagon</i> at \$.	<i>5.00</i>			
Flowers <i>3 Autos</i> ^{<i>5.00</i>}	<i>15.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman <i>Mrs Edgerton.</i>				
Singers <i>Mrs Fleming.</i>				
Death notices in <i>2</i> Papers				
Outlay for lot # <i>116 - Sec 2.</i>	<i>65.00</i>			
Opening Grave <i>Exc Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>475.00</i>			<i>475.00</i>

REMARKS

FUNERAL REGISTER

NO. *James B. Lynch. Bayonne, N. J.* *862 ave C* DATE *1922*
of death Mar 29th
 Remains of *Mrs Mary M. Lynch.* Residence *Bayonne, New Jersey*
 Father's Name *James Bannon.* Residence *Ireland.*
 Birthplace of Father *Ireland.* How Secured *Husband*
 Mother's Maiden Name *Kathleen Emis* Shipped to *Newark, New Jersey.*
 Birthplace of Mother *Ireland.* Date of Death *Mar 29th 1922 5 P.M.*
 Charged to *Mr James E. Lynch* *Husband.* Single or Married *Married*
 Date of Funeral *April - 1922* Age *61* years *7* months *11* days
 Place of Death *S. Orange Ave* *Tombstone Home* Number of Burial Certificate *721*
 Occupation of Deceased *At Home.* Plate engraved *Name*
 Cause of Death *Gastric Hemorrhage* Lot or grave No. Section
 Certifying Physician *Dr. Beardall*
 Clergyman *Destinacion*
 Interment at *Destinacion* Cemetery
 City *Bayonne* State *N. 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 Guy B. Clo - Hosp. Side C.</i>	<i>325.00</i>	<i>Mar 30</i>	<i>By check.</i>	<i>647.40</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Chestnut-Maple Pine Case</i>	<i>115.00</i>			
Burial Robe				
Embalming and Attendance <i>Bathing & Hair</i>	<i>40.00</i>			
Autos				
Carriages <i>C. Wagon - at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Underwear & more</i>	<i>9.00</i>			
Hearse				
Clergyman <i>Destinacion</i>				
Singers <i>"</i>				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
<i>3 R. R. Tickets - 1 Sec.</i>	<i>148.40</i>			
Total amount of bill	<i>647.40</i>			<i>647.40</i>

REMARKS

FUNERAL REGISTER

NO. *Edward P. Hall Maitland, Fla.* DATE *1922 April 1st*

Remains of *Mrs. Jane B. Hall.* Residence *Evston - Chicago, Ill.*

Father's Name *Thomas Biegler* Residence *New York.*

Birthplace of Father *New York.* How Secured *Husband*

Mother's Maiden Name *Don't Know.* Shipped to *Chicago, Ill.*

Birthplace of Mother *New York.* Date of Death *April 1st 1922 - 8:40 a.m.*

Charged to *Mr. Edward R. Hall* Single or Married *Married*

Date of Funeral *April 2nd 1922 11 a.m.* Age *64* years *3* months *18* days

Place of Death *Maitland Residence* Number of Burial Certificate

Occupation of Deceased *At Home.* Plate engraved *Name & Date*

Cause of Death *Pericarditis Anemia* Lot or grave No. *1857* - *1922* Section



Certifying Physician *Dr. Hotard.*

Clergyman *At Maitland*

Interment at *Rose Hill* 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. M. R. Co.</i>	550.00	June 26	Dr. by Check.	365.00
Metallic Lining <i>Yes</i>		Sept 2	Dr. by Check.	100.00
Outside Box <i>Mighty Finish</i>	125.00	Sept 30	Dr. by Check.	100.00
Burial Robe <i>✓</i>		Oct 31	Dr. by Check.	65.00
Embalming and Attendance <i>Emb.</i>	35.00	Jan 8 1923	Dr. by Check.	100.00
Autos Carriages at \$				
Flowers				
Hearse <i>Guy Winton</i>	20.00			
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	730.00			730.00

REMARKS

FUNERAL REGISTER

NO. *Estate Carroll V. Clay, 1034 W. Jackson* DATE *of death April 3rd 1922*

Remains of *Mr Carroll V. Clay.* Residence *1034 W. Jackson, City*

Father's Name *James Clay.* Residence *North Carolina.*

Birthplace of Father *North Carolina* How Secured *Wife.*

Mother's Maiden Name *Victoria Byrd.* Shipped to *Buried at Orlando*

Birthplace of Mother *Don't know.* Date of Death *April 3rd 1922 7:30 a.m.*

Charged to *Mrs Priscilla Clay wife* Single or Married *Married*

Date of Funeral *April 5th 1922 4 P.M.* Age *47* years months *24* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Hay Work (Orange Grove)* Plate engraved *At Rest*

Cause of Death *Acute Indigestion* Lot or grave No. Section


Certifying Physician *Dr. Beardsall.*

Clergyman

Interment at *Lock Cemetery* 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>Grey Cape Act</i>	90.00	May 3	<i>McLellan</i> A. by check.	50.00
Metallic Lining <i>No</i>		June 5	<i>McLellan</i> B. by check	20.00
Outside Box <i>Reg.</i>		Sept 13	<i>McLellan</i> B. by check.	79.00
Burial Robe		Feb 1	<i>McLellan</i> B. by check	10.00
Embalming and Attendance <i>Emb.</i>	25.00	June 23	<i>1927</i> B. " <i>Leis</i>	16.00
Autos				
Carriages <i>Hel. of box to cemetery.</i>	7.50			
Flowers				
Hearse <i>Blk Winton.</i>	20.00			
Clergyman				
Singers <i>Telegrams.</i>	1.99			
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave <i>Socks & Underwear</i>	1.50			
Shipping charges, prepaid				
Total amount of bill	145.99			145.99

REMARKS X *Snd statement to**B H Mc Lellan**Kissimmee**R.F.D. #1**Joe Ward*
*Taft Fla.**Mr Cray at acct*
Orlando

FUNERAL REGISTER

NO. *Estate Jack Button* ^{3 miles of} *W. Winter Park* ¹⁹²² DATE *of Death Apr 6th*

Remains of *Mr Jack Button.* Residence *3 Miles West of Winter Park.*

Father's Name *Jimmie Button.* Residence *Georgia.*

Birthplace of Father *Georgia.* How Secured. *County & Wilson*

Mother's Maiden Name *Lost Know* Shipped to *Buried in Orlando*

Birthplace of Mother *Lost Know.* Date of Death *April 6th 1922 6 a.m.*

Charged to *County 8.50 H.C. Wilson \$46.50* Single or Married *Single*

Date of Funeral *April 7th 1922 4 P.M.* Age *47* years months days

Place of Death *Orange County Home.* Number of Burial Certificate

Occupation of Deceased *Lay Work.* Plate engraved *At Rest*

Cause of Death *Apoplexy.* Lot or grave No. Section

Certifying Physician *J. A. Ford.*




Clergyman *S. A. C. M.*

Interment at *Greenwood Cemetery*

City *Orlando State Fla.*

H. C. Wilson Orlando Box 1 R. F. L. - 3

CEMETERY CHART

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



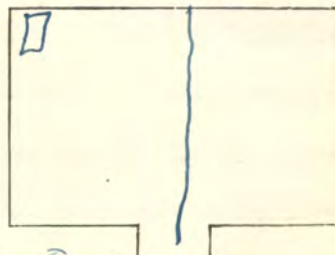
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>3/4 Var Office box</i>	25.00	May 4	Cr by Check.	8.50
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance <i>Fluid & Care of body</i>	10.00			
Autos				
Carriages at \$				
Flowers				
Hearse <i>Res - 2 trips</i>	15.00			
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot <i>Single</i>	3.00			
Opening Grave <i>and Closing</i>	2.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	55.00			55.00

REMARKS *County will Pay 8.50 H.C. Wilson 46.50*

FUNERAL REGISTER

NO. *Mr Eugene V. Barney. Lockhart.* DATE *1922 April 8th*Remains of *Mrs Lora J. Barney.* Residence *Lockhart, Fla.*Father's Name *Irvin Green.* Residence *New York.*Birthplace of Father *New York.* How Secured *Husband.*Mother's Maiden Name *Mary Pease* Shipped to *Buried in Orlando.*Birthplace of Mother *Michigan.* Date of Death *April 8th 1922 2-4 p.m.*Charged to *Mr Eugene V. Barney.* Single or Married *Married*Date of Funeral *April 11th 1922 4:30 p.m.* Age *53* years *11* months *8* daysPlace of Death *Residence.* Number of Burial CertificateOccupation of Deceased *At Home.* Plate engraved *At Rest.*Cause of Death *Carcinoma of Stomach* Lot or grave No. *17 N. 1/2 Section J.*Certifying Physician *Dr. Ford.*Clergyman *Rev Lelan (Orlando)*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 =.*Alfred Barney (son) Peria Ills, 426 Barkley Ave.**Mrs J. H. Chatte (Lockhart).*

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket *3/4 Grey. Loc Oct 3. P. Pop* 135.00 *Apr 10 Cr by Cash.* 100.00Metallic Lining *No* " 10 Cr " *Check* 10.00Outside Box *Req.* " 29 Cr " *Cash* 40.00Burial Robe *June 27 Cr* " *Check.* 10.00Embalming and Attendance *Ed Hessing* 35.00 *July 29 Cr* " *Check* 25.00Autos *C. Wagon at \$* 5.00 *Aug 16 Cr* " *P.O. Order* 15.00Flowers *Sept 4 Cr* " *Check.* 27.00Hearse *Grey Winton* 15.00

Clergyman

Singers

Death notices in *2* PapersOutlay for Lot *#17 N 1/2 Sec J.* 22.00Opening Grave *Ed Closing.* 5.00Lining Grave *Minister & music* 10.00

Shipping charges, prepaid

Total amount of bill

227.00

227.00

REMARKS *Minister & music*

FUNERAL REGISTER

NO. *M. A. A. Wesson, Winter Park* DATE *1922 Apr 8th*

Remains of *Infant.* Residence *Winter Park, Fla.*

Father's Name *A. A. Wesson.* Residence *Winter Park, Fla.*

Birthplace of Father *Florida.* How Secured *Father.*

Mother's Maiden Name *Corrie Linn.* Shipped to *Buried at Winter Park*

Birthplace of Mother *Florida.* Date of Death *April 8th 1922*

Charged to *A. A. Wesson (Father)* Single or Married *Single*

Date of Funeral *April 8th 1922* Age ☒ years ☒ months ☐ days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *_____* Plate engraved *Our Darling.*

Cause of Death *Still Born.* Lot or grave No. Section




Certifying Physician *Dr. Hotard*

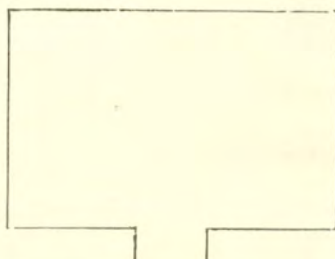
Clergyman *At Winter Park.*

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>2 1/2 H.M. & Box</i>	<i>6.00</i>	<i>Apr 8</i>	<i>En by Cash.</i>	<i>6.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages at \$				
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>6.00</i>			<i>6.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Abbie Hamilton* *Barlow* *Fla.* DATE *1922* *of death April 8*

Remains of *Mrs Abbie Hamilton* Residence *Barlow, Fla.*

Father's Name *B. J. Ayers.* Residence *Georgia.*

Birthplace of Father *Georgia.* How Secured *Estate & Son.*

Mother's Maiden Name *Clark.* Shipped to *Buried in Orlando.*

Birthplace of Mother *Georgia.* Date of Death *April 8th 1922 1:30 PM.*

Charged to *Preslon Ayers (son)* Single or Married *Widow*

Date of Funeral *April 9th 1922 4:30 PM.* Age *61* years months days

Place of Death *Garland St., Orlando* Number of Burial Certificate

Occupation of Deceased *At Home.* Plate engraved *Mother.*

Cause of Death *Carcinoma of Uterus* Lot or grave No. *154* Section *R*




Certifying Physician *Dr. Beundall*

Clergyman *Rev Adcock.*

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 Guy B. Co. Bt. L. W.</i>	<i>150.00</i>	<i>1924</i> <i>June 24</i>	<i>Cr. by Principle</i>	<i>5.00</i>
Metallic Lining <i>✓</i>		<i>" 24</i>	<i>Cr. by Int. 28.85</i>	
Outside Box <i>Reg.</i>		<i>Aug 31</i>	<i>Cr. by check</i>	<i>100.00</i>
Burial Robe <i>Grey Robe</i>	<i>15.00</i>	<i>July 15</i>	<i>Cr. " "</i>	<i>100.00</i>
Embalming and Attendance <i>Ed. Herring</i>	<i>25.00</i>	<i>June 21</i>	<i>Cr. " "</i>	<i>100.00</i>
Autos				
Carriages <i>3 autos at \$ 5.00</i>	<i>15.00</i>		<i>Apr-17-1924</i>	
Flowers <i>Carpet Wagon.</i>	<i>5.00</i>		<i>gave 30-da Note.</i>	
Hearse <i>Grey Winton</i>	<i>15.00</i>		<i>acct 305.00</i>	
Clergyman <i>Dean Adcock</i>			<i>Inst 24.00 ad</i>	
Singers <i>Music</i>	<i>5.00</i>		<i>\$329.00</i>	
Death notices in <i>2</i> Papers			<i>8% from Apr-17-24</i>	
Outlay for Lot <i>#154- Sec 2.</i>	<i>65.00</i>		<i>Int to July 15-25-20.00</i>	
Opening Grave <i>Exp Closing + etc</i>	<i>5.00</i>		<i>Bal due on acct</i>	
Lining Grave <i>Moving body of body.</i>	<i>5.00</i>		<i>to date 7/15/25</i>	
Shipping charges, prepaid			<i>\$120.00</i>	
Total amount of bill	<i>305.00</i>			<i>305.00</i>

REMARKS

FUNERAL REGISTER




Sudie R

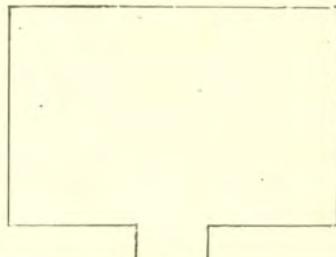
1922

NO. *Ms. Susie Minor, Winter Garden, Fla.* DATE *April 11th*

Remains of *Loyd. B. Minor.* Residence *Winter Garden, Fla.*
 Father's Name *Thor. L. Minor* Residence *Groam Point, Fla.*
 Birthplace of Father *Georgia.* How Secured *Mother*
 Mother's Maiden Name *Sudie Hennes.* Shipped to *Buried at Acce.*
 Birthplace of Mother *Brookville, Fla.* Date of Death *April 11th 1922*
 Charged to *Ms. Susie Minor (Mother)* Single or Married *Single*
 Date of Funeral *April 12th 1922 3 P.M.* Age *28* years *4* months *29* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *Fruit Grower.* Plate engraved *Name & Date*
 Cause of Death *Encephalasy Face.* Lot or grave No. *1894-1922* Section
 Certifying Physician *Ltr.*
 Clergyman *Rev. Hardin*
 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>6/3 Grey B.C. R.C.S.</i>	<i>220.00</i>	<i>1922 July 15</i>	<i>By Check.</i>	<i>388.97</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Ex. Shaming</i>	<i>35.00</i>			
Autos				
Carriages <i>Hel of Casket to res.</i>	<i>10.00</i>			
Flowers <i>Hel of box to Cemetery</i>	<i>5.00</i>			
Hearse <i>Grey Winton.</i>	<i>20.00</i>			
Clergyman <i>Rev. Hardin</i>			<i>Ex. Labor no charge.</i>	
Singers <i>Marble Marker</i>	<i>17.50</i>		<i>Ex. marker no charge.</i>	
Death notices in <i>2</i> Papers				
Outlay for lot <i>Building Arch</i>	<i>5.00</i>			
Opening Grave <i>2 Sacks Cement</i>	<i>6.00</i>			
Lining Grave <i>Collar & Tie</i>	<i>1.25</i>			
Shipping charges, prepaid <i>Vault</i>	<i>62.37</i>			
<i>Cement & White Sand</i>	<i>68.50</i>			
Total amount of bill	<i>388.97</i>			<i>388.97</i>


REMARKS

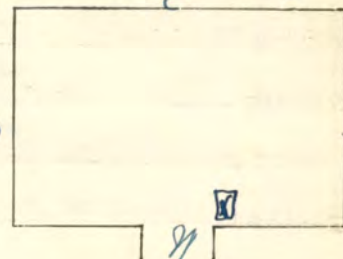
FUNERAL REGISTER

NO. *Mrs B. Palmer. 310 N. Orange Ave* DATE *April 11th 1922*

Remains of *King Calvin Allen* Residence *310 N. Orange Ave*
 Father's Name *E. B. Allen* Residence *Ills.*
 Birthplace of Father *Ills.* How Secured *Mother.*
 Mother's Maiden Name *Florence Phenox* Shipped to *Buried in Orlando*
 Birthplace of Mother *Missouri* Date of Death *April 11th 1922 - 9:45 a.m.*
 Charged to *Mrs Florence Palmer* Single or Married *Single.*
 Date of Funeral *April 13th 1922 10:30 a.m.* Age *9* years *7* months *2* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *At school.* Plate engraved *Our Darling*
 Cause of Death *Titanus.* Lot or grave No. *143* Section *2*
 Certifying Physician *Dr. Beardsall.*
 Clergyman *Rev. Sutton Kimmance*
 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>4/6 Whit & Sons - N.T.</i>	<i>75.00</i>	<i>July 1, 1924</i>	<i>Ex by chk. Cemetery sold</i>	<i>17.50</i>
Metallic Lining	<i>no</i>		<i>Sept 1, 1925</i>	<i>Ex by cash</i>	<i>7.50</i>
Outside Box	<i>Reg</i>		<i>Sept 7, 1927</i>	<i>Ex. by ch. Mrs Palmer</i>	<i>100.00</i>
Burial Robe			<i>April 6, 1937</i>	<i>Ex. "</i>	<i>100.00</i>
Embalming and Attendance	<i>Family Emb</i>	<i>25.00</i>			<i>135.00</i>
Autos					
Carriages	<i>Hudson Car</i>	<i>5.00</i>		<i>May-10-22</i>	
Flowers	<i>C. Wagon</i>	<i>5.00</i>			
Hearse	<i>Grey Winton.</i>	<i>15.00</i>			
Clergyman					
Singers					
Death notices in	<i>2</i>	<i>Papers</i>			
Outlay for Lot	<i>#143 See L.</i>	<i>65.00</i>			
Opening Grave	<i>and closing.</i>	<i>5.00</i>			
Lining Grave					
Shipping charges, prepaid					

Moving remains of Mr Palmer. *10.00*

Total amount of bill *205.00*




REMARKS *4.20-34* *Mrs. Palmer (now Mrs. Cherry) 271 W. Forsythe St. Jacksonville Fla.*
(1937) 627 Lyewood Ave.

FUNERAL REGISTER

NO. *Estate Arville S. Potter, 257 Ridgewood Ave* DATE *1922 April 12th*

Remains of *Mr Arville S. Potter,* Residence *257 Ridgewood Ave*
 Father's Name *Samuel Potter,* Residence *New York.*
 Birthplace of Father *New York State,* How Secured *Laughter.*
 Mother's Maiden Name *Laura W. Green,* Shipped to *Adams Centre, N.Y.*
 Birthplace of Mother *New York State* Date of Death *April 12th 1922 106.m.*
 Charged to *Mary C. Potter Laughter* Single or Married *Widower*
 Date of Funeral *April - 1922* Age *74* years *5* months *20* days
 Place of Death *257 Ridgewood Ave* Number of Burial Certificate
 Occupation of Deceased *Merchant (Retired)* Plate engraved *Father.*
 Cause of Death *Found dead in yard*
Organic Heart Lesions Lot or grave No. Section
 Certifying Physician *Dr. Neal.*
 Clergyman *Destination.*
 Interment at *Destination* Cemetery
 City *Adams Center* 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 .

Consigned to: - *Mrs Nettie Woodard Adams Center N.Y.*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Guy Life Oct 30</i>	<i>115.00</i>	<i>Apr 14</i>	<i>By Check</i>	<i>286.69</i>
Metallic Lining <i>No</i>		<i>" 14</i>	<i>By Chk.</i>	<i>4.59</i>
Outside Box <i>Reg-Painted</i>				
Burial Robe <i>Blk B. Suit</i>	<i>17.50</i>			
Embalming and Attendance <i>Emb</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon (2) at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman <i>P. Lee Smith</i>	<i>5.00</i>			
Singers	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegrams.</i>	<i>2.68</i>			
Shipping charges, prepaid <i>Express.</i>	<i>101.10</i>			
Total amount of bill	<i>291.28</i>			<i>291.28</i>

REMARKS

FUNERAL REGISTER

NO. *Estate James. Henry M^cCluskey* DATE *April 14 1922*
 Remains of *Mr James Henry M^cCluskey* Residence *109 E. Robinson Ave.*
 Father's Name *Henry M^cCluskey* Residence *Ireland.*
 Birthplace of Father *Ireland.* How Secured *Wife + Estate*
 Mother's Maiden Name *Mary Logan* Shipped to *Ship to Pittsburgh and 90*
 Birthplace of Mother *Penn.* Date of Death *April 14th 1922-3130am*
 Charged to *Mrs Annie. E. M^cCluskey* Single or Married *Married.*
 Date of Funeral *April - 1922* Age *64* years *9* months *12* days
 Place of Death *E. Robinson Ave.* Number of Burial Certificate
 Occupation of Deceased *Farmer - Retired* Plate engraved *At Rest.*
 Cause of Death *Mitastosis (due to Cancer)* Lot or grave No. Section
 Certifying Physician *Dr. Kreiser*
 Clergyman *Destination.*
 Interment at *M^cDonald* Cemetery
 City *M^cDonald* State *Pa.*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B. Clo. Eleftic</i>	225.00	April 17	Cr by Check	384.45
Metallic Lining <i>no</i>				
Outside Box				
Burial Robe				
Embalming and Attendance <i>, Shaving, Dressing</i>	50.00			
Autos				
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers <i>Telegrams.</i>	3.57			
Hearse				
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave <i>Shirt & Collar</i>	2.20			
Shipping charges, prepaid <i>R.R. Tickets and Pullman.</i>	93.18			
Total amount of bill	384.45			384.45

REMARKS

FUNERAL REGISTER

NO. Hiram B. Mc Connell ^{Tyty Ga.} DATE 1922 April 14

Remains of Rose Mc Connell Residence Tyty, Ga.

Father's Name Williamson Residence Canada

Birthplace of Father Canada How Secured Husband

Mother's Maiden Name Williamson Shipped to Tifton, Ga.

Birthplace of Mother Canada Date of Death April 14th 1922 - 9:45 a.m.

Charged to Hiram B. Mc Connell Single or Married Married

Date of Funeral April - 1922 Age 63 years 9 months 21 days

Place of Death Fila. Sanitarium Number of Burial Certificate

Occupation of Deceased At Home Plate engraved Mother

Cause of Death Nephritis Lot or grave No. Section




Certifying Physician Dr. Andrews

Clergyman Destination

Interment at Tyty Cemetery

City Tyty 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 <u>1/4 Day Casket Oct 3 P.D.</u>	115.00	Apr 14	Cr by Cash	20.10
Metallic Lining <u>No</u>		" 24	Cr " Check	55.15
Outside Box <u>Reg - Painted</u>		" 10	Cr " Check	113.85
Burial Robe <u>Grey B. Dress</u>	9.00			
Embalming and Attendance <u>Emb.</u>	35.00			
Autos Carriages <u>C. Wagon</u> ²¹ at \$ 5.00	10.00			
Flowers				
Hearse				
Clergyman <u>Destination</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <u>2 R. R. Tickets</u>	20.10			
Shipping charges, prepaid				
Total amount of bill	189.10			189.10

REMARKS

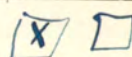
FUNERAL REGISTER

NO. *W. M. Campbell, Sarasota, Fla.* DATE *April 11th 1922*

Remains of *Mrs Anna M. Campbell.* Residence *Sarasota. Fla.*
 Father's Name *Leuit Know* Residence *Leuit Know.*
 Birthplace of Father *Leuit Know.* How Secured *Husband.*
 Mother's Maiden Name *Leuit Know* Shipped to *Orlando from Sarasota*
 Birthplace of Mother *Leuit Know.* Date of Death *April 11th 1922*
 Charged to *N. Campbell (Husband)* Single or Married *Married*
 Date of Funeral *April 13-1922 3 P.M.* Age *57* years months days
 Place of Death *Sarasota* Number of Burial Certificate
 Occupation of Deceased *at Home* Plate engraved
 Cause of Death *Apoplexy.* Lot or grave No *Am-Circle 16* Section *Lot B.*
 Certifying Physician *at Sarasota*
 Clergyman *Dean Long*
 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
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


Coffin or Casket	<i>Cement - Electric</i>		<i>April 14 En by cash.</i>	<i>29.00</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Reg.</i>			
Burial Robe				
Embalming and Attendance	<input checked="" type="checkbox"/>			
Autos				
Carriages	<i>Family Car at \$</i>	<i>4.00</i>		
Flowers	<i>Casket. Wagon.</i>	<i>5.00</i>		
Hearse	<i>Grey Winton</i>	<i>15.00</i>		
Clergyman	<i>Dean Long.</i>			
Singers				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for Lot	<i>B. Am-Circle 16</i>			
Opening Grave	<i>and Closing</i>	<i>5.00</i>		
Lining Grave				
Shipping charges, prepaid				
Total amount of bill		<i>29.00</i>		<i>29.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Thomas A. Mann, Rosalind Ave* 425 DATE *1922*
of Death April 15th
 Remains of *Mr Thomas A. Mann* Residence *425 Rosalind Ave.*
 Father's Name *Thomas A. Mann* Residence *Not known.*
 Birthplace of Father *Kent Thro.* How Secured *Estate & Wife*
 Mother's Maiden Name *Martini* Shipped to *Buried at Conway*
 Birthplace of Mother *Kent Thro.* Date of Death *April 15th 1922 11 a.m.*
 Charged to *Mrs Viola L. Mann Wife* Single or Married *Married*
 Date of Funeral *April 16th 1922 - 5 PM.* Age *64* years *2* months *18* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *Groceries - Retired* Plate engraved *At Rest*
 Cause of Death *Chronic Nephritis.* Lot or grave No. Section
 Certifying Physician *Lt. Person.*
 Clergyman *Rev Cooper*
 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>Grey Loc. Oct 3 P.T.</i>	125.00	May 5	<i>Gr by Church.</i>	182.50
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>✓</i>				
Embalming and Attendance <i>Shaw-Hessing</i>	25.00			
Autos				
Carriages <i>Hudson - Stud</i> at \$	10.00			
Flowers <i>Lib. of box</i>	2.50			
Hearse <i>Grey Winton</i>	15.00			
Clergyman <i>Rev Cooper</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>and Closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	182.50			182.50

REMARKS

FUNERAL REGISTER

NO. *A. F. Fresca* 509 S. Alceola St. ¹⁹²² DATE *April 18th 1922*

Remains of *Miss Thera Amelia Fresca* Residence *509 S. Alceola St.*

Father's Name *A. F. Fresca* Residence *509 S. Alceola St.*

Birthplace of Father *Heyford, Germany* How Secured *Father's*

Mother's Maiden Name *Don't know* Shipped to *Buried in Orlando*

Birthplace of Mother *West Point, New York* Date of Death *April 18th 1922 6:30 a.m.*

Charged to *A. F. Fresca (Father)* Single or Married *Single*

Date of Funeral *April 20th 1922 - 11 a.m.* Age *27* years *11* months *21* days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *At Home* Plate engraved *At Rest*

Cause of Death *Edema of Comp.* Lot or grave No. *# 33* Section *J*



Certifying Physician *Dr. Christ*

Clergyman *Dean Thor. Long*

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>White Plush White Co.</i>	<i>235.00</i>	<i>May 1</i>	<i>by check</i>	<i>342.19</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>+ Dressing</i>	<i>35.00</i>			
Autos				
Carriages <i>Closed Car</i> at \$	<i>5.00</i>			
Flowers <i>Telegrams</i>	<i>2.19</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman <i>Dean Thor. Long</i>				
Singers <i>Stendbaker</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#33 - Sec J</i>	<i>40.00</i>			
Opening Grave <i>Exp Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>342.19</i>			<i>342.19</i>

REMARKS

FUNERAL REGISTER

1922

NO. H. W. Eubanks, 404 W. Central Ave DATE April 18

Remains of Mr Sallie B. Eubanks, Residence 404 W. Central Ave City

Father's Name Wm. Bresney Residence S. Carolina

Birthplace of Father S. Carolina How Secured Husband O. R. & H. G. Gardner

Mother's Maiden Name Hunt Thow Shipped to Edgefield, S. C.

Birthplace of Mother S. Carolina Date of Death April 18th 1922 1 P.M.

Charged to Mr. H. W. Eubanks Single or Married Married

Date of Funeral April - 1922 Age 71 years 2 months days

Place of Death Residence Number of Burial Certificate

Occupation of Deceased At Home Plate engraved

Cause of Death Bro - Pneumonia Lot or grave No. Section

Certifying Physician Dr. Beardall


Clergyman Destination

Interment at Destination Cemetery

City Edgefield State S. Carolina

O. R. & H. G. Gardner, 400 W. Central Ave.

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>9 Coffin & Effer</u>	<u>50.00</u>	<u>April 25</u>	<u>Tr by Cash</u>	<u>25.00</u>
Metallic Lining <u>no</u>		<u>" 25</u>	<u>Tr " Check</u>	<u>25.00</u>
Outside Box <u>Reg</u>				
Burial Robe				
Embalming and Attendance <u>✓</u>				
Autos Carriages <u>at \$</u>				
Flowers				
Hearse				
Clergyman <u>Destination</u>				
Singers				
Death notices in <u>Papers</u>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<u>50.00</u>			<u>50.00</u>

REMARKS

FUNERAL REGISTER

NO. *Estate Jessie Clyde Smith* ^{524 N. Garland} ¹⁹²² DATE *of death April 19th 1922*

Remains of *Mr Jessie Clyde Smith* Residence *524 N. Garland, Toledo*

Father's Name *John R. Smith* Residence *Ohio*

Birthplace of Father *Xenia, Ohio.* How Secured *Wife & Estate*

Mother's Maiden Name *Henrietta Bonner* Shipped to *Xenia, Ohio.*

Birthplace of Mother *Ohio.* Date of Death *April 19th 1922, 10 P.M.*

Charged to *Mrs Lizzie Smith (Wife)* Single or Married *Married.*

Date of Funeral *April - 1922* Age *42* years *1* months *10* days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *Mechanic, Ohio.* Plate engraved *Name & Date*

Cause of Death *Gun shot through left breast* Lot or grave No. *1880 - 1922* Section




Certifying Physician *Moseley Left Sheriff*

Clergyman *Restoration*

Interment at *Restoration* Cemetery

City *Xenia* State *Ohio.*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Grey B Clo. B Co. St.</i>	<i>375.00</i>	<i>May 16</i>	<i>En. by check.</i>	<i>421.00</i>
Metallic Lining <i>yes.</i>		<i>" 16</i>	<i>En. outside box Ret.</i>	<i>5.27</i>
Outside Box <i>Reg - Painted</i>		<i>" 16</i>	<i>En. .. sis</i>	<i>20</i>
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon</i> at \$	<i>10.00</i>			
Flowers				
Hearse				
Clergyman				
Singers <i>Underwear 2.00, Tie 1.00, Socks .50</i>	<i>3.50</i>			
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave <i>Telegrams</i>	<i>1.74</i>			
Lining Grave <i>Telegrams</i>	<i>1.23</i>			
Shipping charges, prepaid				
Total amount of bill	<i>426.47</i>			<i>426.47</i>

REMARKS

FUNERAL REGISTER

NO. *Mr Geo. A. Kingsley, Fargo, N.H.* DATE *April 21st 1922*

Remains of *Mrs Mary E. Kingsley* Residence *Fargo, N.H.*

Father's Name *Benjamin Franklin* Residence *Sveeden.*

Birthplace of Father *Sveeden.* How Secured *Husband.*

Mother's Maiden Name *Marrance* Shipped to *Fargo, N.H.*

Birthplace of Mother *Sveeden.* Date of Death *April 21st 1922*

Charged to *Mr Geo. A. Kingsley* Single or Married *Married*

Date of Funeral *April - 1922* Age *57* years *1* months *16* days

Place of Death *# 9 E. Robinson Ave* Number of Burial Certificate

Occupation of Deceased *At Home.* Plate engraved *Name & Date*
1865 - 1922

Cause of Death *Cancer of Uterus.* Lot or grave No. Section

Certifying Physician *Dr. W. C. Gray*

Clergyman *Destination*

Interment at *Destination* Cemetery

City *Fargo.* State *N. H.*

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>Grey Plush.</i>	<i>300.00</i>	<i>April 22</i>	<i>Cr by Cash.</i>	<i>345.00</i>
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos				
Carriages <i>C. Wagon</i> ⁽²⁾ at \$ 5.00	<i>10.00</i>			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>345.00</i>			<i>345.00</i>

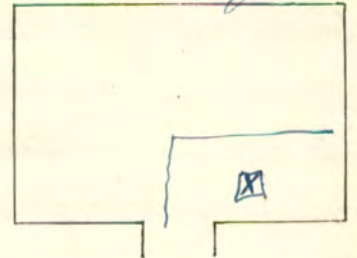
REMARKS

FUNERAL REGISTER

NO. *Estate Mrs Elizabeth Haight* DATE *April 21st 1922*
 Remains of *Mrs Elizabeth Haight* Residence *Albando Fla.*
 Father's Name *Haight* Residence *Not Known*
 Birthplace of Father *Not Known* How Secured *Ans Dayton & Merideth*
 Mother's Maiden Name *Not Known* Shipped to *Buried in Albando*
 Birthplace of Mother *Not Known* Date of Death *April 21st 1922 8 PM*
 Charged to *Merideth & Dayton* Single or Married *Widow*
 Date of Funeral *April 24th 1922 4 PM* Age *72* years months days
 Place of Death *Carolina Apts* Number of Burial Certificate
 Occupation of Deceased *At Home* Plate engraved *At Rest*
 Cause of Death *Suicide - Prussic acid* Lot or grave No. *14 S.W. 1/4 Section J*
 Certifying Physician *Dr. Ford*
 Clergyman *Captain Munsell*
 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>1/2 Guy Casket Co</i>	90.00	Apr 24	C. by <i>Sliz</i>	35.50
Metallic Lining <i>No</i>		" 26	Br by <i>Check on Lot</i>	3.00
Outside Box <i>Reg.</i>		Aug 31	Br by <i>Check</i>	12.50
Burial Robe <i>✓</i>		Mar 14	Br by <i>Check</i>	112.50
Embalming and Attendance <i>Emb.</i>	25.00	Mar 14	Br by <i>Check</i>	15.50
Autos				
Carriages	at \$			
Flowers				
Hearse <i>Blk Winton</i>	15.00			
Clergyman <i>Captain Munsell</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>Sec J. #14 S.W. 1/4</i>	12.50			
Opening Grave <i>End Closing</i>	5.00			
Lining Grave				
Shipping charges, prepaid <i>Attorney's (Hornell)</i>	15.00			
Total amount of bill	162.50			162.50

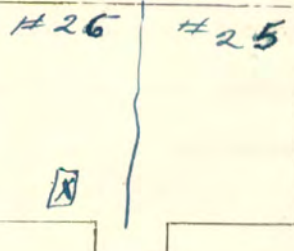
REMARKS

FUNERAL REGISTER

NO. *408* *Mr. J. M. Hactwyler, S. Rosalind* DATE *April 23* 1922
 Remains of *Helen L. Hactwyler* Residence *408 S. Rosalind, City*
 Father's Name *F. W. McConley* Residence *Glenns Falls New York*
 Birthplace of Father *Glenns Falls, N. Y.* How Secured *Husband*
 Mother's Maiden Name *Mrs. Gage* Shipped to *Buried in Orlando*
 Birthplace of Mother *New York* Date of Death *April 23rd 1922-10:30 a.m.*
 Charged to *J. M. Hactwyler* Single or Married *Married*
 Date of Funeral *April 25th 1922-11 a.m.* Age *32* years *7* months *10* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *At Home* Plate engraved *Name & Date*
 Cause of Death *Acute Indocentis* Lot or grave No. *26+25* Section *M*
 Certifying Physician *Dr. Edwards*
 Clergyman *Rev. W. C. Connell*
 Interment at *Greenwood* Cemetery
 City *Orlando* State *Fla.*

CEMETERY CHART

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



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey Bldg 4. Side Couch</i>	325.00	Nov 18	Cr. by check.	130.00
Metallic Lining		" 18	Cr. " "	75.00
Outside Box <i>Reg-painted</i>		Mar 15	Cr. " "	315.00
Burial Robe				
Embalming and Attendance <i>Emb</i>	35.00			
Autos				
Carriages <i>C. Wagon</i> at \$	5.00			
Flowers <i>Auto</i>	5.00			
Hearse <i>Grey Winton</i>	15.00			
Clergyman <i>Rev W. C. Connell</i>				
Singers <i>None</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i>24+25-sec M.</i>	130.00			
Opening Grave <i>and closing</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	520.00			520.00

REMARKS

FUNERAL REGISTER

1922

NO. Mr J. C. Silsby, Coronado, Fla. DATE of Death April 26

Remains of Mrs Evelyn Silsby Residence Coronado, Fla.

Father's Name Robert Hench. Residence Indiana,

Birthplace of Father Indiana, How Secured Husband

Mother's Maiden Name Mary Knowles. Shipped to New Smyrna Fla.

Birthplace of Mother Indiana. Date of Death April 26th 1922 3 P.M.

Charged to Mr J. C. Silsby. Single or Married Married

Date of Funeral April - 1922 Age 61 years months days

Place of Death Fila Sanitarium Number of Burial Certificate

Occupation of Deceased At Home Plate engraved At Rest.

Cause of Death Carcinoma of Liver Lot or grave No. Section




Certifying Physician Dr. Andrews.

Clergyman Destination.

Interment at Destination Cemetery

City Coronado 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 <u>1/3 Grey Blush Net 3 Top.</u>	150.00	Apr 28	By check	212.50
Metallic Lining <u>No.</u>				
Outside Box <u>Reg. Painted.</u>				
Burial Robe <u>Grey Dress.</u>	15.00			
Embalming and Attendance <u>Emb.</u>	35.00			
Autos Carriages <u>C. Wagon at \$ 5.00</u>	10.00			
Flowers <u>Undenwear & Home</u>	2.50			
Hearse				
Clergyman <u>Destination</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	212.50			212.50

REMARKS

FUNERAL REGISTER

NO. *Estate William A. House* *Orlando Fla* DATE *April 28th 1922*

Remains of *Mr William A. House* Residence *Orlando, Fla.*

Father's Name *Wm A. House* Residence *Don't know*

Birthplace of Father *Don't know* How Secured *Mr Chas. M. Lean*

Mother's Maiden Name *Elizabeth Chubbuck* Shipped to *Orlando from Atlanta*

Birthplace of Mother *Don't know* Date of Death *April 28th 1922 - 54 m.*

Charged to *Mr. Chas M. Lean* Single or Married *Widower*

Date of Funeral *April 30th 1922 - 3:30 a.m.* Age *45* years *4* months *3* days

Place of Death *Havis-Fischer-Sanatorium* Number of Burial Certificate

Occupation of Deceased *Southern Sales Manager* Plate engraved *Name - Date*

Shredded-Wheat Co.

Cause of Death *Uremia T.B. of Left Kidney* Lot or grave No. *1876 - 1922*

(operation) Section *#2*

Certifying Physician *W. E. Person (Atlanta)*

Clergyman *Lean Glass*

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 X - Grey B. Co</i>		<i>May 16</i>	<i>Cr by Check.</i>	<i>30.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages <i>Closed Car</i> at \$	<i>5.00</i>			
Flowers <i>C. Wagon</i>	<i>5.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman <i>Lean Glass</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>End Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>30.00</i>			<i>30.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Chas F. Russ, Apopka, Fla.* DATE *1922* *of death May 1st*

Remains of *Mr Chas. F. Russ.* Residence *Apopka.*

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

Birthplace of Father *S. Carolina.* How Secured *Son. (Tour. Adv. Co.)*

Mother's Maiden Name *Don't know* Shipped to *Buried at Apopka*

Birthplace of Mother *S. Carolina.* Date of Death *May 1st 1922-10:15 P.M.*

Charged to *Joseph F. Russ (Son)* Single or Married *Married*

Date of Funeral *May 2nd 1922* Age *69* years *4* months days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Capt* Plate engraved *At Rest.*

Cause of Death Lot or grave No. Section




Certifying Physician *Dr. Carroll.*

Clergyman *At Apopka.*

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>1/3 Blk Cloth Uet 3P.T.</i>	80.00	May 15	Dr by check	46.50
Metallic Lining <i>No</i>		" 22	Dr " "	40.00
Outside Box <i>Req.</i>				
Burial Robe <i>Blk Robe.</i>	6.50			
Embalming and Attendance				
Autos				
Carriages	at \$			
Flowers <i>Bought</i>				
Hearse <i>and died their</i>				
Clergyman <i>own work.</i>				
Singers				
Death notices in	Papers			
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	86.50			86.50

REMARKS *↓*

FUNERAL REGISTER

NO. *Estate Mrs Berrie Kelsey* ^{116 E.} *Central av. of Leade* ¹⁴²² *May 3rd* DATE

Remains of *Mrs Berrie Kelsey.*

Residence *Boston, Mass.*

Father's Name *I don't know.*

Residence *Mass.*

Birthplace of Father *Mass.*

How Secured *Brother.*

Mother's Maiden Name *Scott.*

Shipped to *Stronghter, Mass.*

Birthplace of Mother *Mass.*

Date of Death *May 3rd 1922*

Charged to *James Scott.*

Single or Married *Widow*

Date of Funeral *May 3rd 1922 - 9 P.M.* Age *81* years *11* months days

Place of Death *Lincoln View Hotel*

Number of Burial Certificate

Occupation of Deceased *At Home*

Plate engraved *At Rest.*

Cause of Death *Found dead in bed
Senility*




Lot or grave No.

Section

Certifying Physician *Egerton (Policeman)*

Clergyman *Rev Adcoch.*

CEMETERY CHART

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

Interment at *Hebron* Cemetery

City *Stronghter* State *Mass.*

Jas M Scott (111 Industrial Trust Bldg, Providence, R.I.)

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/4 Guy Cope Oct 30th</i>	<i>115.00</i>	<i>May 4</i>	<i>Jas Scott. Co by W. Union</i>	<i>164.00</i>
Metallic Lining				
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Underwear Telegram</i>	<i>4.00</i>			
Hearse				
Clergyman <i>Dean Adcoch.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>164.00</i>			<i>164.00</i>


REMARKS

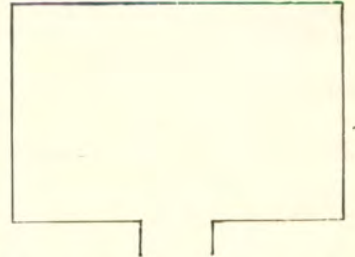
FUNERAL REGISTER

NO. *Estate J. E. Reddick, Acree, Fla* DATE *1922*
of death May 3rd

Remains of *M. J. E. Reddick.* Residence *Acree, Fla.*
 Father's Name *Moses Reddick.* Residence *Georgia.*
 Birthplace of Father *Morven, Ga.* How Secured *Acree Neighbors*
 Mother's Maiden Name *Sarah Scott.* Shipped to *Valdosta, Ga.*
 Birthplace of Mother *Georgia* Date of Death *May 3rd 1922 4pm*
 Charged to *Mrs. Hena Scott. (Wife)* Single or Married *Married*
 Date of Funeral *May - 1922* Age *50* years months days
 Place of Death *In field, at Acree.* Number of Burial Certificate
 Occupation of Deceased *Laborer.* Plate engraved *At Rest.*
 Cause of Death *Found dead in field*
acute dilation of heart Lot or grave No. Section
 Certifying Physician *Dr. Webb*
 Clergyman *Destination*
 Interment at *Destination Cemetery*
 City *Morven* 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 =.



<i>July 24 Little River Fla</i>	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Coffin box & box</i>	35.00	<i>1924</i> <i>July 11</i>	<i>Gr. by check.</i>	35.00
Metallic Lining		<i>1923</i> <i>Mar 4</i>	<i>Gr. by check.</i>	5.00
Outside Box <i>Reg. Painted</i>				
Burial Robe <i>Blk Robe</i>	8.00			
Embalming and Attendance <i>Emb.</i>	30.00			
Autos				
Carriages <i>C. Wagon to Acree at \$</i>	15.00			
Flowers <i>C. Wagon Station</i>	5.00			
Hearse <i>Underwear & Socks</i>	2.00			
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	95.00			

REMARKS




June 10 Mailed statement to
Ben L. Griffen - Acree & J. L. Evans Acree, Fla
(Patent) Little River, Fla

FUNERAL REGISTER

NO. *Estate Mrs Jennie A. Lagerroth* ^{219 E. Robinson ave.} ¹⁹²² DATE *of Death May 7th 1922*

Remains of *Mrs Jennie A. Lagerroth* Residence *219 E. Robinson, ave.*
 Father's Name *John R. Hinds* Residence *New York*
 Birthplace of Father *Hebron, New York* How Secured *Estate & Cousin*
 Mother's Maiden Name *Fannie Maxwell* Shipped to *Buried in Deland*
 Birthplace of Mother *Minnesota* Date of Death *May 7th 1922 - 10:12 P.M.*
 Charged to *Mr Herbert C. Hinds* ^{Cleveland, Ohio} Single or Married *Widow*
 Date of Funeral *May 9th 1922 - 10 A.M.* Age *60* years *9* months days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *At Home* Plate engraved *Name*
 Cause of Death *Chronic Nephritis* Lot or grave No. *43* Section *2*
 Certifying Physician *Dr. Christ*
 Clergyman *Rev - Cobb*
 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 Grey Metal Stuffed</i>	<i>400.00</i>	<i>May 30</i>	<i>Pr. by Check.</i>	<i>467.28</i>
Metallic Lining <i>yes</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Emb.</i>	<i>25.00</i>			
Autos <i>1 Hudson + Studebaker</i>				
Carriages <i>2 Autos</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers <i>Casket Wagon</i>	<i>5.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman <i>Rev Cobb</i>				
Singers <i>None</i>				
Death notices in <i>2</i> Papers				
Outlay for lot <i># 43 - Sec 2</i>				
Opening Grave <i>+ Closing</i>	<i>5.00</i>			
Lining Grave <i>Telegrams</i>	<i>7.28</i>			
Shipping charges, prepaid				
Total amount of bill	<i>467.28</i>			<i>467.28</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Newton J. Mapel* ^{Atlantic City} DATE *May 9th 1922*
 Remains of *Newton J. Mapel* Residence *Atlantic City, N. J.*
 Father's Name *Thomas Mapel* Residence *W. Virginia*
 Birthplace of Father *Morgan Town, Vir.* How Secured *Estate & Wife*
 Mother's Maiden Name *Susan Miller* Shipped to *Winter Haven, Fla.*
 Birthplace of Mother *Rose Lake, Penn* Date of Death *May 9th 6:30 P.M.*
 Charged to *Mrs Clara Mapel, N. J.* Single or Married *Married*
 Date of Funeral *May 11th 1922* Age *64* years *3* months *9* days
 Place of Death *Howell Sanitarium* Number of Burial Certificate *#749*
 Occupation of Deceased *Luft Oil Co.* Plate engraved *Name*
 Cause of Death *Paralysis of heart.* Lot or grave No. Section
 Certifying Physician *J. C. Howell*
 Clergyman *Destination*
 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 .



C.R. by Mr. Nellie Stewart Winter Haven, Fla.
or Mrs. Foley.

AMOUNT DATE PAYMENTS AMOUNT

Coffin or Casket *1/3 Bldg. B. Co. Oct 30 P.T. 100.00* May 15 En. by check. 270.00
 Metallic Lining *No.*
 Outside Box *Steel Vault Springfield 125.00*
 Burial Robe
 Embalming and Attendance *Shaw & Henshaw 35.00*
 Autos
 Carriages *C. Wagon (2) at \$ 5.00 10.00*
 Flowers
 Hearse
 Clergyman *Destination*
 Singers *Destination*
 Death notices in *2* Papers
 Outlay for Lot
 Opening Grave
 Lining Grave
 Shipping charges, prepaid

Total amount of bill

270.00

270.00

REMARKS

*Died in Mr. Howell Sanitarium May 9th
 was shipped by Express on train #89 May 10th
 to M. C. Ware Undertaker.*

FUNERAL REGISTER

NO. *Estate Mrs Martha La Frainca.* *Brattleboro, Vt* DATE *of Death May 10th 1922*

Remains of *Mrs Martha La Frainca* Residence *Brattleboro, Vt.*
 Father's Name *Don't Know.* Residence *Don't Know.*
 Birthplace of Father *Don't Know.* How Secured *Estate & Mr Piper.*
 Mother's Maiden Name *Don't Know.* Shipped to *Brattleboro, Vt.*
 Birthplace of Mother *Don't Know.* Date of Death *May 10th*
 Charged to *Mr Henry H. Piper* Single or Married *Widow*
 Date of Funeral *May - 1922* Age *68* years months days
 Place of Death *C. G. Hospital.* Number of Burial Certificate *750*
 Occupation of Deceased *Cook.* Plate engraved *At Rest.*

Cause of Death *Canceroma of Lignoid* Lot or grave No. Section




Certifying Physician *Dr. W. H. Egan.*

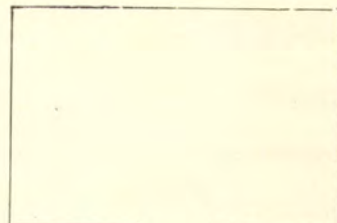
Clergyman *Hestination.*

Interment at *Hestination* Cemetery

City *Brattleboro* 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 .



Mr Henry H. Piper 29 Berkley St. Nashua, N.H.
Frank La Frainca 45 Prospect St. Brattleboro Vt.
 Coffin or Casket *1/2 Grey Cope Oct 307.* AMOUNT DATE PAYMENTS AMOUNT

100.00 June 6 Cr. by check. 150.00

Metallic Lining *No.*

Outside Box *Reg. Painted*

Burial Robe

Embalming and Attendance *Emb 35.00*

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

Flowers *Amb. 5.00*

Hearse

Clergyman *Hestination*

Singers

Death notices in *2* Papers

Outlay for lot

Opening Grave

Lining Grave

Shipping charges, prepaid

Total amount of bill

150.00

REMARKS

FUNERAL REGISTER

NO. *Estate Edmund Rufus Prince*

DATE *of Death May 18 1922*

Remains of *Mr Edmund Rufus Prince*

Residence *24 High St. Atlanta*

Father's Name *Nicholas Wm Prince*

Residence *N. Carolina*

Birthplace of Father *N. Carolina*

How Secured *Son. R. M. Prince*

Mother's Maiden Name *Mary Foster*

Shipped to *Tampa Fla*

Birthplace of Mother *Alabama*

Date of Death *May 18th 10 P.M. 1922*

Charged to *Mr R. M. Prince (Son)*

Single or Married *Widower*

Date of Funeral *May - 1922*

Age *80* years *3* months *20* days

Place of Death *Residence*

Number of Burial Certificate *751*

Occupation of Deceased *Merchant & Banker*

Plate engraved *At Rest*

Cause of Death

Lot or grave No.

Section

Certifying Physician *Dr. M. E. Egan*

Clergyman *Destination*

Interment at *Destination* Cemetery

City *Tampa* State *Fla.*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Guy Cup. Oct 3 P.M.</i>	<i>110.00</i>	<i>May 19</i>	<i>Dr by Check</i>	<i>161.68</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>			
Autos Carriages <i>2 Trips</i> at \$ <i>5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman <i>Destination</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>Express</i>	<i>6.68</i>			
Total amount of bill	<i>161.68</i>			<i>161.68</i>

REMARKS

FUNERAL REGISTER

NO

Estate James Madison Alden.

DATE

1922
of Leach May 19th

Remains of

Mr James M. Alden.

Residence

126 Grace St. Alameda

Father's Name

Alden.

Residence

Boston, Mass

Birthplace of Father

Boston, Mass.

How Secured

Estate & Wife

Mother's Maiden Name

Not Know.

Shipped to

Washington, D.C.

Birthplace of Mother

Not Know.

Date of Death

May 19th 1922 9 P.M.

Charged to

Francis E. Alden.

Single or Married

Married.

Date of Funeral

May 21st 1922 4:30 P.M.

Age

About 87

years

months

days

Place of Death

C. G. Hospital.

Number of Burial Certificate

752

Occupation of Deceased

Naval Officer

Plate engraved

At Rest

Cause of Death

Senility.

Lot or grave No.

Section

Certifying Physician

Dr. W. E. Egan.

Clergyman

Dean Long

Interment at

Restoration




Cemetery

Washington State D. C.

City

Washington State D. C.

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT	
Coffin or Casket	5/4 Grey Ruffe Old B.P.P.	125.00	May 20	On ly Cash.	300.00
Metallic Lining	No		May 1	On .. Cash.	6.68
Outside Box	Reg. Painted				
Burial Robe					
Embalming and Attendance	Emb & Hr.	35.00			
Autos Carriages	C. Wagon 2 at \$ 5.00	10.00			
Flowers	Pressing Suit.	1.50			
Hearse	✓				
Clergyman	Dean Long				
Singers	✓ Telegrams.	2.90			
Death notices in	2 Papers				
Outlay for lot	2 flowers to fax. and W. cash.	24.26			
Opening Grave	Phone	2.00			
Lining Grave	3 R.R. Tickets	101.02			
Shipping charges, prepaid					
May 19 th Amb.		5.00			
Total amount of bill	306.68				306.68

REMARKS

FUNERAL REGISTER

NO. *Estate Matilda F. Long. Miami, Fla.* DATE *1922* *of Death May 18*

Remains of *Mrs Matilda F. Long.* Residence *Miami, Fla.*

Father's Name *Not Known.* Residence *Not Known.*

Birthplace of Father *Not Known.* How Secured *Estate.*

Mother's Maiden Name *Not Known.* Shipped to *Orlando from Miami.*

Birthplace of Mother *Not Known.* Date of Death *May 18th 1922*

Charged to *W. E. Long.* Single or Married *Widow.*

Date of Funeral *May 21st 1922 2:30 P.M.* Age *75* years months days

Place of Death *Miami.* Number of Burial Certificate *753*

Occupation of Deceased *At Home.* Plate engraved *At Rest.*

Cause of Death *Pro. Pneumonia.* Lot or grave No *Confederate* Section *side*




Certifying Physician *At Miami.*



Clergyman *Lean Adcock.*

Interment at *Greenwood* Cemetery

City *Orlando.* State *Fla.*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Grey B. Co Oct 3 P.T.</i>		<i>May 29</i>	<i>Cr. by check</i>	<i>35.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe 				
Embalming and Attendance 				
Autos				
Carriages <i>One auto</i> at \$	<i>5.00</i>			
Flowers <i>C. Wagon.</i>	<i>5.00</i>			
Hearse <i>Grey Winton</i>	<i>15.00</i>			
Clergyman <i>Lean Adcock.</i>				
Singers <i>Musie</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave <i>and Closing grave</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>35.00</i>			<i>35.00</i>

REMARKS *Services in Chapel. Shipped in from Miami.*

FUNERAL REGISTER

NO. *Estate Francis A. Curtis Orlando.* DATE *of Death May 21st 1922*

Remains of *Mr Francis Asbury Curtis.* Residence *212 Rosalind Ave, Orlando*

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

Birthplace of Father *Not known.* How Secured *Estate & Wife.*

Mother's Maiden Name *Not known.* Shipped to *Buried in Orlando.*

Birthplace of Mother *Not known.* Date of Death *May 21st 1922 - 5:30 a.m.*

Charged to *Mrs F. A. Curtis.* Single or Married *Married*

Date of Funeral *May 22nd - 1922: 4:30 a.m.* Age *78* years *6* months *2* days

Place of Death *Residence.* Number of Burial Certificate *754*

Occupation of Deceased *Merchant. Book Store* Plate engraved

Cause of Death *Constitutional Disease* Lot or grave No. *167-8 1/2* Section *A*




Certifying Physician *R. M. Buckmaster.*

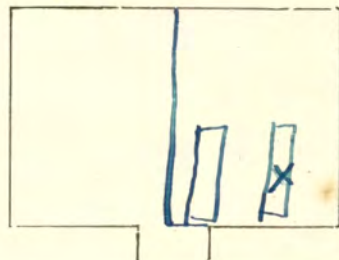
Clergyman *Rev. Cooper.*

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>Blk</i> Coffin or Casket <i>4/3 B. Clo. S. H. Cap & Box</i>	300.00	June 8	<i>Pay by Check.</i>	370.00
Metallic Lining <i>No.</i>				
Outside Box <i>Reg-</i>				
Burial Robe				
Embalming and Attendance <i>Shaw & Hens</i>	40.00			
Autos				
Carriages <i>Auto for family at \$</i>	5.00			
Flowers <i>Auto for flowers.</i>	5.00			
Hearse <i>Blk Winton</i>	15.00			
Clergyman <i>Rev. Cooper.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot <i>#167 - Sec A-8 1/2</i>				
Opening Grave <i>and Closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	370.00			370.00

REMARKS

FUNERAL REGISTER

NO. Estate John J. Hunter, Orlando DATE May 22 1922

Remains of Mr John J. Hunter

Father's Name Don't know

Birthplace of Father Don't know

Mother's Maiden Name Don't know

Birthplace of Mother Don't know

Charged to A W & L Co.

Date of Funeral May 25th 3 P.M. 1922

Place of Death S. G. Hospital

Occupation of Deceased Labr at A. W & L Co.

Cause of Death

Certifying Physician Dr. Neal

Clergyman Captain Salvation Army

Interment at Greenwood Cemetery

City Orlando State Fla.

Residence Orlando Fla.

Residence Don't know

How Secured Neighbors & A. W & L Co

Shipped to Buried in Orlando

Date of Death May 22nd 1922-4 P.M.

Single or Married widower




Age 49 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 <u>G. H. Case.</u>	35.00	May 25	Dr by Check.	25.00
Metallic Lining <u>✓</u>		" 25	Dr .. Dis.	40.50
Outside Box <u>Reg.</u>		" 25	Dr .. Ch (Pennett)	20.00
Burial Robe <u>✓</u>		" 29	Dr .. Ch (A. W & L)	25.00
Embalming and Attendance <u>Emb.</u>	35.00			
Autos				
Carriages at \$				
Flowers				
Hearse <u>Grey Res.</u>	12.50			
Clergyman <u>Captain S. Army</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for Lot <u>Single Grave.</u>	3.00			
Opening Grave <u>Ed Closing.</u>	3.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	90.50			90.50

REMARKS

FUNERAL REGISTER

NO. *Estate Mary J. Harrop.*

DATE *May 24th 1922*
of Beach Left 9th 1917

Remains of *Mrs Mary J. Harrop.*

Residence *Orlando, Fla.*

Father's Name _____

Residence _____

Birthplace of Father _____

How Secured _____

Mother's Maiden Name _____

Shipped to _____

Birthplace of Mother _____

Date of Death _____

Charged to *Alexander Harrop, Jr.*

Single or Married _____

Date of Funeral _____

Age _____ years _____ months _____ days

Place of Death _____

Number of Burial Certificate _____

Occupation of Deceased _____

Plate engraved _____

Cause of Death _____

Lot or grave No. _____ Section _____

Certifying Physician _____

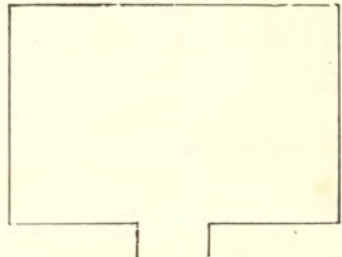
Clergyman _____

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 **x**. Designate site of monument thus **=**.



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket		<i>June 8</i>	<i>Dr. by check.</i>	<i>109.97</i>
Metallic Lining			<i>Dr. by rec.</i>	<i>.18</i>
Outside Box <i>Lined Box</i>	<i>35.00</i>			
Burial Robe				
Embalming and Attendance				
Autos Carriages <i>C. Wagon to Sta.</i>	<i>5.00</i>			
Flowers <i>Moving of body</i>	<i>15.00</i>			
Hearse				
Clergyman <i>Exent Ticket to W. Park</i>	<i>.18</i>			
Singers				
Death notices in _____ Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>1 R.R. Ticket Newark N.J.</i>	<i>41.52</i>			
Shipping charges, prepaid <i>Pullman</i>	<i>12.75</i>			
<i>Telegram.</i>	<i>.70</i>			
Total amount of bill	<i>110.15</i>			<i>110.15</i>

REMARKS

FUNERAL REGISTER

57

NO. *Estate Lino Ferrari* *Alcande* 102 Jefferson *of Leach* DATE *May 24th 1922*

Remains of *Lino Ferrari* Residence *102 Jefferson St City*

Father's Name *M. Ferrari* Residence *Italy*

Birthplace of Father *Italy* How Secured *Insurance & Priest*

Mother's Maiden Name *Don't know* Shipped to *Rochester New York*

Birthplace of Mother *Italy* Date of Death *May 24th 1922-9 a.m.*

Charged to *Mrs Lino Ferrari* Single or Married *Married*

Date of Funeral *May- 1922* Age *38* years months days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *Book Keeper* Plate engraved *Crucifix*

Cause of Death *Acute Peritonitis* Lot or grave No. Section




Certifying Physician *A. H. Kleiser*

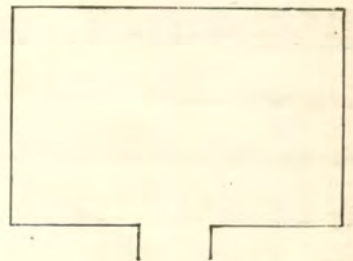
Clergyman *Destination*

Interment at *Destination* Cemetery

City *Rochester* State *New York*

CEMETERY CHART

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



	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 Stained Coffin + Box</i>	35.00	<i>Apr 3</i>	<i>Br. by check</i>	78.00
Metallic Lining <i>No</i>		<i>" 3</i>	<i>Br. " " "</i>	1.00
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Ed. Hov + Hens</i>	35.00			
Autos Carriages <i>C. Wagon at \$ 5</i>	10.00			
Flowers				
Hearse				
Clergyman <i>Destination</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>R. R. Tickets</i> <i>Al. by Father's Ex</i> <i>(98.88)</i>				
Total amount of bill	80.00			80.00

REMARKS

FUNERAL REGISTER

NO. *M. J. H. Wesson. Winter Park Fla.* DATE *1922* *of death May 26th*

Remains of *Mrs. Eliza Wesson.* Residence *Winter Park Fla.*

Father's Name *James Harold.* Residence *Florida.*

Birthplace of Father *Florida.* How Secured *Husband.*

Mother's Maiden Name *Not known.* Shipped to *Buried at Winter Park.*

Birthplace of Mother *Not known.* Date of Death *May 26th 10:30 a.m.*

Charged to *M. J. H. Wesson.* Single or Married *Married*

Date of Funeral *May 27th 10 a.m. 1922* Age *58* years months days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *At Home.* Plate engraved *Mother.*

Cause of Death *Cancer of Liver.* Lot or grave No. Section




Certifying Physician *Dr. Potard.*

Clergyman *Dean Adcock.*

Interment at *Palmer* 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 1/2 Gray Casket with 30 ft.</i>	110.00	May 27	By check.	155.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>No.</i>				
Embalming and Attendance <i>Emb C.</i>	15.00			
Autos Carriages <i>1 auto</i> at \$	5.00			
Flowers				
Hearse. <i>Blk Winton</i>	15.00			
Clergyman <i>Adcock.</i>				
Singers <i>Hel of box to Cemetery</i>	5.00			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Ed Closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	155.00			155.00

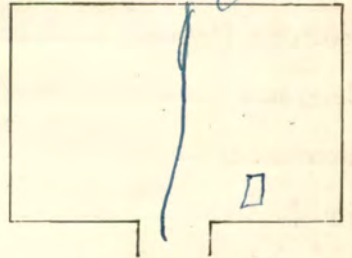
REMARKS

FUNERAL REGISTER

NO. S. Ernest Neumon, Idlewild Park ¹⁹²² DATE of Death May 29
 Remains of Mrs Lorain Francis Neumon Residence Idlewild Park Fla
 Father's Name Samuel. P. Neumon. Residence Georgia
 Birthplace of Father Georgia How Secured Father.
 Mother's Maiden Name Ruby Donald Shipped to Buried in Orlando
 Birthplace of Mother Florida Date of Death May 29th 1922-29th
 Charged to S. Ernest Neumon. Single or Married Single
 Date of Funeral May 30th 1922-3 P.M. Age years 14 months days
 Place of Death Residence. Number of Burial Certificate
 Occupation of Deceased At Home. Plate engraved Embarking
 Cause of Death Colitis Lot or grave No. 178 3 1/2 Section J.
 Certifying Physician Dr. Beardahl.
 Clergyman E. Lee Smith
 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>3/4 W.L. Oct. 8, F.T.</u>	32.50	May 31	Cr. by check.	79.50
Metallic Lining <u>No.</u>				
Outside Box <u>Req.</u>				
Burial Robe <u>No.</u>				
Embalming and Attendance <u>Care of body</u>	10.00			
Autos <u>at \$</u>	5.00			
Carriages <u>14. Car</u>	5.00			
Flowers <u>7. Car</u>	5.00			
Hearse				
Clergyman <u>E. Lee Smith</u>				
Singers				
Death notices in <u>Papers</u>				
Outlay for Lot <u>#178-3 1/2- Sec J.</u>	22.00			
Opening Grave <u>Ent Closing.</u>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	79.50			79.50

REMARKS

FUNERAL REGISTER

NO. *Mr W. E. Henry, Orlando Fla.*

DATE *June 1st 1922*
Oct 19th 1913

Remains of

Father's Name

Birthplace of Father

Mother's Maiden Name

Birthplace of Mother

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 *76* years months days


Number of Burial Certificate

Plate engraved

Lot or grave No.

Section

Disinterred June 1st 1922
Shipped to Green Park on Train # 83 - June 2nd

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>June 2</i>	<i>Ex. by Che Ch.</i>	<i>55.62</i>
Metallic Lining				
Outside Box <i>Lined Box.</i>	<i>35.00</i>			
Burial Robe				
Embalming and Attendance				
Autos Carriages <i>C. Wagon, at \$</i>	<i>5.00</i>			
Flowers <i>C. Wagon to Station</i>	<i>5.00</i>			
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave <i>Ex. Closing</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid <i>281 P.R. Ticket</i>	<i>5.62</i>			
Total amount of bill	<i>55.62</i>			<i>55.62</i>

REMARKS

FUNERAL REGISTER

NO. *Mr John B. Geall, Winter Park Fla* DATE *1922 June 2nd*
 Remains of *Mrs Elizabeth P. Geall.* Residence *Winter Park Fla.*
 Father's Name *L. Bausman.* Residence *Penn.*
 Birthplace of Father *Pittsburg, Pa.* How Secured *Husband.*
 Mother's Maiden Name *Catherine Belghooer* Shipped to *Buried at Winter Park.*
 Birthplace of Mother *Pittsburg Pa.* Date of Death *June 2nd 1922-1 P.M.*
 Charged to *Mr John B. Geall (Husband)* Single or Married *Married*
 Date of Funeral *June 3rd 1922* Age *70* years *11* months *25* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *At Home.* Plate engraved *Mother*
 Cause of Death *Acute Peritonitis.* Lot or grave No. Section
 Certifying Physician *Dr. C. C. Coffey.*
 Clergyman *Rev Ingraham.*
 Interment at *Palmer* 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>1/3 Grey B. Clo. - Oct 3 P.T.</i>	<i>175.00</i>	<i>June 17</i>	<i>Cr. by Check.</i>	<i>260.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>White C. Silk Dress</i>	<i>15.00</i>			
Embalming and Attendance <i>+ Dressing</i>	<i>35.00</i>			
Autos <i>More body to Carline</i>	<i>10.00</i>			
Carriages <i>at \$</i>				
Flowers <i>Hel of box to Cemetery</i>	<i>5.00</i>			
Hearse <i>Blk Winton</i>	<i>15.00</i>			
Clergyman <i>Rev Ingram.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>260.00</i>			<i>260.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate John Moses Cheney, Orlando Fla.* DATE *1922 June 2nd*

Remains of *Mr John. Moses Cheney,* Residence *Cheney Place, Orlando,*

Father's Name *Joseph. Young Cheney,* Residence *Vermont.*

Birthplace of Father *Vermont.* How Secured *Insurance & Estate.*

Mother's Maiden Name *Don't know.* Shipped to *Buried in Orlando.*

Birthplace of Mother *Don't know.* Date of Death *June 2nd 1922 - 2 P.M.*

Charged to *Mrs Elizabeth Cheney Wife,* Single or Married *Married.*

Date of Funeral *June 4th 1922 - 5 P.M.* Age *63* years *5* months *26* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Attorney of Law.* Plate engraved *Name & Date*

Cause of Death *Chas. Valvulus Heart Disease* Lot or grave No. *86* Section *A*



Certifying Physician *Dr. Christ.* *Temporary burial on Donald Cheney*

Clergyman *Rev. M. C. Connell.* *Plot # 86*

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 =.

May 19th 1923 moved body from plot 86 to lot 53-54 - sec 3m. no charge for disinterment. lot 86 will pay city for deed.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>Gray Bld. State A Cap</i>	750.00	Sept 11	Cr. by Check.	880.00
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>No</i>				
Embalming and Attendance <i>Emb. and Shaving.</i>	40.00.			
Autos				
Carriages <i>Hudson & Sted</i> at \$	10.00.			
Flowers <i>Floral Car. Rec</i>	10.00.			
Hearse <i>Gray Winton</i>	13.00.			
Clergyman <i>Rev. M. C. Connell</i>				
Singers <i>Yes.</i>				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>Exc Closing</i>	5.00			
Lining Grave <i>Exc Auto</i>	5.00			
Shipping charges, prepaid <i>C. Wagon</i>	5.00			
<i>May 10 Amb to 2 hrs</i>	10.00			
<i>Shayage on 175 Chairs</i>	5.00			
<i>Apr 11th Amb to Sanford & Return</i>	25.00			
Total amount of bill	880.00			880.00

REMARKS

FUNERAL REGISTER

NO. *Estate of Oliver M. Miller, Orlando, Fla.* DATE *June 2nd 1922*

Remains of *Mr Oliver M. Miller* Residence *400 N. Garland St.*

Father's Name *Wm Miller* Residence *Penn.*

Birthplace of Father *Penn.* How Secured *Wife & Insurance*

Mother's Maiden Name *Emma R. Rich.* Shipped to *Buried in Orlando.*

Birthplace of Mother *Penn.* Date of Death *June 2nd 1922 - 8:30 P.M.*

Charged to *Mrs Mable A. Miller wife* Single or Married *Married*

Date of Funeral *June 4th 1922 - 6 P.M.* Age *58* years - months *16* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Merchant Groceries* Plate engraved *Father.*

Cause of Death *Angina Pectoris.* Lot or grave No. *#18* Section *L.*




Certifying Physician *Dr. Krieser.*

Clergyman *Rev. Cooper.*

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. Let. Shined.</i>	<i>250.00</i>	<i>June 17</i>	<i>Cr. by check.</i>	<i>412.00</i>
Metallic Lining <i>No.</i>				
Outside Box <i>Reg.</i>				
Burial Robe				
Embalming and Attendance <i>Shaw & Hershing</i>	<i>35.00</i>			
Autos				
Carriages <i>H & Stud - at \$ 5.00</i>	<i>10.00</i>			
Flowers <i>Flowers.</i>	<i>17.00</i>			
Hearse <i>Grey Winton.</i>	<i>15.00</i>			
Clergyman <i>Rev. Cooper.</i>	<i>5.00</i>			
Singers <i>Munie</i>	<i>5.00</i>			
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#18 - Sec L.</i>	<i>65.00</i>			
Opening Grave <i>End Closing.</i>	<i>5.00</i>			
Lining Grave <i>Casket Wagon.</i>	<i>5.00</i>			
Shipping charges, prepaid				
Total amount of bill	<i>412.00</i>			<i>412.00</i>

REMARKS

FUNERAL REGISTER

NO. Mr J. P. Collins 619 Ohio Ave. of Orlando DATE June 3rd 1922

Remains of Henry James Collins Residence 619 Ohio Ave, Orlando

Father's Name Mr J. P. Collins Residence Orlando Fla.

Birthplace of Father Jacksonville Fla How Secured Father

Mother's Maiden Name Courtney Philip Shipped to Buried in Orlando

Birthplace of Mother Georgia Date of Death June 3rd 1922 - 2 P.M.

Charged to J. P. Collins (Father) Single or Married Single

Date of Funeral June 4th 1922 - 11 A.M. Age 7 years 5 months 5 days

Place of Death Residence Number of Burial Certificate

Occupation of Deceased At Home Plate engraved Mr Harding

Cause of Death Acute Gastritis Lot or grave No. Section H - S. Grant




Certifying Physician Dr Ford

Clergyman Rev. Cole

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>2/3 W. L. S. Set H. T.</u>	35.00	June 6	Cr. by Check.	56.50
Metallic Lining <u>No.</u>				
Outside Box <u>Req.</u>				
Burial Robe				
Embalming and Attendance <u>Fluid</u>	5.00			
Autos				
Carriages <u>Closed Car.</u> at \$	7.50			
Flowers				
Hearse				
Clergyman <u>Rev Cole</u>				
Singers <u>no</u>				
Death notices in <u>2</u> Papers				
Outlay for lot <u>Single Grave</u>	3.00			
Opening Grave <u>and Closing</u>	5.00			
Lining Grave <u>Pr. W. H. Fore</u>	1.00			
Shipping charges, prepaid				
Total amount of bill	56.50			56.50

REMARKS

FUNERAL REGISTER

65

NO. *Estate Wm G. Potter. Sumner Co. near Jellwood.* DATE *June 4th 1922*

Remains of *Wm G. Potter.* Residence *Near Jellwood Fla.*

Father's Name *W. H. Potter.* Residence *N.C.*

Birthplace of Father *North Carolina* How Secured *Brother.*

Mother's Maiden Name *Sarah Belkhammy.* Shipped to *Bellevue Fla.*

Birthplace of Mother *South Carolina.* Date of Death *June 4th 1922 - 10:30 a.m.*

Charged to *S. P. Potter. (Brother)* Single or Married *Widower.*

Date of Funeral *June - 5th 1922* Age *53* years *1* months *10* days

Place of Death *Orange. G. Hospital* Number of Burial Certificate

Occupation of Deceased *Farming.* Plate engraved *At Rest.*

Cause of Death *Chronic Nephritis* Lot or grave No. Section

Certifying Physician *Dr. Kline.*

Clergyman *Destination.*

Interment at *Destination* Cemetery

City *Bellevue* 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 Guy Cope Let 3 P.T.</i>	<i>100.00</i>	<i>June 5</i>	<i>By Check.</i>	<i>155.10</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg-Painted</i>				
Burial Robe				
Embalming and Attendance <i>+ Shaving.</i>	<i>35.00</i>			
Autos Carriages <i>C. Wagon 2 at \$ 5.00</i>	<i>10.00</i>			
Flowers				
Hearse				
Clergyman <i>Destination</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>Underwear, shirt collar, Tie, socks</i>	<i>4.95</i>			
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>2 R.R. Tickets</i>	<i>5.15</i>			
Total amount of bill	<i>155.10</i>			<i>155.10</i>

REMARKS

FUNERAL REGISTER

NO. Mr J. H. Sadler. Oakland, Fla.

DATE of death June 6th 1922

Remains of Robert Douglas Sadler.

Residence Oakland, Fla.

Father's Name J. H. Sadler.

Residence Oakland, Fla.

Birthplace of Father South Carolina.

How Secured Father.

Mother's Maiden Name Mrs Tilden.

Shipped to Buried at Oakland.

Birthplace of Mother Illinois.

Date of Death June 6th 1922-1 P.M.

Charged to Mr J. H. Sadler (Father)

Single or Married Single

Date of Funeral June 8th 1922-10 A.M.

Age 33 years months days

Place of Death Orange. G. Hospital.

Number of Burial Certificate

Occupation of Deceased Fruit Grower.

Plate engraved Name & Date 1922

Cause of Death Bronchorea Chronic.

Lot or grave No. Section

Certifying Physician Dr. Christ.

Clergyman Rev Dean. Oakland.

Interment at Oakland. Cemetery

City Oakland. 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 <u>3 Grey B. Co. R. Co. S.</u>	<u>325.00</u>	<u>June 10</u>	<u>Cr. by Check.</u>	<u>400.00</u>
Metallic Lining <u>Yes.</u>				
Outside Box <u>Reg. Painted</u>				
Burial Robe <u>No.</u>				
Embalming and Attendance <u>Shaw & Hiers</u>	<u>15.00</u>			
Autos Carriages <u>C. Wagon.</u> at \$	<u>5.00</u>			
Flowers <u>12el Casket & Box</u>	<u>15.00</u>			
Hearse <u>Grey Winton.</u>	<u>20.00</u>			
Clergyman				
Singers				
Death notices in <u>Papers</u>				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<u>400.00</u>			<u>480.00</u>

REMARKS

FUNERAL REGISTER

NO. Estate Warren M. Hannabass. 321 S. Hughey St. DATE 1922
 Remains of Warren M. Hannabass. Residence 321 S. Hughey St. Oakland.
 Father's Name S. M. Hannabass. Residence Virginia.
 Birthplace of Father Virginia. How Secured Estate.
 Mother's Maiden Name M. E. Cain. Shipped to Oak Hill, W. Virginia
 Birthplace of Mother Virginia. Date of Death June 6th 1922 - 1 P.M.
 Charged to Mrs. W. M. Hannabass. Single or Married Married.
 Date of Funeral June - 1922 Age 38 years 5 months 17 days
 Place of Death C. General Hospital Number of Burial Certificate
 Occupation of Deceased Merchant Hardware Plate engraved Name & State.
 Cause of Death Edema of Lungs. Lot or grave No. 1883 - 1922 Section
 Certifying Physician Dr. Neal.
 Clergyman Restoration
 Interment at Restoration Cemetery
 City Oak Hill. State W. Va.

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 <u>3/4 y. B. Co. R. Co. State.</u>	<u>235.00</u>	<u>June 7</u>	<u>Cr. by Check.</u>	<u>529.25</u>
Metallic Lining <u>No.</u>				
Outside Box <u>Steel Vault.</u>	<u>125.00</u>			
Burial Robe <u>Blk & White Lin.</u>	<u>17.50</u>			
Embalming and Attendance <u>Shaw & Herring</u>	<u>35.00</u>			
Autos Carriages <u>C. Wagon 2 at \$ 5.00</u>	<u>10.00</u>			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in <u>Papers</u>				
Outlay for Lot				
Opening Grave				
Lining Grave <u>Underwear 1.50 Socks .50</u>	<u>2.00</u>			
Shipping charges, prepaid <u>R. R. Tickets & Pall.</u>	<u>99.75</u>			
<u>May 17th Amb.</u>	<u>5.00</u>			
Total amount of bill	<u>529.25</u>			<u>529.25</u>

REMARKS

FUNERAL REGISTER

NO. *Mr. Ralph Hann* ^{4 miles} *West of Aland.* DATE *June 7th 1922*

Remains of *Ida Rose Hann* Residence *4 Miles West of Aland.*

Father's Name *G. A. Gyles* Residence *New York*

Birthplace of Father *New York* How Secured *J. W. Hann, P. F. L. #3*

Mother's Maiden Name *Don't Know* Shipped to *Buried at Aland*

Birthplace of Mother *New York* Date of Death *June 7th 1922 6 P.M.*

Charged to *Ralph Hann (Husband)* Single or Married *Married*

Date of Funeral *June 8th 1922 - 3:30 P.M.* Age *24* years *10* months *24* days

Place of Death *Fla Sanitarium* Number of Burial Certificate

Occupation of Deceased *At Home* Plate engraved *At Rest*

Cause of Death *Septicemia - From Boil on Right Fore-arm* Lot or grave No. Section




Certifying Physician *Dr. Anderson of Sant.*

Clergyman *Rev. Stephens of Sant.*

Interment at *Patrick* Cemetery

City *Aland* 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>79 Guy Cressy Sq. F. T. H.</i>	70.00	Sept 11	Cr. by Check.	107.50
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe <i>Flesh Color.</i>	10.00			
Embalming and Attendance				
Autos				
Carriages <i>C. Wagon.</i> at \$	5.00			
Flowers				
Hearse <i>Blk Winton.</i>	15.00			
Clergyman <i>Rev. Stephens.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave <i>End Closing.</i>	5.00			
Lining Grave <i>Underwear + 1/2 ore</i>	2.50			
Shipping charges, prepaid				
Total amount of bill	107.50			107.50

REMARKS

FUNERAL REGISTER

NO.

Joseph S. Middleton. 208 Grace St. Orlando 1922

DATE

June 11th 1922

Remains of

Josephine Thura Middleton

Father's Name

Joseph S. Middleton

Birthplace of Father

Liberty Co. Ga.

Mother's Maiden Name

Gertrude Jiran

Birthplace of Mother

Savannah, Ga.

Charged to

Joseph S. Middleton

Date of Funeral

June - 1922

Place of Death

Residence

Occupation of Deceased

At Home

Cause of Death

Chro. Nephritis

Certifying Physician

Dr. Harrell

Clergyman

Destinations

Interment at

Destinations Cemetery

City

Savannah, State Ga.

Latest address - Tampa Fla. To A.C.C. Yardmaster

Residence

208 Grace St. Orlando

Residence

Grace St. Orlando

How Secured

Father

Shipped to

Savannah, Ga.

Date of Death

June 11th - 1922 7 a.m.

Single or Married

Single

Age

8 years 6 months 9 days

Number of Burial Certificate




Plate engraved

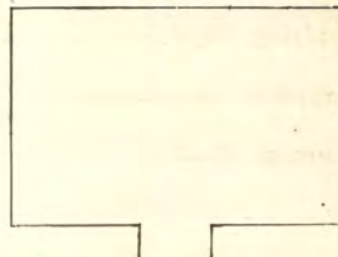
Plain (Had no time on engraving)

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

4/6 W. Plush Electric H.T. 250.00 July 1 Cr by check. 200.00

Metallic Lining

yes. Nov 16 Cr .. P.O. order 10.00

Outside Box

Reg - Painted Feb 2 Cr .. Check. 10.00

Burial Robe

White Dress + Soles 7.95 Apr 2 Cr .. Check 20.00

Embalming and Attendance

+ Care of body 25.00 June 10 Cr .. Check 15.00

Autos

Carriages C. Wagon at \$ 5.00

Flowers

Hearse

Clergyman

Singers

Death notices in

Papers

Outlay for Lot

Opening Grave

Lining Grave

Shipping charges, prepaid

Total amount of bill


287.95
25.50
329.5

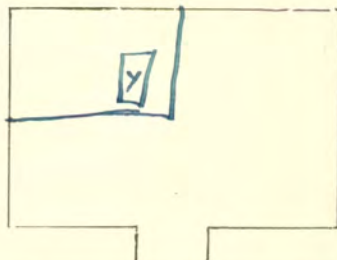
REMARKS

FUNERAL REGISTER

NO. *11. F. L. #2 near* *1922*
Mr Arthur Butler, Orlando, County Club of Seach June 13th
 Remains of *Hannah Rebecca Butler* Residence *Orlando, Fla.*
 Father's Name *Thomas Rushworth* Residence *England*
 Birthplace of Father *England* How Secured *Husband*
 Mother's Maiden Name *Helen Rushworth* Shipped to *Buried in Orlando*
 Birthplace of Mother *England* Date of Death *June 13th 1922 - 5 PM*
 Charged to *Arthur Butler Husband* Single or Married *Married*
 Date of Funeral *June 14th 1922 - 2:30 PM* Age *57* years months *27* days
 Place of Death *O. G. Hospital* Number of Burial Certificate
 Occupation of Deceased *At Home* Plate engraved *At Rest*
 Cause of Death *Cerebral Embolism* Lot or grave No. *NE 1/4 35* Section *2*
 Certifying Physician *Dr. Neal*
 Clergyman *Dean Long*
 Interment at *Glenwood* 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>1/4 Coffin & Box</i>	20.00	June 22	Cr. by cash.	2.00
Metallic Lining <i>No</i>		July 8	Cr. by County Club.	8.50
Outside Box <i>Reg.</i>		Aug 16	Cr. by cash.	10.00
Burial Robe		Aug 28	Cr. by cash.	5.00
Embalming and Attendance		Sept 16	Cr. by cash.	5.00
Autos		Oct 21	Cr. by cash.	4.50
Carriages at \$				
Flowers				
Hearse <i>Rev Auto.</i>	10.00			
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave <i>and closing grave.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	35.00			35.00


REMARKS

County will pay \$8.50. Very poor people.

FUNERAL REGISTER

NO. *Mr John Higgs, 511 N. Hugby St* ¹⁹²² DATE *of death June 13th*
Alab.
 Remains of *Mrs Gertrude Higgs.* Residence *511 - N. Hugby St.*
 Father's Name *W. H. Carey.* Residence *Laurel Grove.*
 Birthplace of Father *Nassau.* How Secured *Husband.*
 Mother's Maiden Name *Laurel Grove.* Shipped to *Buried in Alab.*
 Birthplace of Mother *Nassau.* Date of Death *June 13th 1922 - 10:30^{am}*
 Charged to *Mr. John Higgs (Husband).* Single or Married *Married*
 Date of Funeral *June 13th 1922 - 4 P.M.* Age *50* years months days
in Chapel
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *At Home.* Plate engraved *At Rest.*
 Cause of Death *Acute Indigestion.* Lot or grave No. *216-E 1/2* Section *H.*
 Certifying Physician *Dr. Childs.*
 Clergyman *Rev. Cooper.*
 Interment at *Greenwood Cemetery*
 City *Alab.* 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 Loc Oct-3 P.T.</i>	125.00	June 21	Gr. by Check.	100.00
Metallic Lining <i>no.</i>		" 21	Gr. by Cash.	5.00
Outside Box <i>Reg.</i>		July 1	Gr. by Check.	15.00
Burial Robe		July 17	Gr. by Check.	15.00
Embalming and Attendance <i>+ Dressing.</i>	35.00	Aug 4	Gr. by Check.	15.00
Autos				
Carriages <i>H & Studs at \$</i>	5.00	Aug 21	Gr. by Check.	17.00
Flowers <i>C. Wagon.</i>	5.00	Sept 18	Gr. by Check.	25.00
Hearse <i>Grey Winton</i>	15.00	Oct 14	Gr. by Cash.	25.00
Clergyman <i>Rev. Cooper.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#216-E 1/2 Sect H.</i>	220.00			
Opening Grave <i>and Closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	217.00			217.00

REMARKS

FUNERAL REGISTER

NO. *Estate Warren Palmer Whipple Winter Garden* DATE *1922 June 17th*

Remains of *Mr Warren. Palmer Whipple* Residence *Winter Garden. Fla.*

Father's Name *Thomas Whipple.* Residence *New Hampshire.*

Birthplace of Father *New Hampshire* How Secured *Estate & Wife.*

Mother's Maiden Name *Sophie Kadder* Shipped to *Buried at Oakland.*

Birthplace of Mother *New Hampshire.* Date of Death *June 17th 1922-4:30 a.m.*

Charged to *Mrs W. P. Whipple.* Single or Married *Married.*

Date of Funeral *June 18th 1922. - 4 PM.* Age *78* years *5* months *17* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Farming (Retired)* Plate engraved *Father.*

Cause of Death *Complications, following flu.* Lot or grave No. Section

Certifying Physician *Dr. Lawson.*

Clergyman *At Oakland & Winter Garden* CEMETERY CHART

Interment at *Oakland.* Cemetery

City *Oakland.* State *Fla.*

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>Grey Loc Oct 30th</i>	135.00	June 27	By Check.	202.00
Metallic Lining <i>No</i>				
Outside Box <i>Reg. Painted</i>				
Burial Robe				
Embalming and Attendance <i>+ Dressing</i>	35.00			
Autos				
Carriages at \$				
Flowers <i>Wreath</i>	12.00			
Hearse <i>Grey Winton.</i>	20.00			
Clergyman <i>At Winter Garden</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	202.00			202.00

REMARKS

FUNERAL REGISTER

73

1922

NO. Estate Susan Maxwell, Winter Park, Fla. DATE June 20th

Remains of Susan Maxwell. (Colored) Residence Winter Park, Fla.

Father's Name James Builey Residence Virginia

Birthplace of Father Virginia How Secured Son.

Mother's Maiden Name Worst Knorr Shipped to Buried in Winter Park

Birthplace of Mother Virginia Date of Death June 20th - 1922

Charged to Mattie Maxwell Single or Married Divorced

Date of Funeral June 25th - 1922 - 11 a.m. Age 80 years months days

Place of Death Residence Number of Burial Certificate

Occupation of Deceased At Home Plate engraved Mother

Cause of Death Apoplexy Lot or grave No. Section




Certifying Physician J. B. Callahan

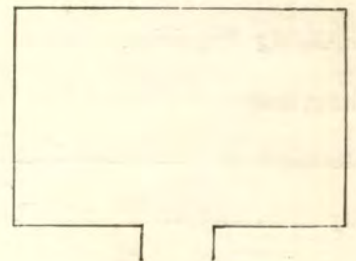
Clergyman At Winter Park

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>3/4 Hyloc 1/4 Larch</u>	175.00	Oct 4	<u>Meal</u> <u>Ch. by Check</u>	210.00
Metallic Lining <u>No</u>		" 4	<u>Ch. by Cash</u>	35.00
Outside Box <u>Req.</u>				
Burial Robe <u>White Lherr.</u>	10.00			
Embalming and Attendance <u>Emb & Hues</u>	35.00			
Autos Carriages <u>C. Wagon</u> at \$	5.00			
Flowers <u>Hel. of box to Cemetery</u>	5.00			
Hearse <u>Res Car.</u>	15.00			
Clergyman <u>At Winter Park</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	245.00			245.00

REMARKS

FUNERAL REGISTER

Estate NO. Samuel Valno Bunting 127 Long St DATE June 20th 1922

Remains of Samuel Valno Bunting Residence 127 Long St Orlando

Father's Name Joseph E. Bunting Residence Wilmington, N.C.

Birthplace of Father Wilmington, N.C. How Secured See

Mother's Maiden Name Rebecca Jacobs Shipped to Buried in Orlando

Birthplace of Mother Wilmington, N.C. Date of Death June 20th 1922 - 1:10 P.M.

Charged to Wm J. Hickey Bunting Single or Married Widower

Date of Funeral June 21st - 1922 - 10:30 A.M. Age 76 years 9 months 13 days

Place of Death Residence Number of Burial Certificate

Occupation of Deceased 1st Lt, Pullman Service (Retired) Plate engraved At Rest

Cause of Death Enermia Lot or grave No. Section




Certifying Physician Persey

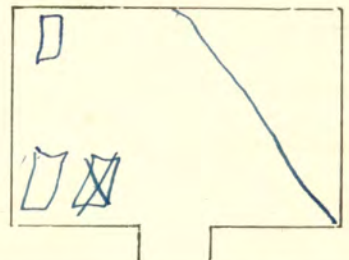
Clergyman Rev Chisholm

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 Lys B. Co. Oct 31st</u>	150.00	July 8	By check.	207.00
Metallic Lining <u>No</u>				
Outside Box <u>Reg - Painted</u>				
Burial Robe <u>Blk Robe.</u>	12.00			
Embalming and Attendance <u>Emb. Co. at \$</u>	15.00			
Autos Carriages <u>Hudson & Stude</u>	10.00			
Flowers <u>Casket Wagon</u>				
Hearse <u>Grey Winton</u>	15.00			
Clergyman <u>Rev Chisholm</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for lot <u>#16 - E. Cen. - Ci</u>				
Opening Grave <u>and Closing</u>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	207.00			207.00

Send Statement
to H. F. Weller
Wilmington N. C.

REMARKS

FUNERAL REGISTER

NO. S. R. Lin. Apopka Fla DATE June 20th 1922
Mar 18th 1918

Remains of Miss Mary Lin Residence Apopka. Fla
 Father's Name _____ Residence _____
 Birthplace of Father _____ How Secured S. R. Lin
 Mother's Maiden Name _____ Shipped to Atlanta Ga.
 Birthplace of Mother _____ Date of Death May 18th 1918
 Charged to _____ Single or Married Single
 Date of Funeral _____ Age 81 years months days
 Place of Death _____ Number of Burial Certificate _____
 Occupation of Deceased _____ Plate engraved _____
 Cause of Death Old Age. Lot or grave No. _____ Section _____
 Certifying Physician _____
 Clergyman _____
 Interment at Restland Cemetery _____
 City Atlanta State Ga.

June 20th 1922
Disinterred body
and shipped to
Atlanta, Ga
A. M. Patterson
File

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>June 20th by check.</u>	<u>83.00</u>
Metallic Lining			<u>A. Lin.</u>	<u>58</u>
Outside Box <u>New lined box</u>	<u>35.00</u>			
Burial Robe				
Embalming and Attendance				
Autos				
Carriages				
Flowers				
Hearse <u>Reo & Labor.</u>	<u>15.00</u>			
Clergyman				
Singers				
Death notices in _____ Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <u>Express.</u>	<u>33.58</u>			
Total amount of bill	<u>83.58</u>			<u>83.58</u>

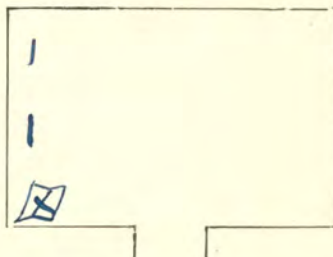
REMARKS

FUNERAL REGISTER

NO. *Estate Louis W. Nickels* *Albany* DATE *June 22nd 1922*
 Remains of *Mr Louis W. Nickels* Residence *309 S. Hughey St. Albany*
 Father's Name *Thomas W. Nickels* Residence *S. Carolina*
 Birthplace of Father *Greenwood, S.C.* How Secured *Wife*
 Mother's Maiden Name *Laura Bond* Shipped to *Buried in Albany*
 Birthplace of Mother *Augusta, Ga.* Date of Death *June 22nd 1922 - 11 A.M.*
 Charged to *Mrs Bessie Nickels* Single or Married *Married*
 Date of Funeral *June 25th 1922 - 4:30 A.M.* Age *44* years *2* months *25* days
 Place of Death *Residence* Number of Burial Certificate
 Occupation of Deceased *City Fireman of Albany* Plate engraved *At Rest*
 Cause of Death *Heart insufficiency & Chronic Pleurisy* Lot or grave No. Section
 Certifying Physician *Dr. Ford*
 Clergyman *Dean Adcock*
 Interment at *Greenwood Cemetery*
 City *Albany* 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>Gray Casket S. F. W.</i>	80.00	July 3	By check.	80.00
Metallic Lining <i>No</i>		Sept 26	By ..	10.00
Outside Box <i>Reg.</i>		Oct 3	By .. Cash.	2.00
Burial Robe <i>Blk Suit.</i>	10.00	Oct 24	By .. Cash.	2.00
Embalming and Attendance <i>Shaw & Huns</i>	35.00	Oct 28	By .. Cash.	3.00
Autos		Nov 10	By .. Cash.	5.00
Carriages <i>H & Shute at \$ 5.00</i>	10.00	Nov 18	By .. Cash.	2.00
Flowers <i>C. Wagon.</i>	5.00	Dec 2	By .. Cash.	2.00
Hearse <i>Gray Winton</i>	15.00	Dec 9	By .. Cash.	2.50
Clergyman <i>Dean Adcock</i>		Dec 30	By .. Cash.	2.00
Singers		Jan 6	By .. Cash.	2.00
Death notices in <i>2</i> Papers		Jan 19	By .. Cash.	2.00
Outlay for lot <i>142 - Sec J.</i>		Feb 3	By .. Cash.	2.00
Opening Grave <i>Ed Claring</i>	5.00	Feb 19	By .. Cash.	3.00
Lining Grave		Mar 31	By .. Cash.	2.00
Shipping charges, prepaid		Apr 14	By .. Cash.	2.50
		May 14	By .. Cash.	3.00
		June 4	By .. Cash.	2.00
		June 18	By .. Cash.	2.00
		June 26	By .. Cash.	2.00
		July 9	By .. Cash.	2.00
		July 20	By .. Cash.	3.00
		Sept 4	By .. Cash.	2.00
		Oct 18	By .. Cash.	22.50
Total amount of bill	160.00			160.00

REMARKS

FUNERAL REGISTER

NO. *Estate Anna E. Rogers, Orlando Fla.* DATE *June 30th 1922*

Remains of *Mrs Anna E. Rogers* Residence *301 S. Hughey*

Father's Name *Sampson Williams* Residence *S. Carolina*

Birthplace of Father *S. Carolina* How Secured *son*

Mother's Maiden Name *Nancy Sloan* Shipped to *Buried in Orlando*

Birthplace of Mother *S. Carolina* Date of Death *June 30th 1922 - 90th m.*

Charged to *Mr Jas. A. Rogers* Single or Married *Widow*

Date of Funeral *July 2nd 1922 - 4:30 P.M. in chapel* Age *75* years *11* months *21* days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *At Home* Plate engraved *Mother*

Cause of Death *Senility* Lot or grave No. *#231* Section *B*



Certifying Physician *Dr. W. Ewan*

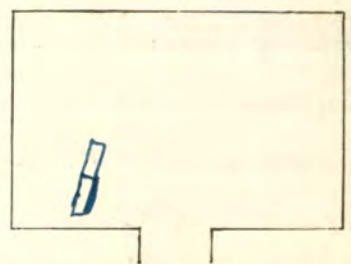
Clergyman *Lean Adcock*

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>5/6 W. L. Smith Oct 30 P.T.</i>	135.00	Aug 4	Cr. by check.	160.00
Metallic Lining <i>Yes.</i>		Aug 11	Cr. " "	100.00
Outside Box <i>Req.</i>				
Burial Robe				
Embalming and Attendance <i>Emb & Dressing</i>	25.00			
Autos				
Carriages <i>H & Stude at \$ 5.00</i>	10.00			
Flowers <i>C. Wagon.</i>	5.00			
Hearse <i>Grey Winton.</i>	15.00			
Clergyman <i>Lean Adcock.</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#231 - Sec B.</i>	65.00			
Opening Grave <i>and closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	260.00			260.00

REMARKS

FUNERAL REGISTER

NO. *N. F. Rogers. Winter Park, Fla.* DATE *May 26-1922*
of death May 23rd
 Remains of *Mrs Abbie R. Rogers.* Residence *Winter Park, Fla.*
 Father's Name *Leont Thaw* Residence *Leont Thaw.*
 Birthplace of Father *Leont Thaw* How Secured *N. F. Rogers.*
 Mother's Maiden Name *Shipped to* Shipped to *Winter Park from Holden Mo.*
 Birthplace of Mother *Winter Park May 26th 1891 Holden Mo.* Date of Death *May 23rd 1922*
 Charged to *N. F. Rogers.* Single or Married *Widow*
 Date of Funeral *May 26th 1922- 9 P.M.* Age *83* years *7* months *18* days
 Place of Death *Holden, Mo.* Number of Burial Certificate
 Occupation of Deceased *At Home.* Plate engraved *Name & Date*
 Cause of Death *Cerebra Hemorrhage* Lot or grave No. Section
 Certifying Physician *At Holden Mo.*
 Clergyman *Dr. Blackman.*
 Interment at *Palm* 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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket			<i>July 24 Cr by check.</i>	<i>31.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages				
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in	<i>2</i>	Papers		
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>31.00</i>			<i>31.00</i>

REMARKS

FUNERAL REGISTER

314 1/2 Paramore St

1922

NO. Ed Harris, (Col) Orlando.

DATE of death July 5th

Remains of Infant.

Residence Orlando Fla

Father's Name Ed Harris.

Residence Orlando. Fla.

Birthplace of Father Orlando. Fla.

How Secured Father.

Mother's Maiden Name Lillie Wilson

Shipped to Buried in Orlando

Birthplace of Mother S. Carolina

Date of Death July 5th 1922

Charged to Ed Harris.

Single or Married Single

Date of Funeral July 6th 1922Age ☒ years ☒ months ☒ days

Place of Death Residence.

Number of Burial Certificate

Occupation of Deceased

Plate engraved

Cause of Death Still Born.

Lot or grave No.

Section


Certifying Physician Mid. Wife Gary.

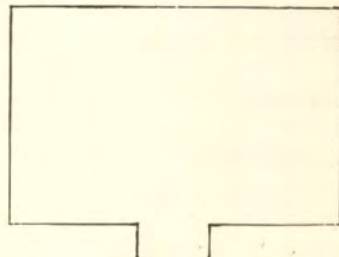
Clergyman

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>4/2 H.M.</i>	5.00	July 5	Br & Cash.	3.25
Metallic Lining		Dec 18	Br .. cash.	1.00
Outside Box		Jan 30	Br .. Cash.	1.00
Burial Robe		Apr 21	Br .. Cash.	1.00
Embalming and Attendance				
Autos Carriages <i>Auto</i> at \$	1.50			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for Lot <i>1/2 S. Grave.</i>	1.50			
Opening Grave <i>Ed Closing grave</i>	2.00			
Lining Grave				
Shipping charges, prepaid	10.00			10.00
Total amount of bill				37.75

REMARKS

FUNERAL REGISTER

NO. *Claude Williams* *W. Lakeview Ave Orlando.* DATE *July 2 1922*

Remains of *Infant* Residence *Orlando Fla*

Father's Name *Claude Williams* Residence *Orlando Fla.*

Birthplace of Father How Secured *Father*

Mother's Maiden Name Shipped to *Buried in Orlando*

Birthplace of Mother Date of Death *July 2nd 1922*

Charged to *Claude Williams* Single or Married *Single*

Date of Funeral *July 2nd 1922* Age *✓* years *✓* months *✓* days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased Plate engraved




Cause of Death *Still Born.* Lot or grave No. Section

Certifying Physician *Dr. Childs*

Clergyman

Interment at *Buried on Home Grounds 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 .

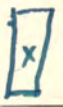
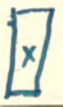
	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>7/6 H.M. Sgr.</i>	<i>5.00</i>	<i>July 3</i>	<i>Cr by check.</i>	<i>5.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages at \$				
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>5.00</i>			<i>5.00</i>

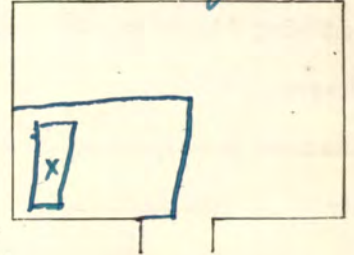
REMARKS

FUNERAL REGISTER

NO. *Estate John Henry King Windemere* DATE *of Death July 5th 1922*
 Remains of *Mr John Henry King.* Residence *Windemere, Fla.*
 Father's Name *Not known.* Residence *Australia.*
 Birthplace of Father *Australia.* How Secured *Estate & Wife.*
 Mother's Maiden Name *Not known.* Shipped to *Buried in Orlando.*
 Birthplace of Mother *Australia.* Date of Death *July 5th 1922 - 6 A.M.*
 Charged to *Mrs. Amelia King.* Single or Married *Married.*
 Date of Funeral *July 7th 1922 - 4:30 P.M.* Age *53* years *11* months *22* days
 Place of Death *Residence.* Number of Burial Certificate
 Occupation of Deceased *Cheff of hotel (Retired)* Plate engraved *At Rest.*
 Cause of Death *Pulmonary Hemorrhage* Lot or grave No. *48-NW¹/₄* Section *J -*
 Certifying Physician *Dr. E. J. Lawrence.*
 Clergyman *Rev Champion.*
 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 Grey Cope - Oct 3 P.T.</i>	<i>125.00</i>	<i>July 15</i>	<i>By Ch. Church & Cash</i>	<i>230.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Reg.</i>				
Burial Robe <i>Blk Suit</i>	<i>17.50</i>			
Embalming and Attendance <i>Shaw & Henry</i>	<i>35.00</i>			
Autos Carriages at \$				
Flowers <i>C. Wagon to Windemere</i>	<i>15.00</i>			
Hearse <i>Blk Winton</i>	<i>15.00</i>			
Clergyman <i>Rev Champion</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>#48 - N.W. 1/4 J</i>	<i>17.50</i>			
Opening Grave <i>Exp Closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>230.00</i>			<i>230.00</i>

REMARKS

FUNERAL REGISTER

NO. *Mr. J. F. Oliver, Alcoa, Fla.* DATE *of Death July 10th 1922*

Remains of *Mr. Ida Oliver.* Residence *Alcoa, Fla.*

Father's Name *Mr. E. Brown.* Residence *Alabama.*

Birthplace of Father *Alabama.* How Secured *Husband.*

Mother's Maiden Name *Lena Know.* Shipped to *Buried at Alcoa.*

Birthplace of Mother *Lena Know.* Date of Death *July 10th 1922 - 4 P.M.*

Charged to *Mr. J. F. Oliver.* Single or Married *Married*

Date of Funeral *July 11th 1922* Age *about 40* years months days

Place of Death *Res. Minnville near Alcoa.* Number of Burial Certificate

Occupation of Deceased *At Home.* Plate engraved *At Rest.*

Cause of Death *Took suddenly ill while at work & died.* Lot or grave No. Section


Certifying Physician *Dr. Havis Winter Garden.*

Clergyman *At Alcoa Rev. Harding*

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 x. Designate site of monument thus =.

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/2 Coffin + Box</i>	<i>35.00</i>	<i>July 13</i>	<i>Gr. by Check.</i>	<i>43.00</i>
Metallic Lining				
Outside Box				
Burial Robe <i>Req. Blk. Robe.</i>	<i>8.00</i>			
Embalming and Attendance				
Autos Carriages	at \$			
Flowers				
Hearse <i>Same their own work.</i>				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>43.00</i>			<i>43.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Hamon. E. Cheney.* 408. DATE *July 14th 1922*

Remains of *M. Hamon. E. Cheney.* Residence *408 W. Colonial Ave*

Father's Name *Leroy Cheney.* Residence *Mass.*

Birthplace of Father *Mass.* How Secured *Estate & Son.*

Mother's Maiden Name *Metcalf.* Shipped to *Orange, Franklin Co. Mass*

Birthplace of Mother *Mass.* Date of Death *July 14th 1922* 7:30 am

Charged to *Mrs. M. A. Cheney.* Single or Married *Widower.*

Date of Funeral *July 16th 1922* Age *96* years *3* months *8* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Fruit Grower Retired* Plate engraved *Father.*

Cause of Death *Myocarditis.* Lot or grave No. Section

Certifying Physician *H. Beaudall.*


Clergyman *Rev Phillips (Suff. for Rev. Mr. Connell)*

Interment at *Destinacion* Cemetery

City *Orange, Franklin Co.* State *Mass*

M. A. Cheney Jr. P.O. Box 404

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. Cor. State</i>	200.00	June 29 th Cr.	by property	419.50
Metallic Lining <i>No</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe				
Embalming and Attendance <i>Emb + Dressing</i>	40.00			
Autos				
Carriages <i>C. Wagon 2 at \$ 5.00</i>	10.00			
Flowers				
Hearse				
Clergyman <i>Rev Phillips</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave <i>Loan</i>	50.00			
Shipping charges, prepaid <i>P. R. Fichels & Pullman.</i>	119.50			
Total amount of bill	419.50			419.50

REMARKS

FUNERAL REGISTER

NO. *Estate Joseph F. Rynerson* *Salvira* *1822* DATE *of death July 15th 1922*

Remains of *Mr Joseph F. Rynerson* Residence *Salvira, Ky.*

Father's Name *Lent Know* Residence *Kentucky.*

Birthplace of Father *Kentucky.* How Secured *See*

Mother's Maiden Name *Lent Know.* Shipped to *Salvira, Ky.*

Birthplace of Mother *Kentucky.* Date of Death *July 15th 1922 - 3PM.*

Charged to *Mr Jas. L. Rynerson.* Single or Married *Widower.*

Date of Funeral *July 18th 1922* Age *76* years *11* months *19* days

Place of Death *Mt Verde* Number of Burial Certificate

Occupation of Deceased *Farmer (Retired)* Plate engraved *At Rest*

Cause of Death *Convulsions Cause, undetermined* Lot or grave No. Section




Certifying Physician *Dr. L. L. Clement*

Clergyman *Destination*

Interment at *Destination* Cemetery

City *Salvira* 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>6/4 Guy B. Co. Oct. 10. 1921</i>	175.00	July 17	<i>Ex by check</i>	50.00
Metallic Lining <i>No</i>		Sept 8	<i>Ex .. Check</i>	194.84
Outside Box <i>Reg - Painted</i>		Jan 26	<i>Ex .. Check</i>	50.00
Burial Robe <i>Blk B. Suit</i>	17.50	Jan 10	<i>Ex .. Check</i>	50.00
Embalming and Attendance <i>Emb + dressing</i>	35.00			
Autos				
Carriages <i>C. Wagon to Mt Verde</i>	25.00			
Flowers <i>C. Wagon to Sta</i>	5.00			
Hearse <i>Underwear & Soles</i>	1.50			
Clergyman <i>Destination</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid <i>Int</i>	15.00			
<i>2 R. R. Ticket 61.96 Pullman Phone 7.88</i>	70.84			
Total amount of bill	344.84			344.84

REMARKS

FUNERAL REGISTER

NO. *Mr Leslie J. Davidson. City.* DATE *of death July 16th 1922*

Remains of *Infant.* Residence *Oelands. Fla.*

Father's Name *Leslie J. Davidson* Residence *Oelands Fla.*

Birthplace of Father *Canada.* How Secured *Father.*

Mother's Maiden Name *Marion Swomer.* Shipped to *Buried in Oelands.*

Birthplace of Mother *Chicago, Ills.* Date of Death *July 16th 1922 - 1:30 a.m.*

Charged to *Mr Leslie J. Davidson* Single or Married *Single*

Date of Funeral *July 16th 1922 2:30 p.m.* Age *—* years *—* months *—* days

Place of Death *O.G. Hospital* Number of Burial Certificate *—*

Occupation of Deceased *—* Plate engraved *Our Darling*

Cause of Death *Still Born.* Lot or grave No. *Single* Section *—*

Certifying Physician *Dr. Edwards.*

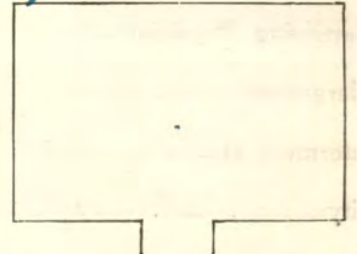
Clergyman *Rev Phillips*

Interment at *Greenwood Cemetery*

City *Oelands* 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.M. Sgr</i>		<i>7.50 July 17</i>	<i>Ex. by check.</i>	<i>15.00</i>
Metallic Lining				
Outside Box <i>Reg</i>				
Burial Robe				
Embalming and Attendance				
Autos				
Carriages <i>Auto Service</i> at \$	<i>2.50</i>			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot <i>1/2 S. Grave (W)</i>	<i>3.00</i>			
Opening Grave <i>and closing</i>	<i>2.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>15.00</i>			<i>15.00</i>

REMARKS

FUNERAL REGISTER

NO. Fred Joseph (Col) Forest City Fla

DATE July 19 1922

Remains of Fred Joseph (Col)

Residence Forest City, Fla

Father's Name Jacob Joseph

Residence Georgia

Birthplace of Father Kingland, Ga.

How Secured Wife

Mother's Maiden Name Isabell Joseph

Shipped to Buried in Forest City

Birthplace of Mother Georgia

Date of Death July 19th 1922

Charged to J. Campbell.

Single or Married Married

Date of Funeral July 19 - 1922

Age 54 years months days

Place of Death Forest City

Number of Burial Certificate

Occupation of Deceased Laborer.

Plate engraved At Rest.

Cause of Death

Lot or grave No. Section




Certifying Physician Dr. Wooden.

Clergyman Forest City

Interment at Forest City Cemetery

City Forest 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 <u>3/ Stain Case + Box</u>	20.00	July 19	En by Cash.	7.00
Metallic Lining		" 24	En by check.	8.25
Outside Box		Aug 19	En .. P.O. Order	5.25
Burial Robe		Nov 13	En .. Cash.	5.00
Embalming and Attendance		1923 May 7	En .. Cash.	5.00
Autos Carriages <u>C. Wagon</u> at \$	10.00			
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	30.00			30.00


REMARKS

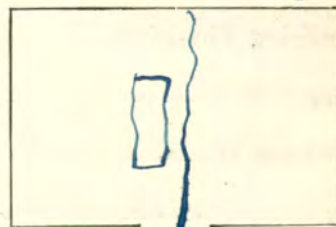
FUNERAL REGISTER

87

NO. *Leslie J. Havidson. Fern Creek Road, Deland* DATE *July 19th 1922*
Remains of *Mrs Marion L. Havidson.* Residence *Deland Fla.*
Father's Name *Arthon Sornsen.* Residence *Ills.*
Birthplace of Father *Chicago, Ills.* How Secured *Husband*
Mother's Maiden Name *Hunt Know.* Shipped to *Buried in Deland.*
Birthplace of Mother *Hunt Know.* Date of Death *July 19th 1922 - 6:40 a.m.*
Charged to *Mr Leslie J. Havidson.* Single or Married *Married*
Date of Funeral *July 21st 1922 - 4 p.m.* Age *38* years *7* months *21* days
Place of Death *O. G. Hospital.* Number of Burial Certificate
Occupation of Deceased *at Home.* Plate engraved *Louise.*
Cause of Death *Ecclampsia.* Lot or grave No. *#152 - 11 1/2* Section *2*
Certifying Physician *Dr. Edwards*
Clergyman *Rev. Phillips*
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 x. Designate site of monument thus =.



Bought lot of Mrs Redman.

AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>1/3 White Plush. H. Side Couch.</i>	<i>175.00</i>	<i>July 29 Tr. by Check.</i>	<i>297.50</i>
Metallic Lining <i>No</i>			
Outside Box <i>Req.</i>			
Burial Robe <i>White Silk</i>	<i>17.50</i>		
Embalming and Attendance <i>Ed Shering</i>	<i>35.00</i>		
Autos Carriages <i>2 Autos at \$ 5.00</i>	<i>10.00</i>		
Flowers <i>C. Wagon.</i>	<i>5.00</i>		
Hearse <i>Grey Winton.</i>	<i>15.00</i>		
Clergyman <i>Rev. Phillips</i>			
Singers			
Death notices in <i>2</i> Papers			
Outlay for Lot <i>#152 11 1/2 Sec 2.</i>	<i>35.00</i>		
Opening Grave <i>Ed Shering.</i>	<i>5.00</i>		
Lining Grave			
Shipping charges, prepaid			
Total amount of bill	<i>297.50</i>		<i>297.50</i>

REMARKS

*later Bought 1923
Lot- 146 Sec 2
and moved Body*

FUNERAL REGISTER

1922

NO. *Estate Jolly Padgett, Winter Garden* DATE *of death July 22nd*

Remains of *Mr Jolly Padgett.* Residence *2 miles S. of Winter Garden, Fla.*

Father's Name *James Padgett.* Residence *Florida.*

Birthplace of Father *Florida.* How Secured *Wife & Brothers*

Mother's Maiden Name *Percott.* Shipped to *By auto to Kissimmee, Fla.*

Birthplace of Mother *Florida.* Date of Death *July 22nd 1922 6 P.M.*

Charged to *Mrs J. Padgett (Wife)* Single or Married *Married*

Date of Funeral *July 24th 1922 2 P.M.* Age *30* years *2* months *16* days

Place of Death *Residence* Number of Burial Certificate

Occupation of Deceased *Home Work.* Plate engraved *At Rest.*

Cause of Death *Accidentally Shunned. 1 heart failure* Lot or grave No. Section


Certifying Physician *Dr. Lewis, Winter Garden*

Clergyman *Minister from Tampa.*

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 x. Designate site of monument thus =.

John Padgett, St Cloud, Fla. (brother) *Mr Harris / Hansel, Kissimmee, Fla. (Father of Mrs Padgett)*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket	<i>4 Guy Cope. Oct 30. 7.</i>	<i>12 5.00</i>	<i>Aug 16</i>	<i>223.00</i>
Metallic Lining	<i>No</i>			
Outside Box	<i>Req.</i>			
Burial Robe	<i>Blue Serge Suit</i>	<i>27.50</i>		
Embalming and Attendance	<i>Shaw & Hens</i>	<i>35.00</i>		
Autos				
Carriages	<i>C. Wagon to W. Garden</i>	<i>15.00</i>		
Flowers				
Hearse	<i>Guy Reo. to Kissimmee</i>	<i>20.00</i>		
Clergyman	<i>From Tampa</i>			
Singers				
Death notices in	<i>2</i>	<i>Papers</i>		
Outlay for lot				
Opening Grave				
Lining Grave	<i>Pr. Sochs.</i>	<i>.50</i>		
Shipping charges, prepaid				

Total amount of bill *223.00* *223.00*

REMARKS

FUNERAL REGISTER

NO. *Estate George W. Taylor. # Garland St.* DATE *July 23rd 1922*

Remains of *Mr George W. Taylor.* Residence *# Garland St. Umatilla,*

Father's Name Residence *Tennessee.*

Birthplace of Father *Tennessee.* How Secured *Estate*

Mother's Maiden Name *Bell.* Shipped to *By auto Umatilla, Fla.*

Birthplace of Mother *Tennessee.* Date of Death *July 23rd 1922-8:30 P.M.*

Charged to *Mrs Anna F. Taylor (Wife)* Single or Married *Married.*

Date of Funeral *July 26th 1922* Age *64* years *4* months *11* days

Place of Death *Residence.* Number of Burial Certificate

Occupation of Deceased *Lumber Saw Mill* Plate engraved *At Rest.*

Cause of Death *Pulmonary Abscess.* Lot or grave No. Section




Certifying Physician *Dr. Ford.*


Clergyman *Rev Phillips.*

Interment at *Umatilla* Cemetery

City *Umatilla* State *Fla (Glendale Co.)*

CEMETERY CHART

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

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>5/8 Blk Cufe Utd 30 P.T.</i>	<i>115.00</i>	<i>Aug 4</i>	<i>By check.</i>	<i>190.00</i>
Metallic Lining <i>No</i>				
Outside Box <i>Req.</i>				
Burial Robe 				
Embalming and Attendance <i>Emb.</i>	<i>35.00</i>			
Autos <i>C. Wagon</i>	<i>3.00</i>			
Carriages <i>at \$</i>				
Flowers				
Hearse <i>Blk Winton to Umatilla</i>	<i>35.00</i>			
Clergyman <i>Rev Phillips</i>				
Singers				
Death notices in <i>2</i> Papers				
Outlay for Lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>190.00</i>			<i>190.00</i>

REMARKS

FUNERAL REGISTER

NO. *Estate Henry Howard Lewis* ^{Pine Castle} _{Fila} DATE *July 25th 1922*

Remains of *Mr Henry Howard Lewis* Residence *Pine Castle, Fla.*

Father's Name *Henry M. Lewis* Residence *Ohio*

Birthplace of Father *Marietta, Ohio* How Secured *Estate & Wife*

Mother's Maiden Name *Mary M. Milon* Shipped to *Mansfield Ohio*

Birthplace of Mother *Bellview, Ohio* Date of Death *July 25th 1922 - 4 AM*

Charged to *Minnie Lewis* Single or Married *Married*

Date of Funeral *July 29th 2:30 P.M.* Age *51* years *4* months *20* days

Place of Death *A. G. Hospital* Number of Burial Certificate

Occupation of Deceased *Pleasure Resort ^{Building} Beach* Plate engraved *Name & Date*

Cause of Death *Preses.* Lot or grave No. *1871-1822* Section

Certifying Physician *Dr. Christ.*




Clergyman *Rev. Cooper*

Interment at *Restoration* Cemetery

City *Mansfield* State *Ohio*

Shipped on train 80 May 1st 1923

CEMETERY CHART

Put in the diagram one mark like this  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. N. C. S.</i>	375.00	Aug 3	Er. by Check	498.72
Metallic Lining <i>Yes.</i>				
Outside Box <i>Reg - Painted</i>				
Burial Robe <i>Guy B. Suit</i>	40.00			
Embalming and Attendance <i>Emf</i>	35.00			
Autos Carriages <i>G. Wagon at \$ 5.00</i>	10.00			
Flowers <i>Engraving N. Plate</i>	5.00			
Hearse <i>Rescent Spring - Spring</i>	24.00			
Clergyman <i>Minister (Rev Cooper)</i>	5.00			
Singers <i>Shocs.</i>	3.50			
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave <i>Telegram.</i>	1.22			
Shipping charges, prepaid				

Total amount of bill

498.72

498.72

REMARKS *Body placed in Vault until future date to be shipped*

Body shipped Apr 30 1923 to Mansfield Ohio for interment train 80

FUNERAL REGISTER

NO. 122 Mr Joe Cheney, Orlando, Fla DATE July 27

Remains of Katherine J. Cheney Residence Lakewood Ave

Father's Name Mr Joe Cheney Residence Orlando Fla

Birthplace of Father Orlando, Fla How Secured Father

Mother's Maiden Name Hazel Locke Shipped to Buried in Orlando

Birthplace of Mother New Hampshire Date of Death July 27th 1922 12:30 Pm

Charged to Mr Joe Cheney (Father) Single or Married Single

Date of Funeral July 29th 10:30 a.m. Age 4 years 10 months 23 days

Place of Death Residence Number of Burial Certificate

Occupation of Deceased Plate engraved Our Darling

Cause of Death Accidentally Struck Lot or grave No. 486 Section Buried in Ronald Cheney's lot




Certifying Physician Dr. Christ

Clergyman Rev J. E. Phillips

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>3/4 Plush, let. top, side, ends</u>	65.00	<u>Sept 8</u>	<u>By check.</u>	110.00
Metallic Lining <u>No</u>				
Outside Box <u>Reg.</u>				
Burial Robe				
Embalming and Attendance <u>Emb</u>	25.00			
Autos				
Carriages <u>C. Wagon</u> at \$	5.00			
Flowers <u>Stadelbaker</u>	5.00			
Hearse <u>Hudson</u>	5.00			
Clergyman <u>Rev Phillips</u>				
Singers				
Death notices in <u>2</u> Papers				
Outlay for Lot <u>#86- Sec J.</u>				
Opening Grave <u>and closing</u>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	110.00			110.00

REMARKS

FUNERAL REGISTER

NO. *N. H. James. Orlando Fla.* DATE *of death July 29th 1922*Remains of *Howard Johnson James.* Residence *Michigan Ave S. of Orlando.*Father's Name *N. H. James.* Residence *Orlando. Fla.*Birthplace of Father *Scottsburg, Ind.* How Secured *Father.*Mother's Maiden Name *Evelyn L. Johnson.* Shipped to *Buried in Orlando.*Birthplace of Mother *Manatee, Mich.* Date of Death *July 29th 1922*Charged to *Mr N. H. James.* Single or Married *Single.*Date of Funeral *July 30th 1922 - 2:30 P.M.* Age *1* years *6* months *1* daysPlace of Death *Residence.* Number of Burial CertificateOccupation of Deceased Plate engraved *Our Hurling.*Cause of Death *Chronic Colitis (Medial)* Lot or grave No. SectionCertifying Physician *Dr. Edwards.*Clergyman *Rev. Thibodeau.*Interment at *Greenwood Cemetery*City *Orlando.* State *Fla.**Cocoa, Fla**P.O. Box #433*

CEMETERY CHART

Put in the diagram one mark like this  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 White L.S.</i>	29.00	Aug 13	En. by check.	20.00
Metallic Lining		Aug 18	En. " " "	20.00
Outside Box		1928		
Burial Robe		June 25	Charity	14.00
Embalming and Attendance <i>Cavity</i>	10.00			
Autos Carriages at \$				
Flowers				
Hearse <i>Touring Car.</i>	5.00			
Clergyman				
Singers				
Death notices in Papers				
Outlay for lot <i>Single Grave</i>	5.00			
Opening Grave <i>Ed Closing.</i>	5.00			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	54.00			54.80

REMARKS

FUNERAL REGISTER

NO. *Mr J. H. Jenkins. Sanford. Fla* DATE *1922* *July 24th*

Remains of *Mr J. H. Jenkins.* Residence *Sanford. Fla*

Father's Name _____ Residence _____

Birthplace of Father _____ How Secured *J. H. Jenkins*

Mother's Maiden Name *Mr Frank Miller* Shipped to _____

Birthplace of Mother *had charge and drove through from Sanford* Date of Death *July 24th*

Charged to *J. H. Jenkins* Single or Married *Widow*

Date of Funeral *July 26th 1922* Age _____ years _____ months _____ days

Place of Death *Residence* Number of Burial Certificate _____

Occupation of Deceased *At Home* Plate engraved _____

Cause of Death _____ Lot or grave No. *124 8 1/2* Section *A*




Certifying Physician _____

Clergyman _____

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>Aug 16 P. by J. H. Jenkins check.</i>	<i>5.00</i>
Metallic Lining				
Outside Box				
Burial Robe				
Embalming and Attendance				
Autos Carriages at \$				
Flowers				
Hearse				
Clergyman				
Singers				
Death notices in Papers				
Outlay for Lot				
Opening Grave <i>and closing.</i>	<i>5.00</i>			
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>5.00</i>			<i>5.00</i>


REMARKS

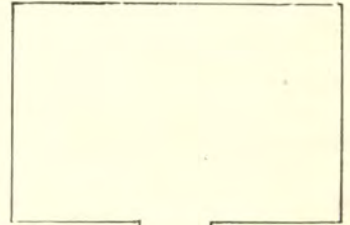
FUNERAL REGISTER

NO. *Mr Elijah Gatlin, Pine Castle* DATE *1922 Aug 2nd*

Remains of *Alfred Gatlin* Residence *10 Miles S.E. of City*
 Father's Name *Elijah Gatlin* Residence *10 miles*
 Birthplace of Father *Georgia* How Secured *Wheeler, Grandfather*
 Mother's Maiden Name *Ella Keen* Shipped to *Buried near Tussemoo*
 Birthplace of Mother *Orange Co. Fla.* Date of Death *Aug 2nd 1922 - 2 P.M.*
 Charged to *Mr Elijah Gatlin* Single or Married *Single*
 Date of Funeral *Aug.* Age *24* years *11* months *3* days
 Place of Death *O. G. Hospital* Number of Burial Certificate
 Occupation of Deceased *Farming* Plate engraved *At Rest.*
 Cause of Death *Hyperpyrexia (Pernicious Typhoid) (Causing fever to rise)* Lot or grave No. Section
 Certifying Physician *Dr. Christ*
 Clergyman *Rev Stevenson (Mason)* Jay *Fla.*
 Interment at *East Lake* Cemetery
 City *E of Tussemoo* 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: - *Mr W. M. Keen. P.O. #2 Box 115 Orlando*

	AMOUNT	DATE	PAYMENTS	AMOUNT
Coffin or Casket <i>W.L. S. Oct 30 P.T.</i>	<i>150.00</i>	<i>Aug 16</i>	<i>Cr. by check.</i>	<i>225.00</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>			
Autos Carriages at \$				
Flowers <i>C. Wagon.</i>	<i>5.00</i>			
Hearse <i>Blk Winto</i>	<i>35.00</i>			
Clergyman				
Singers				
Death notices in <i>2</i> Papers				
Outlay for lot				
Opening Grave				
Lining Grave				
Shipping charges, prepaid				
Total amount of bill	<i>225.00</i>			<i>225.00</i>

REMARKS