

# RECORD OF FUNERAL.

Date 3/31-14

No. (Total Number) Hester Williams No. (Yearly Number) married

Name of Deceased Hester Williams (What Race) Henry Williams (What Race)

Wife—Widow } Charge to Henry Williams  
 Son—Daughter of }

Order Given by Henry Williams Address 993 Exchange St

How Secured \_\_\_\_\_ Price of Casket or Coffin \$ 40 00  
 " Metallic Lining (State kind) \_\_\_\_\_ \$ 5 00

Date of Funeral 3/4/14 " Outside Box (State kind) \_\_\_\_\_ \$ 10 00  
 Residence 933 Exchange St Grave Vault (State kind) \_\_\_\_\_ \$ 15 00  
 Place of Death Augusta Ark Burial Robe \_\_\_\_\_  
 Funeral Services at Augusta Ark " Burial Slippers and Hose \_\_\_\_\_  
 Time of Funeral Service 9 a.m. Engraving Plate Qualls \$ 15 00  
 Clergyman \_\_\_\_\_ Embalming Body (with Fluid) \_\_\_\_\_  
 Certifying Physician Dr. Powell Washing and Dressing \_\_\_\_\_  
 His Residence \_\_\_\_\_ Shaving \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
 Cause of Death Cardiac Stenosis Disinfecting Rooms \_\_\_\_\_  
 Date of Death 3/28/14 (Secondary) Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased Domestic " Candelabrum and Candles \_\_\_\_\_  
 Single or Married married Gloves \$ \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father Jessie Murray Carriages to Cemetery @ \$ \_\_\_\_\_  
 His Birthplace Ark Automobiles to Cemetery @ \$ 5 00  
 Name of Mother Louise Grealy Wagon Deliveries \_\_\_\_\_  
 Her Birthplace unknown City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers Commercial \$ 1 00  
 Body to be shipped to Augusta Ark Flowers \_\_\_\_\_  
 Size and Style of Casket or Coffin Black Case Oday for Lot \_\_\_\_\_  
 Manufactured by \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_  
 Interment at Augusta Ark Lining Grave \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Vault Rental \_\_\_\_\_  
 1. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_  
 2. \_\_\_\_\_ Removal Charges \_\_\_\_\_  
 3. \_\_\_\_\_ Cremation Charges \_\_\_\_\_  
 4. \_\_\_\_\_ Porters \_\_\_\_\_  
 5. \_\_\_\_\_ Watchers \_\_\_\_\_  
 6. \_\_\_\_\_ Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

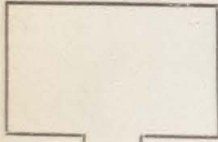


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill	\$ 76 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Primary Number) ..... Date 3/3/14 1914  
 Name of Deceased Millie Carruthers (Where Born) .....  
 Charge to C. H. Rich (Where Born) .....  
 Address Mosco Tenn

Order Given by C. H. Rich  
 How Secured 2038  
 Date of Funeral 3/3/14  
 Residence .....  
 Place of Death city hosp  
 Funeral Services at Mosco Tenn  
 Time of Funeral Service 11 AM  
 Clergyman .....  
 Certifying Physician .....  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death .....

Price of Casket or Coffin	\$ 17.00
"    Metallic Lining (State kind)	
"    Outside Box (State kind)	5.00
"    Grave Vault (State kind)	
"    Burial Robe	
"    Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Qualls</u> fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
"    Folding Chairs	
"    Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	
Carrriages to Cemetery @ \$.....	
Automobiles to Cemetery @ \$.....	5.00
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in <u>Commercial</u> Newspapers	1.00
<small>(Names of Newspapers)</small>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental <u>R. R. Fare</u>	2.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	

Date of Death 3/3/14 (Primary) [Secondary] .....  
 Date of Birth .....  
 Occupation of the Deceased domestic  
 Single or Married married  
 Aged ..... Years, ..... Months, ..... Days.  
 Date of Birth .....  
 Name of Father unknown  
 His Birthplace .....  
 Name of Mother .....  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to Mosco Tenn  
 Size and Style of Casket or Coffin "B" coffin  
 Manufactured by Mosco Tenn  
 Interment at Mosco Tenn Cemetery.  
 Lot or Grave No. .... Section No. ....

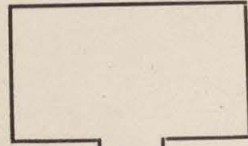


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill ..... 45.00  
 By Amount Paid in Advance Disct 1.00  
 Balance ..... 44.00  
 Entered into Ledger, page ..... or below.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>C. H. Rich</u>	
<u>Mosco Tenn</u>	

Names of Pall Bearers.....  
 Names of Near Relatives Mosco Tenn

# RECORD OF FUNERAL.

Date 3/5/14 1914

No. (Total Number)          No. (Number)         

Name of Deceased Mattie Westmorland (What Race)          (Where Born)         

Wife-Widow Son-Daughter of          Charge to H. F. Willis & Co Address Turrellark

Order Given by H. F. Willis & Co Price of Casket or Coffin \$ 16.00

How Secured to be pd. for Metallic Lining (state kind) 5.00

Date of Funeral 3-5-14 Outside Box (state kind)         

Residence          Grave Vault (state kind) 4.00

Place of Death negro Bapt. Hosp Burial Robe         

Funeral Services at Turrellark Burial Slippers and Hose         

Time of Funeral Service am Engraving Plate         

Clergyman A. L. Blecker Embalming Body (with          Fluid)         

Certifying Physician A. L. Blecker Washing and Dressing         

His Residence          Shaving         

Number of Burial Certificate          Keeping Body on Ice         

Cause of Death Double Lobar Pneumonia Disinfecting Rooms         

Date of Death 3-3-14 " Folding Chairs         

Date of Birth          " Candelabrum and Candles         

Occupation of the Deceased domestic Gloves \$          Crape \$         

Single or Married married Door Crape \$          Canopy \$         

Aged 43 Years          Months          Days         

Date of Birth          Hearse         

Name of Father Jimm Carriages to Cemetery @ \$         

His Birthplace Jimm Automobiles to Cemetery @ \$         

Name of Mother          Wagon Deliveries 5.00

Her Birthplace          City Calls (Coaches)         

Mother's Maiden Name Turrellark Death Notices in Commercial Newspapers 1.00

Body to be shipped to Turrellark (Names of Newspapers)

Size and Style of Casket or Coffin B. Coffin Flowers         

Manufactured by Wells Outlay for Lot         

Interment at Turrellark Cemetery. Opening Grave or Vault         

Lot or Grave No.          Section No.          Lining Grave         

1.	
2.	
3.	
4.	
5.	
6.	

Diagram of Lot or Vault.         

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 32.50

By Amount Paid in Advance         

Balance         

Entered into Ledger, page          or below         

To Funeral Charges..... Total, \$	By Cash..... \$
<u>"Double Lobar Pneumonia</u> <u>Dr. A. L. Blecker</u> <u>1306 Jimm Trust</u>	

Names of Pall Bearers         

Names of Near Relatives

# RECORD OF FUNERAL.

No. .... Date 3/5/14 1914  
 (Total Number) (Serial Number)

Name of Deceased Charley Maxville  
 (What Race) (Where Born)

Wife—Widow } Single Charge to  
 Son—Daughter of }

Order Given by Alonzo Maxville Address 1380 College St  
 How Secured met Price of Casket or Coffin \$ 65.00  
 Date of Funeral 3-5-14 Metallic Lining (State kind) 5.00  
 Residence 1380 College St Outside Box (State kind) 12.00 ✓  
 Place of Death 1380 College St Grave Vault (State kind) 12.00 ✓  
 Funeral Services at 1380 College St Burial Robe  
 Time of Funeral Service 3:30 pm Burial Slippers and Hose  
 Clergyman H. S. Zwolff Engraving Plate  
 Certifying Physician Carravell Embalming Body (with... Fluid)  
 His Residence Carravell Washing and Dressing  
 Number of Burial Certificate 3 Shaving  
 Cause of Death Pneumonia Keeping Body on Ice  
 Date of Death 3-11-14 Disinfecting Rooms  
 Date of Birth 3-11-14 Use of Catafalque and Drapery  
 Occupation of the Deceased Laborer Folding Chairs  
 Single or Married Single Candelabrum and Candles P.B.C. 6.00  
 Aged 35 Years 0 Months 0 Days Gloves \$ Crape \$  
 Date of Birth 3-11-14 Door Crape \$ Canopy \$  
 Name of Father Charley Maxville Hearse \$  
 His Birthplace Terre Haute Carriages to Cemetery 3 @ \$ 12.00  
 Name of Mother Mary Miller Automobiles to Cemetery @ \$  
 Her Birthplace Terre Haute Wagon Deliveries  
 Mother's Maiden Name Miller Calls (Coaches)  
 Body to be shipped to Terre Haute Death Notices in Commercial Newspapers 1.00  
 Size and Style of Casket or Coffin Silver Bepe Bepe (Names of Newspapers)  
 Manufactured by  Zion  Flowers  
 Interment at  Zion  Cemetery Outlay for Lot  
 Lot or Grave No. Section No. Opening Grave or Vault  
 Lining Grave  
 Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges  
 Porters  
 Watchers  
 Personal Services  
 Music  
 Church Charges

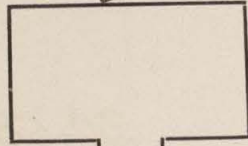


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 111.00  
 By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges..... Total, \$	By Cash..... \$
<p><u>Dr. H. S. Zwolff</u>  <u>So. Express Bldg.</u>  <u>(met)</u></p>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

Date 3/6/14 1914

No. (Total Number) Jessie Alvin Campbell (Yearly Number) Jessie  
 Name of Deceased Jessie Alvin Campbell (Where Born) Jessie  
 Charge to Rev. J. S. Campbell  
 Address 1364 Helen St.

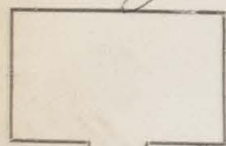
Order Given by Rev. J. S. Campbell  
 How Secured (paid)  
 Date of Funeral 3/7/14  
 Residence 1364 Helen St.  
 Place of Death 1364 Helen St.  
 Funeral Services Res. 10 a.m.  
 Time of Funeral Service 10 a.m.  
 Clergyman Rev. J. S. Campbell  
 Certifying Physician W. H. Pistole  
 His Residence W. H. Pistole

Price of Casket or Coffin 12 00  
 Metallic Lining (state kind) 5 00  
 Outside Box (state kind) 3 00  
 Grave Vault Open Sat  
 Burial Robe  
 Burial Slippers and Hose  
 Engraving Plate  
 Embalming Body (with Fluid)  
 Washing and Dressing  
 Shaving  
 Keeping Body on Ice  
 Disinfecting Rooms  
 Use of Catafalque and Drapery  
 Folding Chairs  
 Candelabrum and Candles  
 Gloves  
 Floor Crape  
 Canopy  
 Hearse  
 Carriages to Cemetery 1 @ \$ 4 00  
 Automobiles to Cemetery  
 Wagon Deliveries  
 City Calls (Coaches)  
 Death Notices Commercial 1 00  
 Newspapers  
 (Names of Newspapers)

Cause of Death Broncho Pneumonia  
 Date of Death 3/5/14  
 Date of Birth  
 Occupation of the Deceased none  
 Single or Married single  
 Aged 10 Years 0 Months 0 Days  
 Date of Birth  
 Name of Father J. S. Campbell  
 His Birthplace Jessie  
 Name of Mother Estelle Campbell  
 Her Birthplace Jessie  
 Mother's Maiden Name

Body to be shipped to  
 Size and Style of Casket or Coffin Laurel skin  
 Manufactured by W. H. Pistole  
 Interment at Zion Cemetery  
 Lot or Grave No. Section No.

Outlay for Lot  
 Opening Grave or Vault  
 Lining Grave  
 Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges  
 Porters  
 Water  
 Personal Services  
 Music  
 Church Charges  
 Total Footing of Bill \$ 25 00  
 By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page or below



Designate all Graves with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Lot at Zion Cemetery</u>	
<u>10 nos</u>	
<u>2'6 Box W. H. Pistole</u>	

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL

Date 3/8/14

No.          (Total Number) Name of Deceased Callie Williams (What Race)          (Where Born) Tenn

Wife—Widow Single Charge to          Son—Daughter of          Address 725 Wright St

Order Given by Mrs. Hobbs Price of Casket or Coffin 85.00

How Secured          Metallic Lining (State kind) 5.00

Date of Funeral 3/8/14 Outside Box (State kind) 12.00

Residence 725 Wright St Grave Vault (State kind) 10.00

Place of Death 725 Wright St Burial Robe         

Funeral Services at Beal Ave Church Burial Slippers and Hose         

Time of Funeral Service 2 P.M. Engraving Plate 15.00

Clergyman          Embalming Body (with Qualls Fluid)         

Certifying Physician Dr. Jas. A. Hese Washing and Dressing         

His Residence          Shaving         

Number of Burial Certificates          Keeping Body on Ice         

Cause of Death Mitral Stenosis & Lobar Pneumonia Cooling Rooms         

Date of Death 3/6/14 " Catafalque and Drapery         

Date of Birth          " Folding Chairs         

Occupation of the Deceased Domestic " Candelabrum and Candles         

Single or Married Single Gloves \$          Crape \$         

Aged          Years          Months          Days          Door Crape \$          Canopy \$         

Date of Birth          Hearse 3 @ \$ 15.00

Name of Father unknown Carriages to Cemetery          @ \$         

His Birthplace          Automobiles to Cemetery          @ \$         

Name of Mother          Wagon Deliveries         

Her Birthplace          City Calls (Coaches)         

Mother's Maiden Name          Death Notices in Commercial Newspapers         

Body to be shipped to          (Names of Newspapers)         

Price and Style of Casket or Coffin Purple Plush (8x) Flowers         

Manufactured by          Outlay for Lot         

Interment at          Cemetery          Opening Grave or Vault         

Lot or Grave No.          Section No.          Lining Grave         

Shipping Charges, prepaid          Vault Rental         

Removal Charges          Shipping Charges, prepaid         

Cremation Charges          Removal Charges         

Porters          Cremation Charges         

Watchers          Porters         

Personal Services          Watchers         

Music          Personal Services         

Church Charges          Music         

Total Footing of Bill 152.00 Church Charges         

By Amount Paid in Advance 50.00 Total Footing of Bill 152.00

Balance 102.00 By Amount Paid in Advance 50.00

Entered into Ledger, page          or below          Balance 102.00

To Funeral Charges          Total, \$          By Cash          \$         

Mitral Stenosis &

Lobar Pneumonia

Surprise Lodge # 227 of A

Names of Pall Bearers         

Names of Near Relatives

# RECORD OF FUNERAL.

No. *3181-14* Date *3/8/14*  
 (Total Number) (Yearly Number)  
 Name of Deceased *Bearha Smith* Miss  
 (What Name) (Here Born)  
 Wife-Widow } *Single* Charge to *Samuel Smith*  
 Son-Daughter of }  
 Order Given by *Samuel Smith* address *Sidon Miss*  
 How Secured *Pay for* Price of Casket or Coffin \$ *25 00*  
 Date of Funeral *3/8/14* " Metallic Lining (State kind) *5 00*  
 Residence *Sidon Miss* " Outside Box (State kind)  
 Place of Death *Negro Batt Hosp* Grave Vault (State kind) *10 00*  
 Funeral Services at *Sidon Miss* Burial Robe *10 00*  
 Time of Funeral Service *am* Burial Slippers and Hose  
 Clergyman \_\_\_\_\_ Engraving Plate *15 00*  
 Certifying Physician *Dr. C. A. Terrell* Embalming Body (with \_\_\_\_\_ Fluid)  
 His Residence \_\_\_\_\_ Washing and Dressing  
 Number of Burial Certificate \_\_\_\_\_ Shaving  
 Cause of Death *Septic Peritonitis* Keeping Body on Ice  
 Date of Death *3/6/14* Disinfecting Rooms  
 Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery  
 Occupation of the Deceased *domestic* " Folding Chairs  
 Single or Married *single* " Candelabrum and Candles  
 Aged *18* Years \_\_\_\_\_ Months \_\_\_\_\_ Days Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Name of Father *Henry Smith* Hearse \_\_\_\_\_  
 His Birthplace *Pa* Carriages to Cemetery @ \$ \_\_\_\_\_  
 Name of Mother \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Casket Deliveries *5 00*  
 Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches)  
 Body to be shipped to *Sidon Miss* Death Notices in \_\_\_\_\_ Newspapers *1 00*  
 Size and Style of Casket or Coffin \_\_\_\_\_ Flowers \_\_\_\_\_  
 Manufactured by *Raised top up* Outlay for Lot *underwear* *1 00*  
 Interment at *Sidon Miss* Opening Grave or Vault  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave *Shirt* *75*  
 \_\_\_\_\_ Vault Rental \_\_\_\_\_  
 \_\_\_\_\_ Shipping Charges, prepaid  
 \_\_\_\_\_ Removal Charges  
 \_\_\_\_\_ Cremation Charges  
 \_\_\_\_\_ Porters  
 \_\_\_\_\_ Watchers  
 \_\_\_\_\_ Personal Services  
 \_\_\_\_\_ Music  
 \_\_\_\_\_ Church Charges

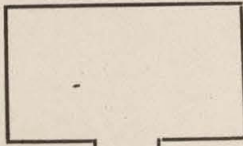


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ *62 75*  
 By Amount Paid in Advance *62 75*  
 Balance \_\_\_\_\_  
 Entered into Ledger, page *2508* or below.

To Funeral Charges..... Total, \$ <div style="font-size: 2em; text-align: center; margin-top: 20px;"> <i>Dr. C. A. Terrell</i>  <i>Septic Peritonitis</i> </div>	By Cash..... \$ 
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Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

147

Date 3/9/14 1914

No. \_\_\_\_\_ (Total Number)     No. \_\_\_\_\_ (Yearly Number)

Name of Deceased Henry Wright (What Place) St. Albans (Where Born)

Wife-Widow } W. Greenwood Charge to W. Greenwood  
 Son-Daughter of }

Address 82 Market St  
W. Greenwood

Order Given by W. Greenwood Price of Casket or Coffin..... \$ 13 00  
 How Secured Open Park " Metallic Lining..... (state kind) \_\_\_\_\_  
 Date of Funeral 3/9-14 " Outside Box..... (State kind) 5 00  
 Residence 440 N. Front St Grave Vault..... (State kind) \_\_\_\_\_  
 Place of Death Parsons " Burial Robe..... \_\_\_\_\_  
 Funeral Services at 200 m. " Burial Slippers and Hose..... \_\_\_\_\_  
 Time of Funeral Service 2:00 m. Engraving Plate..... \_\_\_\_\_  
 Clergyman S. C. Sims Embalming Body (with..... Fluid) \_\_\_\_\_  
 Certifying Physician S. C. Sims Washing and Dressing..... \_\_\_\_\_  
 His Residence \_\_\_\_\_ Shaving..... \_\_\_\_\_  
 Number of Burial Certificate..... Keeping Body on Ice..... \_\_\_\_\_  
 Cause of Death Bright's Disease Disinfecting Rooms..... \_\_\_\_\_  
 Date of Death 3/7/14 Use of Catafalque and Drapery..... \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs..... \_\_\_\_\_  
 Occupation of the Deceased Salver " Candelabrum and Candles..... \_\_\_\_\_  
 Single or Married married Gloves \$..... Crape \$.....  
 Aged 53 Years..... Months..... Days. Door Crape \$..... Canopy \$.....  
 Name of Father Alexander Wright Hearse..... 10 00  
 His Birthplace Shartee Wright Carriages to Cemetery 1 @ \$ 3 00  
 Name of Mother \_\_\_\_\_ Automobiles to Cemetery..... @ \$.....  
 Her Birthplace \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers.....  
 Mother's Maiden Name \_\_\_\_\_ Flowers..... Commensal 1 00  
 Body to be shipped to \_\_\_\_\_ Outlay for Lot..... \_\_\_\_\_  
 Size and Style of Casket or Coffin "A" coffin Opening Grave or Vault..... \_\_\_\_\_  
 Manufactured by W. Kames Lining Grave..... \_\_\_\_\_  
 Interment at W. Kames Cemetery. Vault Rental..... \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid..... \_\_\_\_\_  
 \_\_\_\_\_ Removal Charges..... \_\_\_\_\_  
 \_\_\_\_\_ Cremation Charges..... \_\_\_\_\_  
 \_\_\_\_\_ Porters..... \_\_\_\_\_  
 \_\_\_\_\_ Watchers..... \_\_\_\_\_  
 \_\_\_\_\_ Personal Services..... \_\_\_\_\_  
 \_\_\_\_\_ Music..... \_\_\_\_\_  
 \_\_\_\_\_ Church Charges..... \_\_\_\_\_

Total Footing of Bill..... 34 00  
 By Amount Paid in Advance..... 20 00  
 Balance..... 14 00  
 Entered into Ledger, page..... or below.....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Apr. 1st 14</u>	

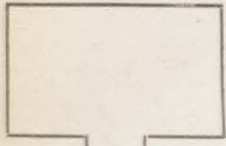


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Apr. 1st 14</u>	

Names of Pall Bearers.....  
 \_\_\_\_\_  
 Names of Near Relatives.....  
 \_\_\_\_\_



# RECORD OF FUNERAL.

No. *3/9/14* Date *1914*  
 (Total Number) *Charlie Bowden* (Yearly Number)  
 Name of Deceased *Miss*  
 (What Race) *Minnie Bowden* (Where Born)  
 Wife-Widow } *Single* Charge to *Minnie Bowden*  
 Son-Daughter of }

Order Given by *Minnie Bowden*  
 How Secured *met*  
 Date of Funeral *3/9/14*  
 Residence *221 Commerce St*  
 Place of Death *Parlors*  
 Funeral Services at *10 a.m.*  
 Time of Funeral Service  
 Clergyman *Dr. John Shea*  
 Certifying Physician  
 His Residence  
 Number of Burial Certificate  
 Cause of Death *Chronic Pul. Tuberculosis*  
 Date of Death *3/7/14*  
 Date of Birth  
 Occupation of the Deceased *Laborer*  
 Single or Married *Single*  
 Aged *35* Years, Months, Days  
 Date of Birth  
 Name of Father  
 His Birthplace  
 Name of Mother  
 Her Birthplace  
 Mother's Maiden Name  
 Body to be shipped to  
 Size and Style of Casket or Coffin *B. Coffin*  
 Manufactured by *Mt. Carmel*  
 Interment at *Mt. Carmel* Cemetery.  
 Lot or Grave No. Section No.

Price of Casket or Coffin	\$ 15.00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	5.00
" Burial Robe	3.50
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery 2 @ \$	10.00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
<i>Commercial</i> 100	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 44.50

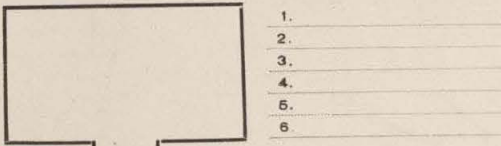


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charge	Total, \$	Cash, \$
<i>Chronic Pul. Tuberculosis</i>		
<i>32.83</i>		
<i>Dr. John J. Shea</i>		
<i>1404 Exchange Bldg</i>		

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 3/9/14

Name of Deceased Felmon Moore (Where Born) Jeru

Wife—Widow } married (?) Charge to Curlie Moore

Son—Daughter of } Address Woodstock, Jeru

Order Given by Curlie Moore Address \_\_\_\_\_

How Secured in full Casket or Coffin 17 00

Date of Funeral 3/9/14 Metallic Lining (State kind) \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box (State kind) 2

Place of Death Woodstock 10 Grave Vault (State kind) \_\_\_\_\_

Funeral Services at Woodstock Jeru Burial Robe 3 50

Time of Funeral Service a.m. Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_

Date of Death 3/8/14 (Secondary) Folding Chairs \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mantlebrum and Candles \_\_\_\_\_

Occupation of the Deceased Domestic Gloves \$ \_\_\_\_\_ Cape \$ \_\_\_\_\_

Single or Married married Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hearse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Father unknown Wagon Deliveries 5 00

His Birthplace \_\_\_\_\_ City Calls (Coaches) @ \$ \_\_\_\_\_

Name of Mother \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Her Birthplace \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Flowers \_\_\_\_\_

Body to be shipped to woodstock 10 Outlay for Lot \_\_\_\_\_

Size and Style of Casket or Coffin B. Coffin Opening Grave or Vault \_\_\_\_\_

Manufactured by \_\_\_\_\_ Lining Grave \_\_\_\_\_

Interment at Woodstock Jeru Cemetery. Vault Rental \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

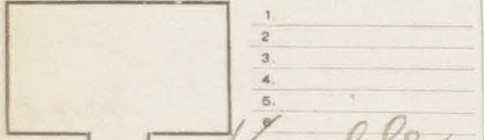
Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 2550

By Amount Paid in Advance 2550

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges.....	Total, \$	By Cash.....	\$

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

Date 3/9/1914

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_  
 Name of Deceased Frankie Allen (Where Born) Jersey  
 Charge to Frank Allen  
 Address Dermautown 10-

Order Given by Frank Allen Price of Casket or Coffin \$ 25.00  
 How Secured \_\_\_\_\_  
 Date of Funeral 3/9/1914

Residence \_\_\_\_\_  
 Place of Death Hunter & map st  
 Funeral Services at Dermautown

Clergyman \_\_\_\_\_  
 Certifying Physician Dr. G. J. Jones  
 His Residence \_\_\_\_\_

Number of Burial \_\_\_\_\_  
 Cause of Death Pul Tuberculosis  
 Date of Death 3/8/14

Date of Birth \_\_\_\_\_  
 Occupation of the Deceased domestic  
 Single or Married single  
 Aged 16 Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Date of Birth \_\_\_\_\_  
 Name of Father Frank Allen  
 His Birthplace Jersey

Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Raised Top  
 Manufactured by Dermautown 10-

Interment at \_\_\_\_\_ Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

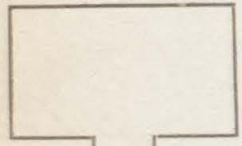


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$ 25.00  
 Metallic Lining (State kind) \_\_\_\_\_  
 Outside Box (State kind) 5.00  
 Grave Vault (State Kind) \_\_\_\_\_  
 Burial Robe \_\_\_\_\_  
 Burial Slippers and Hose \_\_\_\_\_  
 Engraving Plate \_\_\_\_\_  
 Embalming Body (with Fluid) \_\_\_\_\_  
 Washing and Dressing \_\_\_\_\_  
 Shaving Stocking & Shoes 50  
 Keeping Body on Ice \_\_\_\_\_  
 Disinfecting Rooms \_\_\_\_\_  
 Use of Catafalque and Drapery \_\_\_\_\_  
 Folding Chairs \_\_\_\_\_  
 Candelabrum and Candles \_\_\_\_\_  
 Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to Cemetery @ \$ \_\_\_\_\_  
 Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Wagon Deliveries \_\_\_\_\_  
 City Calls (Coaches) \_\_\_\_\_  
 Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 (Names of Newspapers) \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave \_\_\_\_\_  
 Vault Rental \_\_\_\_\_  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill \$ 30.50  
 By Amount Paid in Advance 30.50

Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. 3/10 - 14 Date 1914  
 (Total Number) (Yearly Number)  
 Name of Deceased Richard Hollins Term  
 Charge to Henry Hollins  
 Address 238 Beal St  
 Order Given by Henry Hollins  
 How Secured part  
 Date of Funeral 3/11/14  
 Residence 238 Beal St  
 Place of Death 238 Beal St  
 Funeral Services at Tyler Chapel  
 Time of Funeral Service 10 am  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. J. C. Harrison  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tuberculosis  
 Date of Death 3/8/14  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Laborer  
 Single or Married single  
 Aged 38 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Date of Birth \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace Term  
 Name of Mother \_\_\_\_\_  
 Her Birthplace Term  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket 17" coffee  
 Manufactured by \_\_\_\_\_  
 Interment at Tyler Chp Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Price of Casket or Coffin \$ 1300  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Grave Vault \_\_\_\_\_  
 Burial Robe 3 50  
 Burial Slippers and Hose \_\_\_\_\_  
 Engraving Plate \_\_\_\_\_  
 Embalming Body (with \_\_\_\_\_ Fluid)  
 Washing and Dressing \_\_\_\_\_  
 Shaving \_\_\_\_\_  
 Keeping Body on Ice \_\_\_\_\_  
 Disinfecting Rooms \_\_\_\_\_  
 Use of Catafalque and Drapes P.B.C. 6 00  
 Folding Chairs \_\_\_\_\_  
 Candelabrum and Candles \_\_\_\_\_  
 Cloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to Cemetery @ \$ \_\_\_\_\_  
 Automobiles to Cemetery @ \$ 6 00  
 Wagon Deliveries \_\_\_\_\_  
 City Calls (Coaches) \_\_\_\_\_  
 Death Notices in Commercial Newspapers 1 00  
 (Names of Newspapers)  
 Flowers \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave \_\_\_\_\_  
 Vault Rental \_\_\_\_\_  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill 2950  
 By Amount Paid in Advance 1475  
 Balance Due 1475  
 Entered into Ledger, page \_\_\_\_\_ or below.

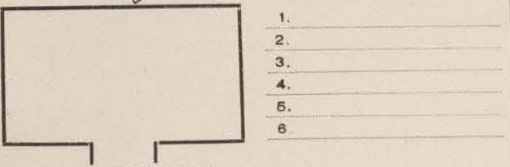


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Horse &amp; wagon</u>	
<u>Bill of Sale</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Serial Number) ..... Date 31 10, 1914  
 Name of Deceased Edna Woodard Cal Miss  
 (Wife) (Husband) (Wife Born)  
 Charge to Rev. S. Woodard  
 Address 1150 aryle dr

Order Given by Rev. Sidney Woodard  
 How Secured .....  
 Date of Funeral 31 10 14  
 Residence Fraser Tenn  
 Place of Death Memphis Tenn  
 Funeral Services at Fraser Sta  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Board of Health  
 His Residence .....  
 Number of Burial Certificate .....  
 Cause of Death fell dead  
 Date of Death 31 10 14  
 Date of Birth .....  
 Occupation of the Deceased farmer  
 Single or Married married Religion .....  
 Aged 55 Years Months Days  
 Date of Birth Unknown  
 Name of Father Unknown  
 His Birthplace Unknown  
 Name of Mother Unknown  
 Her Birthplace Unknown  
 Mother's Maiden Name Unknown  
 Body to be shipped to Fraser Sta Tenn  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Fraser Sta Cemetery  
 Lot or Grave No. Section No.

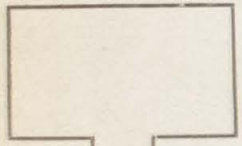


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 40 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	3 50
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	50
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	5 00
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	2 00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 65 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page <u>2512</u> or below	

To Funeral Charges	Total \$	By Cash	\$
<u>Fraser Sta Tenn</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

No. .... No. .... Date 3/11/14

(Total Number) C. H. Cooper (Year Number) Col Tenn

Name of Deceased Mrs C. H. Cooper Charge to Mrs H. C. Cooper

(Wife - Widow) Mrs C. H. Cooper Address 444 St. Paul St.

(Son - Daughter of)

Order Given by Mrs C. H. Cooper Price of Casket or Coffin \$ 85.00

How Secured 3/11/14 Metallic Lining (State kind) \$ 5.00

Date of Funeral 444 St. Paul St Outside Box (State kind) \$ 3.00

Residence 444 St. Paul St Grave Vault Out (State kind) \$ 15.00

Place of Death 444 St. Paul St " Burial Robe

Funeral Services at 1 P.M. " Burial Slippers and Hose

Time of Funeral Service 1 P.M. Engraving Plate Moore \$ 15.00

Clergyman Dr. Lipcomb Embalming Body (with Moore Fluid)

Certifying Physician Dr. Lipcomb Washing and Dressing

His Residence Shaving

Number of Burial Certificate Keeping Body on Ice

Cause of Death Heart Disease Disinfecting Rooms

(Primary) (Secondary)

Date of Death 3/8/14 Use of Catafalque and Drapery

Date of Birth " Folding Chairs

Occupation of the Deceased Laborer " Candelabrum and Candles

Single or Married married Gloves \$ Crape \$

Aged .. Years .. Months .. Days Door Crape \$ Canopy \$

Date of Birth Chas. Cooper Hearse 48 B.C. 10.00

Name of Father Wm. Cooper Carriages to Cemetery 48 B.C. 26.00

His Birthplace Wm. Cooper Automobiles to Cemetery @ \$

Name of Mother Lucy Cooper Wagon Deliveries

Her Birthplace Lucy Cooper City Calls (Coaches)

Mother's Maiden Name .. Death Notices in Commercial Newspapers

Body to be shipped to .. (Names of Newspapers)

Size and Style of Casket or Coffin .. Flowers

Manufactured by Outlay for Lot

Interment at Wm. Cooper Cemetery. Opening Grave or Vault

Lot or Grave No. Section No. Lining Grave

1. Vault Rental

2. Shipping Charges, prepaid

3. Removal Charges

4. Cremation Charges

5. Porters

6. Watchers

Personal Services

Music

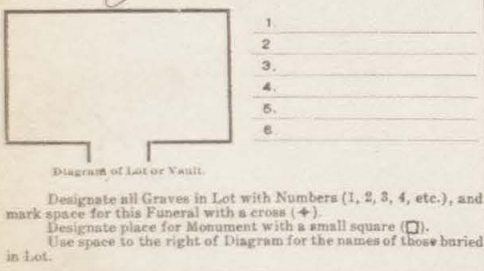
Church Charges

Total Footing of Bill \$ 161.00

By Amount Paid in Advance

Balance

Entered into Ledger, page ..... or below



To Funeral Charges	Total, \$	By Cash	\$
<u>Non-Pariel Lodge #</u>			
<u>9341</u>			

Names of Pall Bearers .....

Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) No. (Case Number) Date 3/11/14

Name of Deceased Nancy Stenson Charge to Col Octavia Humphrey Miss

Wife-Widow } Son-Daughter of } Address 927 Seattle St

Order Given by Octavia Humphrey

How Secured 3-11-14

Date of Funeral 3-11-14

Residence 927 Seattle St

Place of Death 927 Seattle St

Funeral Services at

Time of Funeral Service

Clergyman Dr. Later

Certifying Physician Dr. Later

His Residence 1700 Beady St

Number of Burial Certificate

Cause of Death Septaemia  
(Primary) 10-14 (Secondary)

Date of Death 3-10-14

Date of Birth

Occupation of the Deceased Domestic

Single or Married Married

Aged 62 Years,  Months,  Days.

Date of Birth

Name of Father J. Perkins

His Birthplace Unknown

Name of Mother Bessie Perkins

Her Birthplace Unknown

Mother's Maiden Name

Body to be shipped to

Size and Style of Casket or Coffin Black Crepe

Manufactured by WFS

Interment at Zion Cemetery.

Lot or Grave No.  Section No.

Price of Casket or Coffin \$ 4500

" Metallic Lining (State kind) 500

" Outside Box (State kind) 7200

" Grave Vault (State kind) 350

" Burial Robe

" Burial Slippers and Hose

Engraving Plate 1500

Embalming Body (with Moore)

Washing and Dressing

Shaving

Keeping Body on Ice

Disinfecting Rooms

Use of Catafalque and Drapery

" Folding Chairs

" Candelabrum and Candles

Gloves \$  Crape \$

Door Crape \$  Canopy \$

Hearse  1000

Carriages to Cemetery 2 @ \$ 800

Automobiles to Cemetery  @ \$

Wagon Deliveries

City Calls (Coaches)

Death Notices in Commercial Newspapers 100  
(Names of Newspapers)

Flowers

Outlay for Lot

Opening Grave or Vault

Lining Grave Extra Carriage 400

Vault Rental

Shipping Charges, prepaid

Removal Charges

Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill 10350

By Amount Paid in Advance

Balance

Entered into Ledger, page  or below

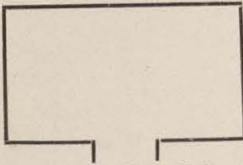


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$		By Cash..... \$	

Names of Pall Bearers.....

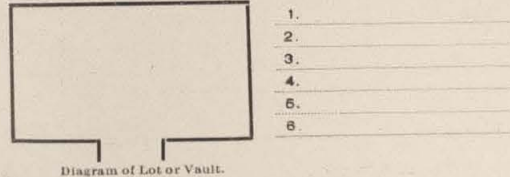
Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date 3-11-14  
 Name of Deceased Stanley Glover Col Fun  
(When Born)  
 Charge to Gable Glover  
 Address 961 Grove St  
 Order Given by Isabel Glover  
 How Secured Cash  
 Date of Funeral 3-11-14  
 Residence 961 Grove Ave  
 Place of Death 961 Grove Ave  
 Funeral Services at Residence  
 Time of Funeral Service 3-30 P.M.  
 Clergyman .....  
 Certifying Physician J.C. Thurston  
 His Residence Beale Ave  
 Number of Burial Certificate .....  
 Cause of Death Influenza  
(Primary) (Secondary)  
 Date of Death 3-10-14  
 Date of Birth .....  
 Occupation of the Deceased .....  
 Single or Married Single Religion .....  
 Aged ..... Years, ..... Months, ..... Days.  
 Date of Birth .....  
 Name of Father Gable Glover  
 His Birthplace Fun  
 Name of Mother Olone Glover  
 Her Birthplace Miss  
 Mother's Maiden Name Unknown  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Gloss white  
 Manufactured by Wells  
 Interment at Zion Cemetery.  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$ 7 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault <u>Reopen</u>	2 50
" Burial Robe (State kind)	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	8 00
Carriages to Cemetery @ \$.....	
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
<small>(Names of Newspapers)</small>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vanit Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	

Total Footing of Bill 17 50  
 By Amount Paid in Advance 17 50



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<p style="font-size: 1.5em; margin: 0;"><u>Isaac Spencer</u></p> <p style="font-size: 1.5em; margin: 0;"><u>Bur. Nov 17-1910</u></p>	

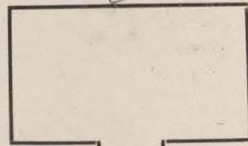
Names of Pall Bearers.....  
 Names of Near-Relatives.....



# RECORD OF FUNERAL.

No. (Total Number) *Pete Morgan* No. (Year Number) *259* Date *3/12* 19*14*  
 Name of Deceased *Pete Morgan* (What Race) *German* (Where Born) *Germany*  
 Charge to *Dora Morgan*  
 Address *159 Madison St*  
 Order Given by *Dora Morgan*  
 How Secured *Cash*  
 Price of Casket or Coffin *85 00*  
 " Metallic Lining *5 00* (State kind)  
 Date of Funeral *3/14* Outside Box *75 00* (State kind)  
 Residence *319 Madison Ave* (State kind)  
 Place of Death *Kerrville Tenn* (State kind)  
 Funeral Services at *St Stephen*  
 " Burial Robe  
 " Burial Slippers and Hose  
 Clergyman *Mr N Ingram* Engraving Plate *15 00*  
 Certifying Physician *Dr N Ingram* Embalming Body (with *moore*)  
 Washing and Dressing  
 Shaving  
 His Residence  
 Number of Burial Certificate  
 Cause of Death *Heart failure* (Primary) (Secondary)  
 Date of Death *3/9/14*  
 Date of Birth  
 Occupation of the Deceased *Laborer*  
 Single or Married *Married* (Beligion)  
 Aged *35* Years Months Days  
 Date of Birth  
 Name of Father *unknown*  
 His Birthplace  
 Name of Mother  
 Her Birthplace  
 Mother's Maiden Name  
 Body to be shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Interment at *Graves* Cemetery  
 Lot or Grave No. Section No.

Gloves \$ Crape \$  
 Door Crape \$ Canopy \$  
 Hearse  
 Carriages to Cemetery @ \$ *20 00*  
 Automobiles to Cemetery @ \$  
 Wagon Deliveries  
 City Calls (Coaches)  
 Death Notices in *Commercial* Newspapers *1 00*  
 (Names of Newspapers)  
 Flowers  
 Outlay for Lot  
 Opening Grave or Vault  
 Lining Grave  
 Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges  
 Porters  
 Watchers *10 00*  
 Personal Services  
 Music  
 Church Charges  
 Total Footing of Bill *161 00*



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total, \$	By Cash..... \$
<p><i>The Deceased came to his death from Heart Failure N. J. Ingram</i></p>	

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL

No. \_\_\_\_\_ Date 3/12/14  
 (Total Number) Eldredge Wilson (Yearly Number)

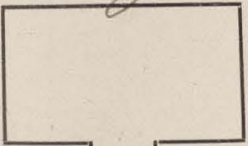
Name of Deceased Eldredge Wilson  
 Charge to Clara Nicholson  
 Address 801 Belmont

Order Given by Clara Nicholson  
 How Secured (mort)  
 Date of Funeral 3/11/14  
 Residence 501 Hill St  
 Place of Death St. Luke's Bap. Church  
 Funeral Services at St. Luke's Bap. Church  
 Time of Funeral Service 10 am

Clergyman \_\_\_\_\_  
 Certifying Physician W. B. Woods  
 His Residence 763 So main st  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Chronic Nephritis  
 Date of Death 3/9/14  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Laborer

Single or Married married  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Date of Birth \_\_\_\_\_  
 Name of Father Pete Rose  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Interment at Grave Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 85.00
Metallic Lining	
Outside Box	\$ 5.00
Grave Vault	\$ 12.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with fluid)	\$ 15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves	
Door Crape	
Hearse	\$ 5.00
Carriages to Cemetery	\$ 10.00
Automobiles to Cemetery	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	\$ 1.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	\$ 1.25
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 154.25

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$

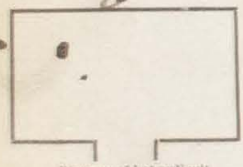
Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. \_\_\_\_\_ (Total Number) No. \_\_\_\_\_ (Yearly Number) Date 3/12/1914  
 Name of Deceased Mary Jones (Where Born) bol  
Guss Jones Charge to Guss Jones  
 Wife—Widow } Guss Jones Address Engle Ave  
 Son—Daughter of }

Order Given by Guss Jones Price of Casket or Coffin \$ 80.00  
 How Secured 3/12-14 " Metallic Lining (State kind) \_\_\_\_\_  
 Date of Funeral 3/12-14 " Outside Box (State kind) \_\_\_\_\_  
 Residence \_\_\_\_\_ Grave Vault (State kind) 12.00  
 Place of Death Engle Ave Burial Robe 12.00  
 Funeral Services at Church of bol " Burial Slippers and Rose \_\_\_\_\_  
 Time of Funeral Service 10 am Engraving Plate 15.00  
 Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_) \_\_\_\_\_  
 Certifying Physician W. H. Pistole Washing and Dressing \_\_\_\_\_  
 His Residence \_\_\_\_\_ Shaving \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
 Cause of Death Tellagra Disinfecting Rooms \_\_\_\_\_  
 Date of Death 3/10/14 Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased domestic " Candelabrum and Candles \_\_\_\_\_  
 Single or Married married Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Aged 35 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Carriages to Cemetery 5 @ \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Name of Mother \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Tray Plush Outlay for Lot \_\_\_\_\_  
 Manufactured by Gross Vault Rental \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_  
 Lot or Grave \_\_\_\_\_ Section No. \_\_\_\_\_ Removal Charges \_\_\_\_\_  
 \_\_\_\_\_ 1 \_\_\_\_\_ Cremation Charges \_\_\_\_\_  
 \_\_\_\_\_ 2 \_\_\_\_\_ Porters \_\_\_\_\_  
 \_\_\_\_\_ 3 \_\_\_\_\_ Watchers \_\_\_\_\_  
 \_\_\_\_\_ 4 \_\_\_\_\_ Personal Services \_\_\_\_\_  
 \_\_\_\_\_ 5 \_\_\_\_\_ Music \_\_\_\_\_  
 \_\_\_\_\_ 6 \_\_\_\_\_ Church Charges \_\_\_\_\_

Total Footing of Bill \$ 154.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

No. *1* No. *1* (Total Number) *Yearly Number* *Alice Price* Date *3/13/14*

Name of Deceased *Alice Price* (What Name) *Anna Dunlap*

Wife-Widow *Single* Charge to *Anna Dunlap*  
 Son-Daughter of *Anna Dunlap* Address *Stanton, Mo.*

Order Given by *Anna Dunlap* Price of Casket or Coffin \$ *25.00*

How Secured *(mat)* " Metallic Lining (State kind) \$ *5.00*

Date of Funeral *3/13/14* " Outside Box (State kind) \$ *5.00*

Residence *City Hosp* " Grave Vault (State kind) \$ *3.50*

Place of Death *Stanton, Mo* Burial Robe \$ *3.50*

Funeral Services at *Stanton, Mo* " Burial Slippers and Hose \$ *3.50*

Time of Funeral Service *11 AM* Engraving Plate *Moore* \$ *15.00*

Clergyman *W.R. Brown* Embalming Body (with Fluid) \$ *15.00*

Certifying Physician *W.R. Brown* Shaving \_\_\_\_\_

His Residence \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Disturbing Rooms \_\_\_\_\_

Cause of Death *Diffuse Peritonitis* Catafalque and Drapery \_\_\_\_\_

Date of Death *3/11/14* " Folding Chairs \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_

Occupation of the Deceased *domestic* Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Single or Married *Single* Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Aged *33* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days Hearse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Wagon Deliveries \$ *5.00*

Name of Mother \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Death Notices in *Commercial* \$ *1.00*

Mother's Maiden Name \_\_\_\_\_ (Names of Newspapers)

Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_

Size and Style of Casket or Coffin *Raised Top* Outlay for Lot \_\_\_\_\_

Manufactured by *Stanton, Mo* Opening Grave or Vault \_\_\_\_\_

Interment at \_\_\_\_\_ Lining Grave \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Vault Rental \_\_\_\_\_

Price of Casket or Coffin	\$ 25.00
" Metallic Lining (State kind)	5.00
" Outside Box (State kind)	5.00
" Grave Vault (State kind)	3.50
Burial Robe	3.50
" Burial Slippers and Hose	3.50
Engraving Plate <i>Moore</i>	15.00
Embalming Body (with Fluid)	15.00
Shaving	
Keeping Body on Ice	
Disturbing Rooms	
Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in <i>Commercial</i>	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Crementation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	<i>54.50</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

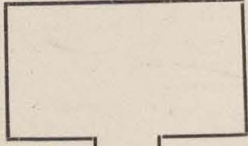


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges . . . . . Total, \$	By Cash . . . . . \$

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

Date 3/13/1914

No.          (Total Number)  
Name of Deceased Calvin Dean Blackburn (When Deceased)  
Charge to Lula Blackburn (Who Paid)

Wife—Widow  
Son—Daughter of }  
Address 812 Alaska Ave Lepanto Ark

Order Given by Lula Blackburn  
How Secured (Type)  
Price of Casket or Coffin Lepanto Ark

Date of Funeral 3/13/14  
Residence Lepanto Ark  
Place of Death Pastors  
Price of Metallic Lining (State kind)  
Outside Box (State kind) 12 00

Funeral Services at 10 a.m.  
Time of Funeral Service 10 a.m.  
Burial Robe (State kind)  
Burial Slippers and Hose (State kind)

Clergyman J. M. Coppoge  
Engraving Plate moore 15 00  
Embalming Body (with moore Fluid)

Certifying Physician J. M. Coppoge  
His Residence           
Number of Burial Certificate           
Disinfecting Rooms         

Cause of Death Gun shot wound  
Date of Death 3/10/14  
Use of Catafalque and Drapery           
Folding Chairs           
Candelabrum and Candles         

Date of Birth           
Occupation of the Deceased Laborer  
Gloves \$          Crape \$           
Door Crape \$          Canopy \$         

Single or Married          Religion           
Aged          Years          Months          Days           
Carriages to Cemetery 3 @ \$          13 00  
Automobiles to Cemetery          @ \$         

Date of Birth           
Name of Father           
Wagon Deliveries           
City Calls (Coaches)           
Death Notice in Commercial Newspaper 1 00

His Birthplace           
Name of Mother Lula Blackburn  
Flowers           
Her Birthplace           
Outlay for Lot         

Mother's Maiden Name           
Body to be shipped to           
Opening Grave or Vault           
Lining Grave         

Size and Style of Casket Coffin from Lepanto Ark  
Vault Rental Undertaker  
Shipping Charges, prepaid Lepanto Ark 30 00  
Removal Charges         

Manufactured by Brown  
Cremation Charges           
Porters           
Watchers         

Lot or Grave          Section No.           
Personal Services Telephone 5 00  
Music          1 10  
Church Charges         

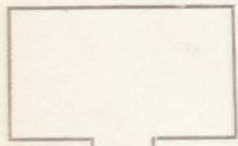


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 79 10

By Amount Paid in Advance           
Balance         

Entered into Ledger, page          or below         

To Funeral Charges	Total, \$	By Cash	\$
<u>J. M. Coppoge</u>			
<u>Gun shot wound</u>			
<u>Homicidal</u>			

Names of Pall Bearers         

Names of Near Relatives

# RECORD OF FUNERAL

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 3/14/14

Name of Deceased Garfield Rose (What Race) Miss (Where Born) \_\_\_\_\_

Wife—Widow } Charge to John Rose  
 Son—Daughter of } Address Holly Ridge Miss

Order Given by John Rose

How Secured I. C. Hosp Dept of Casket or Coffin \$ 30.00

Date of Funeral 3/14/14 " Metallic Lining (State kind) \_\_\_\_\_

Residence \_\_\_\_\_ " Outside Box (State kind) \_\_\_\_\_

Place of Death I. C. Shops " Grave Vault (State kind) \_\_\_\_\_

Funeral Services at Elizabeth Miss Burial Robe 3.50

Time of Funeral Service 11 AM " Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician Dr. A. W. Rudell Embalming Body (with Moore) 15.00

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Organic Heart Disease Keeping Body on Ice \_\_\_\_\_

Date of Death 3/12/14 Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Use of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased Laborer " Folding Chairs \_\_\_\_\_

Single or Married Single " Candelabrum and Candles \_\_\_\_\_

Aged 19 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father John Rose Floor Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace Miss Hearse \_\_\_\_\_

Name of Mother Annie Rose Carriages to Cemetery @ \$ \_\_\_\_\_

Her Birthplace  Tenn Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_ 5.00

Body to be shipped to Elizabeth Miss City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin Raised Top Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Manufactured by mfs (Names of Newspapers) \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

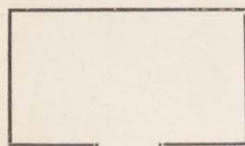


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 53.50

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges. . . . . Total, \$	By Cash. . . . . \$
<p style="font-size: 1.5em; font-family: cursive;">I. C. Hosp Dept</p> <p style="font-size: 1.5em; font-family: cursive;">Responsible for <u>30.00</u></p> <p style="font-size: 1.5em; font-family: cursive;">Order signed by John</p> <p style="font-size: 1.5em; font-family: cursive;">Rose, father for <u>34</u></p>	

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

No. \_\_\_\_\_ Date 3/15/14  
 (Total Number) C. D. Brown (Year of Number) June  
 Name of Deceased Lucy Brown (Where Born)

Wife—Widow } Charge Rev. J. B. Beyer  
 Non-Daughter of } Address 205 Beyer St.

Order Given by Lucy Brown Price of Casket or Coffin 12 00  
 How Secured Open " Metallic Lining \_\_\_\_\_  
 Date of Funeral 3/15/14 " Outside Box \_\_\_\_\_

Residence Poor & Insane Grave Vault \_\_\_\_\_  
 Place of Death Asylum " Burial Robe \_\_\_\_\_  
 Funeral Services at Asylum " Burial Slip \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_ Engraving Plate Moore 15 00  
 Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)  
 Certifying Physician W. N. Bolton Washing and Dressing \_\_\_\_\_  
 His Residence Insane Asylum Keeping Body on Ice \_\_\_\_\_

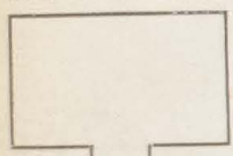
Number of Burial Certificate \_\_\_\_\_ Disinfecting Rooms \_\_\_\_\_  
 Cause of Death Tuberculosis Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Death 3/11/14 " Folding Chairs \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_

Occupation of the Deceased Laborer Gloves \$ \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ Door Crape \$ \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Carriages to Cemetery 1 @ \$ 5 00  
 His Birthplace \_\_\_\_\_ Automobiles to Cemetery \_\_\_\_\_ @ \$ 6 00

Name of Mother \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers Commercial 2 00

Body to be shipped to \_\_\_\_\_ Flowers Telegram 1 00  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by W. Coffin Outlay for Lot \_\_\_\_\_  
 Interment at St. Camel Cemetery Opening Grave or Vault \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	12 00
" Metallic Lining (state kind)	
" Outside Box (state kind)	5 00
" Grave Vault (state kind)	
" Burial Robe	
" Burial Slip	
Engraving Plate <u>Moore</u>	15 00
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ _____	
Door Crape \$ _____	
Canopy \$ _____	
Hearse	
Carriages to Cemetery <u>1</u> @ \$	5 00
Automobiles to Cemetery _____ @ \$	6 00
Wagon Deliveries	
City Calls (Coaches) _____	
Death Notices in _____ Newspapers	<u>Commercial</u> <u>2 00</u>
(Names of Newspapers)	
Flowers <u>Telegram</u>	1 00
Outlay for Lot _____	
Opening Grave or Vault _____	
Lining Grave _____	
Vault Rental _____	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ <u>46 00</u>
By Amount Paid in Advance	<u>15 00</u>
Balance	<u>31 00</u>

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	\$
<u>Shelby County Poor &amp; Insane Asylum</u>			

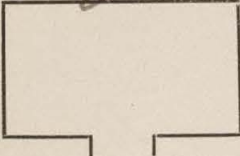
Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date 3/15/14  
Name of Deceased Jessie Morgan Tenn  
Wife-Widow or Son-Daughter of } Charge to Bettie Morgan  
Address 154 Hickory St

Order Given by Bettie Morgan  
How Secured  
Date of Funeral 3/15/14 Price of Casket or Coffin \$65.00  
Residence 154 Hickory St Metallic Lining (State kind)  
Place of Death 154 Hickory St Outside Box (State kind) 12.00  
Funeral Services at Trinity Church Grave Vault (State kind) 7.00  
Time of Funeral Service 2 PM Burial Robe  
Clergyman J. Denkins Burial Shroud and Hose  
Certifying Physician J. Denkins Engraving Plate Moore 15.00  
His Residence Embalming Body (with Fluid)  
Number of Burial Certificate Washing and Dressing  
Cause of Death Cardiac Dropsy Shaving  
Date of Death 3/13/14 Keeping Body on Ice  
Date of Birth Occupation of the Deceased School girl Disinfecting Rooms  
Single or Married Single Hearse  
Aged 17 Years Months Days Carriages to Cemetery 3 @ \$ 19.50  
Date of Birth Automobiles to Cemetery @ \$  
Name of Father John Morgan Wagon Deliveries  
His Birthplace Tenn City Calls (Coaches)  
Name of Mother Bettie Montgomery Death Notices in Newspapers Commercial 1.00  
Her Birthplace Tenn (Names of Newspapers)  
Mother's Maiden Name Flowers  
Body to be shipped to Outfit for Lot  
Size and Style of Casket or Coffin Opening Grave or Vault  
Manufactured by Lining Grave  
Interment at Zion Cemetery Vault Rental  
Lot or Grave No. Shipping Charges, prepaid  
Removal Charges  
Cremation Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Porters  
Watchers  
Personal Services  
Music  
Church Charges  
Total Footing of Bill 128.00  
By Amount Paid in Advance  
Balance  
Entered into Ledger, page or below

To Funeral Charges	Total, \$	By Cash	Total, \$
Cardiac Dropsy			

Names of Pall Bearers  
Names of Near Relatives

# RECORD OF FUNERAL

Date 3/15/14 1914

No. (Total Number) ..... No. (Yearly Number) .....  
Name of Deceased Charlie Gaither Leysu

Wife—Widow Wm Gaither Charge to Wm Gaither  
Non-Daughter of

Order Given by Wm Gaither Address .....

How Secured As in Part (Note) Type of Casket or Coffin ..... \$ 53 00

Date of Funeral Residence Metallic Lining (State kind) .....

Residence Near 807 Poplar Outside Box (State kind) .....

Place of Death Near 807 Poplar Grave Vault (State kind) ..... 12 00

Funeral Services at Residence Burial Robe ..... 4 00

Time of Funeral Service 10:30 am Burial Slippers and Hose .....

Clergyman ..... Engraving Plate .....

Certifying Physician no doctor Embalming Body (with ..... Fluid) .....

His Residence ..... Washing and Dressing .....

Number of Burial Certificates ..... Shaving .....

Cause of Death Pul Tuberculosis Keeping Body on Ice .....

Date of Death 3/14/14 Disinfecting Rooms .....

Date of Birth ..... Catafalque and Drapery .....

Occupation of the Deceased Elevator Boy " Folding Chairs .....

Single or Married married " Candelabrum and Candles .....

Aged ..... Years ..... Months ..... Days ..... Gloves \$ ..... Crape \$ ..... Canopy \$ .....

Date of Birth ..... Wagon Deliveries .....

Name of Father Wm Gaither City Calls (Coaches) .....

His Birthplace n. Gaither Death Notices in Commercial Newspapers .....

Name of Mother Margaret Wards " Flowers .....

Her Birthplace Wm Outlay for Lot .....

Mother's Maiden Name ..... Opening Grave or Vault .....

Body to be shipped to ..... Lining Grave .....

Size and Style of Casket or Coffin Silver Chamois crepe Vault Rental .....

Manufactured by Wm Shipping Charges, prepaid .....

Interment at Wm Cemetery. Removal Charges .....

Lot or Grave No. ..... Section No. .... Porters Charges .....

1. 9 box Watchers .....

2. 9 box Personal Services .....

3. 9 box Music .....

4. 9 box Church Charges .....

5. 9 box Total Footing of Bill ..... 100 00

6. 9 box By Amount Paid in Advance ..... 50 00

Diagram of Lot or Vault  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Board of Health</u>	
<u>Pul. Tuberculosis</u>	
<u>(Note)</u>	

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

No. \_\_\_\_\_ Date 3/16/14

(Total Number) \_\_\_\_\_ (Yearly Number) \_\_\_\_\_

Name of Deceased Lula Scott Termin

Wife-Widow } Luther Scott Charge to Luther Scott (Where Born)

Son-Daughter of } \_\_\_\_\_

Order Given by Luther Scott Address 44 Peach St

How Secured \_\_\_\_\_ Price of Casket or Coffin 20 00

Date of Funeral 3/16/14 " Metallic Lining \_\_\_\_\_

Residence 44 Peach St " Outside Box \_\_\_\_\_

Place of Death 44 Peach St " Grave Vault \_\_\_\_\_

Funeral Services at Burgerstown 10 " Burial Robe \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_ " Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician Dr. N. H. C. Henderson Embalming Body (with \_\_\_\_\_ Fluid)

His Residence N. 2nd St " and Dressing \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Pul. Tuberculosis Keeping Body on Ice \_\_\_\_\_

Date of Death 3/15/14 " Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ " of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased Domestic " Folding Chairs \_\_\_\_\_

Single or Married married " Candelabrum and Candles \_\_\_\_\_

Aged 19 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father Tom Ridley Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace Termin Hearse \_\_\_\_\_

Name of Mother Ella Ridley Carriages to Cemetery @ \$ \_\_\_\_\_

Her Birthplace Termin Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Manufactured by B. Coffin \_\_\_\_\_ (Names of Newspapers)

Interment at Burgerstown Cemetery \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 25 00

By Amount Paid in Advance 25 00

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total, \$	By Cash..... \$
Furnish Coffin & Box for Burial	\$0.00
Dr. N. H. C. Henderson "Pul. Tuberculosis"	\$25.00
Permit	\$0.00
OK	\$0.00

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) *Lovie Hall* No. (Yearly Number) *3/17/14* Date *3/17/14*

Name of Deceased *Lovie Hall* (What Race) *See Hall* (What Religion) *See Hall*  
 Charge to *See Hall*  
 Address *515 Phillip St*

Order Given by *See Hall*  
 How Secured *(met)*  
 Date of Funeral *3/17/14*  
 Residence *515 Phillip St*  
 Place of Death *515 Phillip St*  
 Funeral Services at *Tyler Chapel*  
 Time of Funeral Service *10 AM*  
 Clergyman *Dr. H. B. Everett*  
 Certifying Physician *Burghamton*  
 His Residence *Burghamton*  
 Number of Burial Certificates *Intercolitis*  
 Cause of Death *Intercolitis*  
 Date of Death *3/16/14*  
 Date of Birth *None*  
 Occupation of the Deceased *None*  
 Single or Married *Single*  
 Aged *2* Years, *None* Months, *None* Days  
 Date of Birth *See Hall*  
 Name of Father *See Hall*  
 His Birthplace *See Hall*  
 Name of Mother *Rosa Gandy*  
 Her Birthplace *See Hall*  
 Mother's Maiden Name *See Hall*  
 Body to be shipped to *See Hall*  
 Size and Style of Casket or Coffin *Gloss white*  
 Manufactured by *Tyler Chapel*  
 Interment at *Tyler Chapel*  
 Lot or Grave No. *See Hall* Section *See Hall*

Price of Casket or Coffin	\$ 850
Metallic Lining (State kind)	
Outside Box (State kind)	400
Grave Vault (State kind)	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery <i>1</i> @ \$	500
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	1750

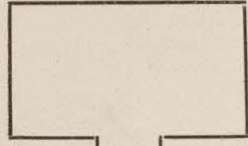


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total, \$	By Cash..... Policy #
<i>Tyler Chapel</i>	<i>47005518</i>
<i>"Cause Death"</i>	<i>"</i>
<i>Enterocolitis</i>	<i>"</i>
<i>Dr. H. B. Everett</i>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date 3/18/14  
 Name of Deceased Willie L. Hall Texas  
Thos. Hall Charge to Thos. Hall  
 Wife-Widow }  
 Son-Daughter of }  
Thos. Hall Address 469 Monroe St

Order Given by Thos. Hall Price of Casket or Coffin \$ 7 00  
 How Secured 3/17/14 " Metallic Lining (State kind) 3 50  
 Date of Funeral 3/17/14 " Outside Box (State kind) 3 50  
 Residence 469 Monroe St Grave Vault (State kind) \_\_\_\_\_  
 Place of Death Alden Miss Burial Robe \_\_\_\_\_  
 Funeral Services at 6:45 am " Burial Slippers and Hose \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_ Engraving Plate \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
 Certifying Physician Dr. S. J. Sibley Washing and Dressing \_\_\_\_\_  
 His Residence \_\_\_\_\_ Shaving \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
 Cause of Death Crouped pneumonia Disinfecting Rooms \_\_\_\_\_  
 Date of Death 3/16/14 " Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased None " Candelabrum and Candles \_\_\_\_\_  
 Single or Married Single Religion \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father Thos. Hall Carriages to Cemetery @ \$ 15 00  
 His Birthplace Texas Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Name of Mother Willie Hall Wagon Deliveries \_\_\_\_\_  
 Her Birthplace Texas City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name Willie Thomas Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 Body to be shipped to Alden Miss (Names of Newspapers) \_\_\_\_\_  
 Size and Style of Casket or Coffin Glass white Flowers \_\_\_\_\_  
 Manufactured by Miss Outlay for Lot \_\_\_\_\_  
 Internment at Alden Miss Cemetery. Setting Grave or Vault \_\_\_\_\_  
 Lot or Grave Point Court Section \_\_\_\_\_ Vault Rental \_\_\_\_\_  
 1. Miss Shipping Charges, prepaid \_\_\_\_\_  
 2. \_\_\_\_\_ Removal Charges \_\_\_\_\_  
 3. \_\_\_\_\_ Cremation Charges \_\_\_\_\_  
 4. \_\_\_\_\_ Porters \_\_\_\_\_  
 5. \_\_\_\_\_ Watchers \_\_\_\_\_  
 6. \_\_\_\_\_ Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

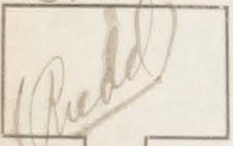


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 25 50  
 By Amount Paid in Advance 10 00  
 Balance 15 50  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	\$
<u>Point Court Miss</u>			
<u>Alden Miss</u>			
<u>via I. C. R. R. Co.</u>			
<u>Bronco Pneumonia</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date 3/19/14  
 Name of Deceased Manerva Hooper Miss  
 Charge to L.C. Reynolds  
 Address 13 1/2 East St

Order Given by L.C. Reynolds  
 How Secured by part  
 Date of Funeral 3/19/14  
 Residence 13 1/2 East St  
 Place of Death 13 1/2 East St  
 Funeral Services at Providence ch  
 Time of Funeral Service 2 P.M.  
 Clergyman Rev. Cooper  
 Cerifying Physician Dr. E. Williams  
 His Residence .....

Price of Casket or Coffin \$ 40.00  
 Metallic Lining (state kind) .....  
 Outside Box (state kind) 5.00  
 Grave Vault (state kind) 12.00  
 Burial Robe 10.00  
 Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with fluid) Moore 15.00  
 Washing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....

Number of Burial Certificate .....  
 Cause of Death Paralysis Hemorrhage of Brain  
 Date of Death 3/17/14  
 Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married widowed  
 Aged 80 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father unknown  
 His Birthplace .....  
 Name of Mother unknown  
 Her Birthplace .....  
 Mother's Maiden Name unknown  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Black Crepe  
 Manufactured by Wife  
 Interment at Bior Cemetery.  
 Lot or Grave ..... Section No. ....

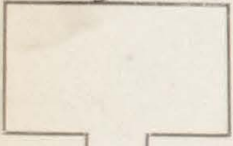


Diagram of Lot or Vault  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse .....  
 Carriages to Cemetery 3 @ \$ ..... 19.00  
 Automobiles to Cemetery @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) 1 .....  
 Death Notices in Commercial Newspapers 1.00  
 (Names of Newspapers)  
 Flowers extra Candles 10.00  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill \$ 105.00  
 By Amount Paid in Advance 45.00  
 Balance 60.00  
 Entered into Ledger, page ..... or below.

To Funeral Charges	Total \$	By Cash	\$
<u>Hemorrhage of Brain</u>			
<u>Complete Paralysis</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 3/19/14

Name of Deceased Alice Rebecca Bland (Where Born) \_\_\_\_\_

Wife—Widow Single Charge to A. D. Bland  
 Son—Daughter of \_\_\_\_\_ Address 116 Belmont Pla.

Order Given by A. D. Bland

How Secured (80) 1/20/14

Date of Funeral 3/20/14

Residence 116 Belmont Pla.

Place of Death 116 Belmont

Funeral Services at Mason Temple

Time of Funeral Service 12:45 p.m.

Clergyman Dr. C. H. Shelly

Certifying Physician Dr. C. H. Shelly

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death Broncho Pneumonia

Date of Death 3/18/14

Date of Birth \_\_\_\_\_

Occupation of the Deceased none

Single or Married Single

Aged 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Day

Date of Birth \_\_\_\_\_

Name of Father A. D. Bland

His Birthplace Spain

Name of Mother Mary Ducker

Her Birthplace Spain

Mother's Maiden Name \_\_\_\_\_

Body to be shipped to Mason 10

Size and Style Cross white

Manufactured by M. S.

Interment at Mason Temple Cemetery.

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

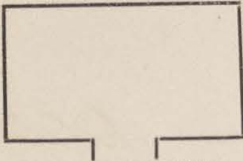


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 9 00
Metallic Lining (State kind)	4 00
Outside Box (State kind)	
Grave Vault (State kind)	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	4 00
Carriages to Cemetery 1 @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 17 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges ..... Total, \$

By Cash, ..... \$

*(Southern Ins. 750)*

*\$950 Cash*

*C. H. Shelly*

*Broncho Pneumonia*

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL

37

No. (Total Number) *Robert Richardson* No. (Yearly Number) *Miss* Date *3/20/14*

Name of Deceased *Jennie Richardson* (Wife) (Race) *Jennie Richardson* (Wife) (Race) *Jennie Richardson*

Charge to *Jennie Richardson*

Address *938 Kansas Avenue*

Order Given by *Jennie Richardson*

How Secured *Box* Price of Casket or Coffin *\$40.00*

Date of Funeral *3/19/14* " Metallic Lining (State kind)

Residence *938 Kansas Ave* " Outside Box (State kind)

Place of Death *Shelby near Butler* Grave Vault (State kind)

Funeral Services at *Yazoo City Miss* Burial Robe *3.50*

Time of Funeral Service *9:55 A.M.* " Burial Slippers and Hose

Clergyman *no doctor* Engraving Plate *Moore* *15.00*

Certifying Physician *no doctor* Embalming Body (with) *Moore* *15.00*

His Residence *no doctor* Washing and Dressing

Number of Burial Certificate *no doctor* Shaving

Cause of Death *Organic Heart Disease* Keeping Body on Ice

Date of Death *3/17/14* (Secondary) Disinfecting Rooms

Date of Birth *3/17/14* " Catafalque and Drapery

Occupation of the Deceased *laborer* " Folding Chairs

Single or Married *married* " Candelabrum and Candles

Aged *17* Years *0* Months *0* Days. Gloves \$ *0* Crape \$ *0*

Date of Birth *Gabe Richardson* Door Crape \$ *0* Canopy \$ *0*

Name of Father *Gabe Richardson* Hearse *0*

His Birthplace *Miss* Carriages to Cemetery @ \$ *0*

Name of Mother *Martha Richardson* Automobiles to Cemetery @ \$ *0*

Her Birthplace *Miss* Wagon Deliveries *5.00*

Mother's Maiden Name *Miss* City Calls (Coaches) *0*

Body to be shipped to *Yazoo City Miss* Death Notices in *Commercial* *1.00*

Size and Style of Casket or Coffin *Black Crepe* (Names of Newspapers)

Manufactured by *Miss* Flowers

Interment at *Miss* Outlay for Lot

Lot or Grave No. *0* Section No. *0* Opening Grave or Vault

Diagram of Lot or Vault

1. *0*

2. *0*

3. *0*

4. *0*

5. *0*

6. *0*

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Personal Services *0*

Music *0*

Church Charges *0*

Total Footing of Bill *64.50*

By Amount Paid in Advance *0*

Balance *0*

Entered into Ledger, page *0* or below *0*

<p>To Funeral Charges..... Total, \$</p> <p><i>Fell Dead</i></p> <p><i>Shelby near Butler St</i></p> <p><i>"Organic Heart Disease"</i></p> <p><i>Board of Health</i></p>	<p>By <i>Life &amp; Casualty</i></p> <p><i>7.50</i></p>
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Names of Pall Bearers.....

Names of Near Relatives.....



# RECORD OF FUNERAL

No. \_\_\_\_\_ Date 3/20/14  
 (Total Number) (Yearly Number) 1914  
 Name of Deceased Mary A Royster Terre  
 (What Race) (Where Born)

Wife-Widow Single Charge to 656 Mill St  
 Son-Daughter of Louise Brown Address Louise Brown

Order Given by Bret Price of Casket or Coffin \$ 65.00  
 How Secured \_\_\_\_\_ Metallic Lining \_\_\_\_\_ (State kind)

Date of Funeral 3/20/14 Outside Box \_\_\_\_\_ (State kind) 5.00  
 Residence 656 Mill St Grave Vault \_\_\_\_\_ (State kind)

Place of Death 656 Mill St Burial Robe \_\_\_\_\_  
 Funeral Services at Springhill Chr. Burial Slippers and Hose \_\_\_\_\_  
 Time of Funeral Service 10 a.m. Engraving Plate Moore 15.00

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)  
 Certifying Physician Dr. J. L. Beauchamp Washing and Dressing \_\_\_\_\_  
 Shaving \_\_\_\_\_

His Residence \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Disinfecting Rooms \_\_\_\_\_  
 Cause of Death Pul Tuberculosis Use of Catafalque and Drapery \_\_\_\_\_

Date of Death 3/18/14 " Folding Chairs \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_

Occupation of the Deceased Domestic Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Single or Married Single Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Aged 15 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hearse \_\_\_\_\_ 15.00  
 Date of Birth \_\_\_\_\_ Carriages to Cemetery 3 @ \$ \_\_\_\_\_ 45.00

Name of Father John Royster Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_  
 His Birthplace Terre Wagon Deliveries \_\_\_\_\_  
 Name of Mother Louise Shaw City Calls (Coaches) \_\_\_\_\_  
 Her Birthplace Terre Death Notices in \_\_\_\_\_ Newspapers 1.00  
 (Names of Newspapers)

Mother's Maiden Name \_\_\_\_\_ Flowers \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

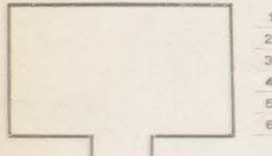
Size and Style of Casket or Coffin Lamb Spur Opening Grave or Vault \_\_\_\_\_  
 Manufactured by \_\_\_\_\_ Lining Grave \_\_\_\_\_

Interment at Springhill 10 Cemetery Vault Rental \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill \$ 122.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<u>Springhill Church</u>			
<u>Cemetery</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. *(met)* No. *(Yearly Number)* Date *3/21/14* 19*14*  
 Name of Deceased *Ann Jones* Charge to *Miss*  
 (First Name) (Yearly Number) (Where Born)

Wife—Widow } *married* Charge to *Argue Jones*  
 Son—Daughter of } Address *My Bedford - 733 Hastings*

Order Given by *John Bedford* Price of Casket or Coffin *40 00*  
 How Secured *(met)* Metallic Lining (State kind) *5 00*  
 Date of Funeral *3/20/14* Outside Box (State kind)  
 Residence *Callon near here* Grave Vault (State kind) *3 50*  
 Place of Death *Paston near here* Burial Robe *3 50*  
 Funeral Services at *Lake Cormorant Miss* Burial Slippers and Hose  
 Time of Funeral Service *3 20 p.m.* Engraving Plate *Quartz* *15 00*

Clergyman *C. M. Routhloe* Embalming Body (with) *Quartz*  
 Certifying Physician *Lauderdale St* Washing and Dressing  
 His Residence *Lauderdale St* Shaving  
 Number of Burial Tablets  
 Cause of Death *Lobar Pneumonia* Keeping Body on Ice  
 Date of Death *3/19/14* (Primary) (Secondary) Disinfecting Rooms  
 Date of Birth *3/19/14* Use of Catafalque and Drapery  
 Occupation of the Deceased *domestic* " Folding Chairs  
 " Candelabrum and Candles

Single or Married *married* Gloves \$ Crape \$  
 Aged *60* Years Months Days Door Crape \$ Canopy \$  
 Date of Birth *unknown* Hearse  
 Name of Father *unknown* Carriages to Cemetery @ \$ *5 00*  
 His Birthplace *unknown* Automobiles to Cemetery @ \$  
 Name of Mother *unknown* Wagon Deliveries  
 Her Birthplace *unknown* City Calls (Coaches)  
 Mother's Maiden Name *unknown* Death Notices in Newspapers *Commercial* *1 00*  
 Body to be shipped to *Lake Cormorant Miss* Flowers  
 Size and Shape of Casket or Coffin *B Coffin* Outlay for Lot  
 Manufactured by *Prills* Opening Grave or Vault  
 Interment at *Lake Cormorant Miss* Lining Grave  
 Lot or Grave No. Section No. Vault Rental

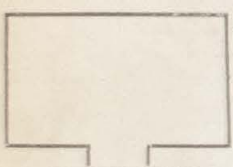


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	40 00
Metallic Lining (State kind)	5 00
Outside Box (State kind)	
Grave Vault (State kind)	3 50
Burial Robe	3 50
Burial Slippers and Hose	
Engraving Plate	Quartz 15 00
Embalming Body (with)	Quartz
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	
Carriages to Cemetery @ \$	5 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	Commercial 1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	69 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	or below

To Funeral Charges	Total \$	By Cash	\$
<i>C. M. Routhloe</i>			
<i>Lauderdale St.</i>			

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL

47

No. \_\_\_\_\_ Date 3/22/14

(Total Number) \_\_\_\_\_ (Party Number) \_\_\_\_\_

Name of Deceased Castelle Wyatt (What race) Terr

Wife-Widow } Agie Wyatt Charge to Susie Wyatt  
 Son-Daughter of } \_\_\_\_\_ (Where born) \_\_\_\_\_

Order Given by Susie Wyatt Address 1490 Rodgers St

How Secured \_\_\_\_\_ Price of Casket or Coffin \$ 9 00

Date of Funeral 3/23/14 Metallic Lining \_\_\_\_\_

Residence 1490 Rodgers St Outside Box \_\_\_\_\_

Place of Death 1490 Rodgers St Grave Vault \$ 5 00

Funeral Services at 1490 Rodgers St Burial Robe \_\_\_\_\_

Time of Funeral Service 10 AM Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician no doctor Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Certificate Board of Health Shaping \_\_\_\_\_

Cause of Death no name Disinfecting Rooms \_\_\_\_\_

Date of Death 3/21/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased none " Candelabrum and Candles \_\_\_\_\_

Single or Married single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \$ \_\_\_\_\_

Name of Father Agie Wyatt Carriages to Cemetery 1 \$ 5 00

His Birthplace Ark Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Name of Mother Susie Wyatt Ligon Deliveries \_\_\_\_\_

Her Birthplace Ark City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ (Names of Newspapers) Commercial \$ 1 00

Size and Style of Casket or Coffin Gloss white Flowers \_\_\_\_\_

Manufactured by Wiss Outlay for Lot \_\_\_\_\_

Interment at Zion Cemetery. Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_

\_\_\_\_\_ Vault Rental \_\_\_\_\_

\_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

\_\_\_\_\_ Removal Charges \_\_\_\_\_

\_\_\_\_\_ Cremation Charges \_\_\_\_\_

\_\_\_\_\_ Porters \_\_\_\_\_

\_\_\_\_\_ Watchers \_\_\_\_\_

\_\_\_\_\_ Personal Services \_\_\_\_\_

\_\_\_\_\_ Music \_\_\_\_\_

\_\_\_\_\_ Church Charges \_\_\_\_\_

Total Footing of Bill \$ 19 00

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

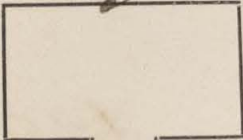


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total	By Cash	Total
<u>3 ft - 13' Glass white (met)</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

Date 3/22/14

No. (Total Number) \_\_\_\_\_ No. (Year Number) \_\_\_\_\_  
Name of Deceased Barney Mathews (Where Buried) Houston Mathews (Where Born) \_\_\_\_\_

Wife-Widow } unk- Charge to Houston Mathews  
Son-Daughter of } Houston Mathews Rear 320 Monroe

Order Given by Houston Mathews Price of Casket or Coffin \$ 17.00  
How Secured 3d in part Metallic Lining \_\_\_\_\_ (State kind) \_\_\_\_\_

Date of Funeral 3/22/14 Outside Box \_\_\_\_\_ (State kind) \_\_\_\_\_  
Residence \_\_\_\_\_ Grave Vault \_\_\_\_\_ (State kind) 8.00

Place of Death 329 Monroe St Burial Robe \_\_\_\_\_  
Funeral Services at Parlors Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 10 a.m. Engraving Plate \_\_\_\_\_  
Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Certifying Physician A. D. Byas Washing and Dressing \_\_\_\_\_  
His Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
Cause of Death Pul. Tuberculosis Disinfecting Rooms \_\_\_\_\_  
Date of Death 3/20/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
Occupation of the Deceased musician " Candelabrum and Candles \_\_\_\_\_

Single or Married Single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
Aged 36 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_ 10.00

Name of Father unknown Carriages to Cemetery @ \$ \_\_\_\_\_  
His Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

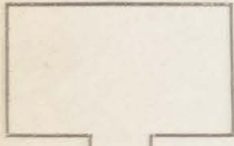
Name of Mother unknown Wagon Deliveries \_\_\_\_\_  
Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers Commercial 1.00  
Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Outlay for Lot \_\_\_\_\_  
" B. Coffin Opening Grave or Vault \_\_\_\_\_

Manufactured by mit. Carmel Lining Grave \_\_\_\_\_  
Interment at mit. Carmel Vault Rental \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
Shipping Charges, prepaid \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Removal Charges \_\_\_\_\_  
Cremation Charges \_\_\_\_\_  
Porters \_\_\_\_\_  
Watchers \_\_\_\_\_  
Personal Services \_\_\_\_\_  
Music \_\_\_\_\_  
Church Charges \_\_\_\_\_

Total Footing of Bill. 36.00  
By Amount Paid in Advance. 25.00  
Balance Due - 11.00

To Funeral Charges	Total, \$	By Cash	\$
<u>Pul. Tuberculosis</u>			
<u>A. D. Byas</u>			
<u>60 days</u>			
		<u>11.00</u>	<u>Due in</u>

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

Date 3/23/14

No. (Total Number)          No. (Year Number)           
Name of Deceased Sarah Gray (Where Born)         

Wife-Widow } Anthony Gray (Widow) }  
Son-Daughter of } Anthony Gray }  
Address 969 Porter St

Order Given by Anthony Gray  
How Secured (not of me) Price of Casket or Coffin \$40.00

Date of Funeral 3/23/14 Metallic Lining 5.00  
Residence 969 Porter St Outside Box         

Place of Death 969 Porter St Grave Vault 12.00  
Funeral Services at Salem Baptist Church Burial Robe 7.50

Time of Funeral Service 11:00 AM Burial Shroud and Hose           
Clergyman Rev. J. B. Moore Embalming Body (with          Fluid) 15.00

Certifying Physician W. H. Luster Washing and Dressing           
His Residence          Shaving         

Number of Burial          Keeping Body on Ice           
Cause of Death Pul. Tuberculosis Disinfecting Rooms         

Date of Death 3/21/14 Catafalque and Drapery           
Date of Birth          Folding Chairs         

Occupation of the Deceased Domestic Candelabrum and Candles           
Single or Married married Gloves \$          Crape \$         

Aged 61 Years          Months          Days          Hearse          Canopy \$         

Date of Birth          Carriages to Cemetery 2 @ \$ 130.00  
Name of Father unknown Automobiles to Cemetery          @ \$         

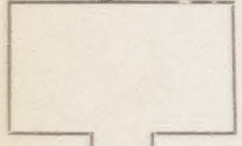
His Birthplace unknown Wagon Deliveries           
Name of Mother unknown City Calls (Coaches) 1

Her Birthplace          Death Notices in Commercial Newspapers 1.00  
Mother's Maiden Name          Flowers         

Body to be shipped to          Outlay for Lot           
Size and Shape of Casket or Coffin Black Crepe Opening Grave or Vault         

Manufactured by Miss Lining Grave           
Interment at Zion Cemetery. Vault Rental         

Lot or Grave          Section No.          Shipping Charges, prepaid         



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 98.50

By Amount Paid in Advance 98

Balance         

Entered into Ledger, page          or below         

To Funeral Charges	Total, \$	By Cash	Total, \$
<u>Dr. W. H. Luster</u>		<u>Pul. Tuberculosis</u>	

Names of Pall Bearers         

Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date. 3/24/14

Name of Deceased. Joe Neal (What Race) \_\_\_\_\_ (Place Born) \_\_\_\_\_  
Pat Neal Charge to Lelia Anderson  
 Address 979 merruweather

Order Given by Lelia Anderson \$ 18 00  
 How Secured benjamin of Casket or Coffin \_\_\_\_\_  
 Date of Funeral 3/24/14 Metallic Lining \_\_\_\_\_  
 Residence \_\_\_\_\_ (State kind) \_\_\_\_\_  
 Place of Death 979 merruweather Outside Box \_\_\_\_\_  
 Funeral Services at 979 merruweather Grave Vault \_\_\_\_\_  
 Time of Funeral Service 3 p.m. Burial Robe \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Burial Slippers and Ho \_\_\_\_\_  
 Certifying Physician D. B miller Engraving Plate \_\_\_\_\_  
 His Residence \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ fluid) 15 00  
 Number of Burial Certificates \_\_\_\_\_ Shaving \_\_\_\_\_  
 Cause of Death Gastritis Keeping Body on Ice \_\_\_\_\_  
 Date of Death 3/22/14 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased none " Candelabrum and Candles \_\_\_\_\_  
 Single or Married Single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Aged 3 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father Pat Neal Carriages to Cemetery 2 @ \$ \_\_\_\_\_ 8 10  
 His Birthplace \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_  
 Name of Mother Lelia Anderson City Calls (Coaches) \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_  
 Size and Style of Casket or Coffin Lamb skin Outlay for Lot \_\_\_\_\_  
 Manufactured by \_\_\_\_\_ Lining Grave \_\_\_\_\_  
 Interment at 3rd Cemetery. Vault Rental \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_  
 1. \_\_\_\_\_ Removal Charges \_\_\_\_\_  
 2. \_\_\_\_\_ Cremation Charges \_\_\_\_\_  
 3. \_\_\_\_\_ Porters \_\_\_\_\_  
 4. \_\_\_\_\_ Watchers \_\_\_\_\_  
 5. \_\_\_\_\_ Personal Services \_\_\_\_\_  
 6. \_\_\_\_\_ Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill 51 00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

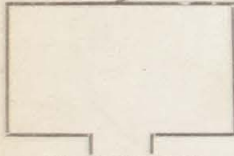


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) *3124* No. (X-Number) *114* Date *3/24/14*  
 Name of Deceased *Charley Johnson* (Where Born) *Teuer*  
 Wife-Widow } *E. J. Johnson* Charge to *E. J. Johnson*  
 Son-Daughter of }  
 Address *392 N. 2nd St.*

Order Given by *E. J. Johnson*  
 How Secured *Grat.*  
 Date of Funeral *3/24/14*  
 Residence *392 N. 2nd St.*  
 Place of Death *392 N. 2nd St.*  
 Funeral Services at *392 N. 2nd St.*  
 Time of Funeral Service *2 P.M.*  
 Clergyman *J. S. Beauchamp*  
 Certifying Physician *J. S. Beauchamp*  
 His Residence *Seventh St.*  
 Cause of Death *tubercular meningitis*  
 Date of Death *3/22/14*  
 Date of Birth *3/22/14*  
 Occupation of the Deceased *Porter*  
 Single or Married *Single*  
 Aged *21* Years *0* Months *0* Days  
 Date of Birth *3/22/14*  
 Name of Father *Eugene Johnson*  
 His Birthplace *Teuer*  
 Name of Mother *Maie Bradford*  
 Her Birthplace *Teuer*  
 Mother's Maiden Name *Teuer*  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Silver Gray Crepe*  
 Manufactured by *with*  
 Interment at *Bion* Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Diagram of Lot or Vault:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 65.00
Metallic Lining (state kind)	
Outside Box (State kind)	5.00
Grave Vault (State kind)	12.50
Burial Robe	3.50
Burial Slippers and Goggles	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Protecting Rooms	
of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	16.00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Call (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	1.00
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	127.50
By Amount Paid in Advance	40.00
Balance	87.50
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total \$	By Cash	\$
<i>OK. F. Frankia</i>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) *Wm Webster* Date *3/25/14*  
 Name of Deceased *Wm Webster* Charge to *Peoples Fur Co*  
 Address *Osceola Ark*

Order Given by *Brope Pd* Price of Casket or Coffin *\$12.00*  
 How Secured *29 he Pd* Metallic Lining *5.00*  
 Date of Funeral *3/25/14* Outside Box *5.00*  
 Residence *Osceola Ark* Grave Vault *5.00*  
 Place of Death *Collins Chapel Ark* Burial Robe *—*  
 Funeral Services at *Osceola Ark* Burial Slippers and Hose *—*  
 Time of Funeral Service *—* Engraving Plate *—*  
 Clergyman *R. E. Martin* Embalming Body (with Fluid) *15.00*  
 Certifying Physician *Dr. W. A. Clark* Washing and Dressing *—*  
 His Residence *Osceola Ark* Cooling Body on Ice *—*  
 Number of Burial Certificates *—* Protecting Rooms *—*  
 Cause of Death *Septic Peritonitis* Catafalque and Drapery *—*  
 Date of Death *3/24/14* Folding Chairs *—*  
 Date of Birth *—* Candelabrum and Candles *—*  
 Occupation of the Deceased *Plasterer* Gloves \$ *—* Crape \$ *—*  
 Single or Married *married* Door Crape \$ *—* Canopy \$ *—*  
 Aged *23* Years Months *—* Days *—* Hearse *—*  
 Date of Birth *—* Carriages to Cemetery @ \$ *—*  
 Name of Father *Wm Webster* Automobiles to Cemetery @ \$ *—*  
 His Birthplace *Osceola Ark* Wagon Deliveries *5.00*  
 Name of Mother *Mattie Jones* City Calls (Coaches) *—*  
 Her Birthplace *Ark* Death Notices in Newspapers *—*  
 Mother's Maiden Name *—* (Names of Newspapers)  
 Body to be shipped *Osceola Ark* Flowers *—*  
 Size and Style of Casket *9" Coffin* Outlay for Lot *—*  
 Manufactured by *Osceola Ark* Opening Grave or Vault *—*  
 Interment at *Osceola Ark* Lining Grave *—*  
 Lot or Grave No. *—* Section No. *—* Vault Rental *—*  
 Shipping Charges, prepaid *—*  
 Removal Charges *—*  
 Cremation Charges *—*  
 Porters *—*  
 Watchers *—*  
 Personal Services *—*  
 Music *—*  
 Church Charges *—*

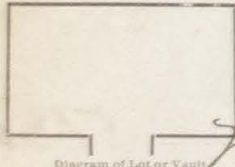


Diagram of Lot or Vault *Mrs. Jones*  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried.

Total Footing of Bill *\$37.00*  
 By Amount Paid in Advance *—*  
 Balance *—*  
 Entered into Ledger *—* or below  
 Responsible *—*  
 Total \$ *—*  
*649 Ford St Septic Peritonitis*  
*Gunshot wound of abdomen.*

Names of Pall Bearers *—*  
 Names of Near Relatives *—*



# RECORD OF FUNERAL

No. (Total Number) *Ida atway* No. (Yearly Number) *miss* Date *3/26/14*

Name of Deceased *Ida atway* (Where Born) *miss*

Wife-Widow } *Geo Langston* Charge to *Laura Sims* (Where Born)

Son-Daughter of } *Laura Sims* Address *999 Louise St.*

Order Given by *Laura Sims* Price of Casket or Coffin *\$80.00*

How Secured *Life & Casualty* Metallic Lining (State kind) *5.00*

Date of Funeral *3/28/14* Outside Box (State kind) *72.00*

Residence *999 Louise St.* Grave Vault (State kind) *15.00*

Place of Death *999 Louise St.* Burial Robe *1.00*

Funeral Services at *Wendell's Bn. Ch.* Burial Slippers and Hose *1.00*

Time of Funeral Service *10.30 AM* Engraving Plate *None* *15.00*

Clergyman *Dr. Cum Harris* Embalming Body (with Fluid) *15.00*

Certifying Physician *Dr. Cum Harris* Washing and Dressing *1.00*

His Residence *Dr. Cum Harris* Shaving *1.00*

Number of Burial Certificate *Chronic Gastritis* Keeping Body on Ice *1.00*

Cause of Death *Chronic Gastritis* Disinfecting Rooms *1.00*

Date of Death *3/23/14* Use of Catafalque and Drapery *1.00*

Date of Birth *3/23/14* " Folding Chairs *1.00*

Occupation of the Deceased *Widow* " Candelabrum and Candles *1.00*

Single or Married *Domestic* Gloves \$ *1.00* Crape \$ *1.00*

Aged *28* Years Months Days *5* Carriages to Cemetery @ \$ *19.00*

Date of Birth *3/23/14* Automobiles to Cemetery @ \$ *1.00*

Name of Father *Geo Langston* Wagon Deliveries *1.00*

His Birthplace *Miss* City Calls (Coaches) *1.00*

Name of Mother *Laura Sims* Death Notices in Newspapers *1.00*

Her Birthplace *Miss* " in *Commercial* *1.00*

Mother's Maiden Name *Miss* Flowers *1.00*

Body to be shipped to *None* Outlay for Lot *1.00*

Size and Style of Casket or Coffin *Steel Gray* Opening Grave or Vault *1.00*

Manufactured by *Miss* Lining Grave *1.00*

Interment at *Zion* Cemetery Vault Rental *1.00*

Lot or Grave No. Section No. Shipping Charges, prepaid *1.00*

1. *2* Removal Charges *1.00*

2. *3* Cremation Charges *1.00*

3. *4* Porters *1.00*

4. *5* Watchers *1.00*

5. *6* Personal Services *1.00*

6. *7* Music *1.00*

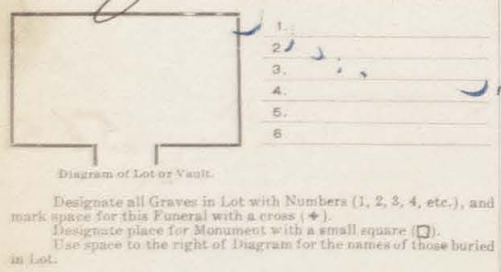
7. *8* Church Charges *1.00*

8. *9* Total Footing of Bill *113.00*

9. *10* By Amount Paid in Advance *72.00*

Balance *41.00*

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_



To Funeral Charges	Total \$	By	Total \$
<i>Dr. Cummings Harris</i>		<i>15.00</i>	
<i>Chronic Gastritis</i>		<i>1.00</i>	
<i>Anemia (provisional)</i>		<i>1.00</i>	

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date..... 3/26/1914

Name of Deceased..... Hester Speed (Wife) miss (When born)

Wife-Widow / Son-Daughter of..... Robert Speed Charge to..... C. H. Speed

Order Given by..... C. H. Speed Address..... Hollywood Ave.

How Secured..... Ed. Hor Price of Casket or Coffin..... 4500

Date of Funeral..... 3/26/14 Metallic Lining..... 500

Residence..... 326 Hollywood Ave Outside Box..... 500

Place of Death..... Hollywood Ave Grave Vault..... 400

Funeral Services at..... Brinton Miss Burial Robe..... 400

Time of Funeral Service..... 11 AM Burial Slippers and Hose..... 1500

Clergyman..... Dr. J. D. Meadows Engraving Plate..... Qualls

Certifying Physician..... Dr. J. D. Meadows Embalming Body (with fluid)..... 1500

His Residence..... Blanton Miss Washing and Dressing.....

Number of Burial Certificate..... 1 Shaving.....

Cause of Death..... Lobar Pneumonia Keeping Body on Ice.....

Date of Death..... 3/25/14 Disinfecting Rooms.....

Date of Birth..... 3/25/14 " Folding Chairs.....

Occupation of the Deceased..... Domestic " Candelabrum and Candles.....

Single or Married..... married Gloves \$..... Crape \$.....

Aged..... 57 Years..... Months..... Days..... Door Crape \$..... Canopy \$.....

Date of Birth..... 3/25/14 Hearse.....

Name of Father..... unknown Carriages to Cemetery..... 1 @ \$..... 500

His Birthplace..... unknown Automobiles to Cemetery..... @ \$..... 500

Name of Mother..... unknown Wagon Deliveries..... 2

Her Birthplace..... unknown City Calls (Coaches)..... 2

Mother's Maiden Name..... unknown Death Notices in..... Newspapers..... Commercial 200

Body to be shipped to..... Blanton Miss Flowers.....

Size and Style of Casket or Coffin..... Black Drepe Outlay for Lot.....

Manufactured by..... Miss Opening Grave or Reopening Grave..... R. R. Fare 550

Interment at..... Blanton Miss Vault Rental.....

Lot or Grave No. .... Station No. .... 7 AM 1111 Shipping Charges, prepaid.....

Diagram of Lot or Vault..... Removal Charges..... Telephone 105

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill..... \$ 8755  
By Amount Paid in Advance..... 8755

Entered into Ledger page..... Blanton Miss

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. Meadows</u>			
<u>Poor &amp; Insane Asy</u>			

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

Date 3/28/14

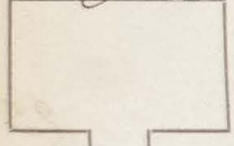
No. (Total Number) .....  
 Name of Deceased Ollie Lee Graves (Yearly Number) June (Where Born)  
 Charge to Solomon Graves  
 Address Mary Thomas 100 Wellington  
 Price of Casket or Coffin 4500

Order Given by Mary Thomas  
 How Secured .....  
 Date of Funeral 3/28/14  
 Residence 100 Wellington St  
 Place of Death 100 Wellington St  
 Funeral Services at Cochran Chapel  
 Time of Funeral Service .....  
 Clergyman Rev. R. H. Hays  
 Certifying Physician Dr. C. N. Shelby

His Residence .....  
 Number of Burials .....  
 Cause of Death Pul. Tuberculosis  
 Date of Death 3/26/14  
 Occupation of the Deceased School girl  
 Single or Married Single  
 Aged 10 Years ..... Months ..... Days

Date of Birth .....  
 Name of Father Solomon Graves  
 His Birthplace Weymouth  
 Name of Mother Ollie Shelton  
 Her Birthplace June  
 Mother's Maiden Name .....

Body to be prepared to .....  
 Size of Casket or Vault Large  
 Interment at Zion Cemetery.  
 Lot or Grave ..... Section No. ....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Metallic Lining .....  
 Outside Box .....  
 Grave Vault 1200  
 Burial Robe .....  
 Burial Slippers and Hose .....  
 Burial Plate .....  
 Embalming Body (with Fluid) .....  
 Crape \$ .....  
 Hearse .....  
 Carriages to Cemetery 3 @ \$ .....  
 Automobiles to Cemetery .....  
 Wagon Deliveries .....  
 Calls (Coaches) .....  
 Death Notices in Newspapers Commercial 100  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill 8000  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. C. N. Shelby</u>			
<u>Pul. Tuberculosis</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

3/29/1914

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date \_\_\_\_\_ 1914

Name of Deceased: *Alma Smith Jenkins* (What Place) *Carrie Williams*

Wife-Widow Son-Daughter of } *J. W. Smith* Charge to *Carrie Williams*

Address: *690 Williams St*

Order Given by: *Carrie Williams* Price of Casket or Coffin: *55.00*

How Secured: *(Type)* Metallic Lining (State kind): *5.00*

Date of Funeral: *3/29/14* Outside Box (State kind): *12.00*

Residence: *690 Williams Ave* Grave Vault (State kind): *2.00*

Place of Death: *690 Williams Ave* Burial Robe: \_\_\_\_\_

Funeral Services at: \_\_\_\_\_ Burial Slippers and Hose: \_\_\_\_\_

Time of Funeral Service: \_\_\_\_\_ Engraving Plate: *Moore 1.50*

Clergyman: \_\_\_\_\_ Embalming Body (with Fluid): \_\_\_\_\_

Certifying Physician: *Dr. J. Hugh Carter* Washing and Dressing: \_\_\_\_\_

His Residence: \_\_\_\_\_ Shaving: \_\_\_\_\_

Number of Burial Certificate: \_\_\_\_\_ Keeping Body on Ice: \_\_\_\_\_

Cause of Death: *Puerperal Peritonitis* Disinfecting Rooms: \_\_\_\_\_

Date of Death: *3/27/14* Catafalque and Drapery: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Folding Chairs: \_\_\_\_\_

Occupation of the Deceased: *Domestic* Candelabrum and Candles: \_\_\_\_\_

Single or Married: *married* Gloves \$: \_\_\_\_\_ Crape \$: \_\_\_\_\_

Aged: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$: \_\_\_\_\_ Canopy \$: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hearse: *5*

Name of Father: *J. W. Smith* Carriages to Cemetery: *5 @ \$* *10.00*

His Birthplace: *Miss* Automobiles to Cemetery: *@ \$* *20.00*

Name of Mother: *Carrie Moore* Wagon Deliveries: \_\_\_\_\_

Her Birthplace: \_\_\_\_\_ City Calls (Coaches): *2*

Father's Maiden Name: \_\_\_\_\_ Death Notes in \_\_\_\_\_ Newspapers: *Commercial 2.00*

To be Shipped: \_\_\_\_\_ Flowers: \_\_\_\_\_

Casket or Coffin: *Tomb Skin* Outlay for Lot: \_\_\_\_\_

By: *Wife* Opening Grave or Vault: \_\_\_\_\_

Interment at: *Home* Cemetery. Lining Grave: \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Vault Rental: \_\_\_\_\_

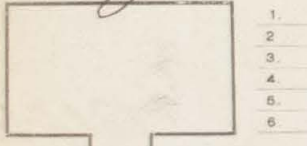


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried in Lot.

Shipping Charges, Extra Casing: *5.00*

Removal Charges: \_\_\_\_\_

Cremation Charges: \_\_\_\_\_

Porters: \_\_\_\_\_

Watchers: \_\_\_\_\_

Personal Services: \_\_\_\_\_

Music: \_\_\_\_\_

Church Charges: \_\_\_\_\_

Total Footing of Bill: *134.00*

By Amount Paid in Advance: \_\_\_\_\_

Balance: \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total \$	By Cash..... \$
<i>Puerperal Peritonitis</i> <i>Dr. J. Hugh Carter</i>	

Names of Pall Bearers: \_\_\_\_\_

Names of Near Relatives: \_\_\_\_\_

# RECORD OF FUNERAL

Date 3/29/14

No. (Total Number) Willie Stanton No. (Family Number) Will Chandler Date 3/29/14

Name of Deceased Will Chandler (What Race) Will Chandler (Where Born) Will Chandler

Wife-Widow Son-Daughter of Will Chandler Charge to Will Chandler Address 614 Nuttall St.

Order Given by Will Chandler Price of Casket or Coffin \$ 800

How Secured See order Metallic Lining (state kind) \_\_\_\_\_

Date of Funeral 3/29/14 Outside Box (state kind) \_\_\_\_\_

Residence 614 Nuttall St. Grave Vault (state kind) 5 00

Place of Death 614 Nuttall St. Burial Robe \_\_\_\_\_

Funeral Services at 614 Nuttall St. Burial Shippers and Hose \_\_\_\_\_

Time of Funeral Service 10 am Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Certifying Physician Dr. J. L. Beauchamp Washing and Dressing \_\_\_\_\_

Ills Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death measles Disinfecting Rooms \_\_\_\_\_

Date of Death 3/28/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased none " Candelabrum and Candles \_\_\_\_\_

Single or Married single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Father Will Chandler Carriages to Cemetery 1 @ \$ \_\_\_\_\_ 5 00

His Birthplace \_\_\_\_\_ Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Name of Mother \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name unknown Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

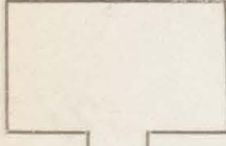
Body to be shipped to \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Flowers \_\_\_\_\_

Manufactured by Wife Outlay for Lot \_\_\_\_\_

Interment at York Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Mnsic \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill \$ 1800

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>Anderson Turley Co</u>			
<u>-gave us call &amp; said</u>			
<u>it was OK.</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) Willie Beard Date 3/29/1914

Name of Deceased Willie Beard Charge to Mrs. Beard 204 Hickory

Order Given by Mrs. Mrs. Wm. Beard Price of Casket or Coffin \$9.00 How Secured (metal) Metallic Lining (State kind) \$4.00

Date of Funeral 3/29/14 Outside Box (State kind) \$4.00 Residence 204 Hickory St. Grave Vault (State kind) \$5.00

Place of Death 204 Hickory St. Burial Robe Burial Slippers and Hose Engraving Plate Embalming Body (with Fluid) Shaving and Dressing

Funeral Services at [unclear] Time of Funeral Service [unclear] Clergyman [unclear] Certifying Physician M. H. Henderson

His Residence [unclear] Number of Burial Certificate [unclear] Cause of Death [unclear] Date of Death 3/28/14

Date of Birth [unclear] Occupation of the Deceased none Single or Married Single Religion [unclear] Aged 2 Years 2 Months 29 Days

Date of Birth [unclear] Name of Father Wm. Beard His Birthplace Tenn. Name of Mother Pearl Pulliam Her Birthplace Tenn.

Mother's Maiden Name [unclear] Body to be shipped to Atoka 10 Size and Style of Casket or Coffin Glass white

Manufactured by [unclear] Interment at Atoka Tenn. Cemetery Lot or Grave No. Section No. Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$9.00 Metallic Lining (State kind) \$4.00 Outside Box (State kind) \$4.00 Grave Vault (State kind) \$5.00 Burial Robe Burial Slippers and Hose Engraving Plate Embalming Body (with Fluid) Shaving and Dressing Keeping Body on Ice Disinfecting Rooms Use of Catafalque and Drapery Folding Chairs Candelabrum and Candles Gloves \$ Canopy \$ Door Crape \$ Hearse Carriages to Cemetery @ \$ Automobiles to Cemetery @ \$ Wagon Deliveries \$5.00 City Calls (Coaches) Death Notices in Newspapers (Names of Newspapers) Flowers Outlay for Lot Opening Grave or Vault Lining Grave Vault Rental Shipping Charges, prepaid Removal Charges Cremation Charges Porters Watchers Personal Services Music Church Charges

Total Footing of Bill 23.00 By Amount Paid in Advance 3.00 Balance (paid) 20.00

Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, \$

Atoka Tenn "Pickett"

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

No. *Sarah Fields* Date *3/29/14*  
(Total Number) Year, Number

Name of Deceased *Sarah Fields* Charge to *A. W. Fields*  
(Wife, Widow, Son, Daughter of) (Name of Person to be Charged)  
 Address *Earl Ark*

Order Given by *A. W. Fields* Price of Casket or Coffin \$  
 How Secured *3/29/14* " Metallic Lining (State kind)  
 Date of Funeral *3/29/14* " Outside Box (State kind)  
 Residence *Earl Ark* " Grave Vault (State kind)  
 Place of Death *Raymond* " Burial Robe  
 Funeral Services at *Raymond* " Burial Slippers and Hose

Time of Funeral Service *noon* Engraving Plate *1500*  
 Clergyman *R. L. Wentz* Embalming Body (with Fluid)  
 Certifying Physician *R. L. Wentz* Washing and Dressing  
 His Residence *Raymond* Shaving  
 Number of Burial Certificate *1* Keeping Body on Ice  
 Cause of Death *Peritonitis* Disinfecting Rooms  
(Primary) (Secondary) Use of Catafalque and Drapery

Date of Death *3/28/14* " Folding Chairs  
 Date of Birth *3/28/14* " Candelabrum and Candles  
 Occupation of the Deceased *Domestic* Gloves \$ Crape \$  
 Single or Married *Single* Religion *Methodist* Door Crape \$ Canopy \$  
 Aged *24* Years, Months, Days Hearse  
 Date of Birth *Unknown* Carriages to Cemetery @ \$  
 Name of Father *Unknown* Automobiles to Cemetery @ \$ *500*  
 His Birthplace *Unknown* Wagon Deliveries  
 Name of Mother *Unknown* City Calls (Coaches)  
 Her Birthplace *Unknown* Death Notices in Newspapers  
 Mother's Maiden Name *Raymond* (Names of Newspapers)

Body to be shipped to *Raymond* Flowers  
 Size and Style of Casket or Coffin *Embalming* Outlay for Lot  
 Manufactured by *Raymond* Opening Grave or Vault  
 Interment at *Raymond* Cemetery Lining Grave  
 Lot or Grave No. Section No. Vault Rental  
 1. Shipping Charges, prepaid  
 2. Removal Charges  
 3. Cremation Charges  
 4. Watchers  
 5. Personal Services  
 6. Music  
 Church Charges

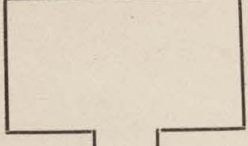


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	<i>1500</i>
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	<i>500</i>
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
<small>(Names of Newspapers)</small>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	<i>2000</i>
By Amount Paid in Advance	<i>2000</i>
Balance	

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total \$ *Embalming* By Cash \$ *1145*  
*204 Iron mountain from Earl Ark*  
*" Crittenden County "*

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) *Janie Perkins* No. (Yearly Number) *unknown* Date *3/31/14*  
 Name of Deceased *Janie Perkins* Charge to *Chas Hamlett*  
 (Wife or Daughter of) (When Buried)

Address *221 Jefferson*

Order Given by *Chas Hamlett* Price of Casket or Coffin *\$17.00*  
 How Secured *3/31/14* " Metallic Lining (state kind)

Date of Funeral *3/31/14* " Outside Box (state kind) *5.00*  
 Residence *Memphis Hosp* " Grave Vault (state kind)

Place of Death *Doctors* " Burial Robe  
 Funeral Services at *Doctors* " Burial Slippers and Hose  
 Time of Funeral Service *2 pm* Engraving Plate  
 Clergyman *W. R. Brown* Embalming Body (with Fluid)  
 Certifying Physician *W. R. Brown* Washing and Dressing

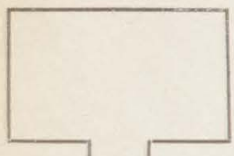
His Residence  
 Number of Burial Certificate  
 Cause of Death *Uremia*  
 Date of Death *3/29/14* " Folding Chairs  
 " Candelabrum and Candles

Date of Birth *3/29/14* Gloves \$ Crape \$  
 Occupation of the Deceased *none* Door Crape \$ Canopy \$  
 Single or Married *single* Hearse *1* *13.00*

Aged *68* Years Months Days Automobiles to Cemetery @ \$  
 Date of Birth Wagon Deliveries  
 Name of Father *unknown* Coaches  
 His Birthplace *Commercial* Death Notices in Newspapers  
 Name of Mother (Names of Newspapers)

Her Birthplace *unknown* Flowers *adv. money* *25*  
 Mother's Maiden Name  
 Body to be shipped to  
 Size and Style of Casket or Coffin *B. Coffin*

Manufactured by *mt. Carmel* Interment at *mt. Carmel* Cemetery  
 Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *37.25*  
 By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page or below

To Funeral Charges	Total, \$	By Cash	\$
<i>Memphis City Hosp</i>			
<i>Bessie Senter</i>			
<i>814 Williams</i>			
<i>ave</i>			

Names of Pall Bearers  
 Names of Near Relatives



# RECORD OF FUNERAL.

No. \_\_\_\_\_ Date 4/1/14  
 (Total Number) (Yearly Number)

Name of Deceased Sadie Jones Stanks Miss  
 (Wife's Name) (Husband's Name)

Wife-Widow } John Stanks Charge to John Stanks  
 Son-Daughter of } (Wife's Name) (Husband's Name)

Order Given by John Stanks (Friends) Address 390 Bledsoe St  
 (met)

How Secured (met) Price of Casket or Coffin \$ Box 40 00  
 Metallic Lining \_\_\_\_\_ (State kind)

Date of Funeral 4/1/1914 Outside Box \_\_\_\_\_ (State kind)

Residence \_\_\_\_\_ Grave Vault 5 00 (State kind)

Place of Death 390 Bledsoe St Burial Robe 8 00  
 Funeral Services at 390 Bledsoe St Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 2:30 pm Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

Certifying Physician Dr. W. W. Beck Washing and Dressing \_\_\_\_\_

His Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Pellets Disinfecting Rooms \_\_\_\_\_

Date of Death 3/21/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased domestic " Candelabrum and Candles \_\_\_\_\_

Single or Married married Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 36 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse 3 @ \$ 15 00

Name of Father Adam Young Carriages to Cemetery 3 @ \$ \_\_\_\_\_

His Birthplace Miss Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Name of Mother Saddie Wright Wagon Deliveries \_\_\_\_\_

Her Birthplace Miss City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notice Commercial 1 00  
 (Names of Newspapers)

Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Manufactured by Black Crepe Opening Grave or Vault \_\_\_\_\_

Interment at mt. Carmel Lining Grave \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Diagram of Lot or Vault:

1.
2.
3.
4.
5.
6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 79 00

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges. . . . . Total, \$	By Cash. . . . . \$
<u>390 Bledsoe St,</u> <u>(met) Dr.</u> <u>(W. W. Beck)</u>	

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

Date. Apr 21-14

No. (Total Number) Malindy Troupet No. (Yearly Number) 1

Name of Deceased Guss Troupe (What Name) Jesse Troupe (Where Born) Missouri

Wife-Widow Son-Daughter of Jesse Troupe Charge to 87 W. Jackson Address 87 W. Jackson

Order Given by Jesse Troupe Casket or Coffin \$12.00

How Secured (nat) in part Metallic Lining (State kind) \_\_\_\_\_

Date of Funeral 4/27/14 Outside Box (State kind) \_\_\_\_\_

Residence Missouri Hosp Grave Vault (State kind) 5.00

Place of Death Carders Burial Robe \_\_\_\_\_

Funeral Services at Carders Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 9 a.m. Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with Fluid) \_\_\_\_\_

Certifying Physician Dr. S.E. Johnson Washing and Dressing \_\_\_\_\_

His Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Pellegra Disinfecting Rooms \_\_\_\_\_

Date of Death 3/31 at 7:14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased domestic " Candelabrum and Candles \_\_\_\_\_

Single Married widow Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 33 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Father \_\_\_\_\_ Carriages to Cemetery @ \$ 5.00

His Birthplace unknown Automobiles to Cemetery @ \$ 5.00

Name of Mother \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Her Birthplace unknown City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_

Size and Style of Casket or Coffin a coffin Flowers \_\_\_\_\_

Manufactured by W.C. Carnel Outlay for Lot \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery. Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_ Vault Rental \_\_\_\_\_

1. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

2. \_\_\_\_\_ Removal Charges \_\_\_\_\_

3. \_\_\_\_\_ Cremation Charges \_\_\_\_\_

4. \_\_\_\_\_ Porters \_\_\_\_\_

5. \_\_\_\_\_ Watchers \_\_\_\_\_

6. \_\_\_\_\_ Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 27.00

By Amount Paid in Advance 22.00

Balance due 5.00

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total	By Cash	\$
<u>Shelby Biscuit Co.,</u>			
<u>Guss Troupe</u>			
<u>Richard Taylor 951 Texas</u>			
<u>Mary Johnston</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

No. (Total Number) *4/21/14* Date *4/21/14*  
 Name of Deceased *Julia English Miss*  
 Charge to *Geo. English*  
 Address *87 W Jackson*  
 Order Given by *Geo. English*  
 How Secured *(met)*  
 Date of Funeral *4/21/14*  
 Residence *922 Knight St*  
 Place of Death *922 Knight St*  
 Funeral Services at *922 Knight St*  
 Time of Funeral Service *3 P.M.*  
 Clergyman *Dr. Ed. Mitchell*  
 Certifying Physician *Dr. Ed. Mitchell*  
 His Residence *Brights Disease*  
 Cause of Death *Bright's Disease*  
 Date of Death *4/11/14*  
 Date of Birth *4/11/14*  
 Occupation of the Deceased *Domestic*  
 Single or Married *Widow*  
 Aged *49* Years, Months, Days  
 Date of Birth *Unknown*  
 Name of Father *Unknown*  
 His Birthplace *Unknown*  
 Name of Mother *Unknown*  
 Her Birthplace *Unknown*  
 Mother's Maiden Name *Unknown*  
 Body to be shipped to *Black Broad St*  
 Size and Style of Casket or Coffin *Black Broad St*  
 Manufactured by *Cherwood*  
 Interment at *Cherwood* Cemetery.  
 Lot or Grave No. Section No.

Price of Casket or Coffin	\$ 65.00
Metallic Lining (State kind)	5.00
Outside Box (State kind)	15.00
Grave Vault (State kind)	70.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Dissecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	12.00
Carriages to Cemetery 3 @ \$	36.00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspaper	1.00
Commercial (Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental <i>P.B.C.</i>	6.00
Shipping Charges, prepaid	
Funeral Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	139.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	

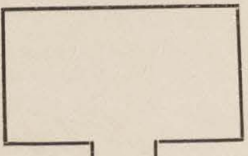


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<i>Dr. Ed. S. Mitchell</i>			
<i>Bright's Disease</i>			

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

Date 4/3/14

No. Lewis Bolden (Total Number) No. Lewis Bolden (Copy Number) Name of Deceased

Wife-Widow Son-Daughter of Lewis Bolden & R. Bolden Charge to Lewis Bolden Address R. Bolden 350 Dunlap St.

Order Given by Lewis Bolden & R. Bolden Price of Casket or Coffin \$ 40 00 How Secured (met) Metallic Lining 5 00

Date of Funeral 4/3rd/14 Outside Box 15 00 Residence Warren Tenn Grave Vault (State kind)

Place of Death Colliery Chapel Burial Robe (State kind) Funeral Services at 3 PM Burial Slippers and Hose (State kind)

Time of Funeral Service 3 PM Engraving Plate 20 00 Clergyman Rev. R. K. Harris Embalming Body (Fluid)

Certifying Physician Dr. J. H. Jenkins Shaving (State kind) His Residence (State kind) Keeping Body on Ice (State kind)

Number of Burial Certificate (Primary) Disinfecting Rooms (Secondary) Cause of Death C. Bronchitis Use of Catafalque and Drapery (State kind)

Date of Death 4/1/14 Folding Chairs (State kind) Date of Birth (State kind) Candelabrum and Candles (State kind)

Occupation of the Deceased carpenter Gloves \$ (State kind) Door Crape \$ (State kind) Canopy \$ (State kind)

Single or Married married Hearse 3 Carriages to Cemetery 3 @ \$ 12 00

Aged 52 Years Months (State kind) Days (State kind) Automobiles to Cemetery (State kind) Wagon Deliveries (State kind)

Name of Father Shetric Bolden City Calls (Coaches) (State kind) Death Notes in Colliery Newspapers 2 00

His Birthplace Tenn Outlay for Lot (State kind) Name of Mother Nancy Bolden Opening Grave or Vault (State kind)

Her Birthplace Tenn Lining Grave (State kind) Mother's Maiden Name (State kind) Vault Rental (State kind)

Body to be shipped to (State kind) Shipping Charges, prepaid (State kind) Size and Color of Casket or Coffin Black Crepe Removal Charges (State kind)

Manufactured at Chulwood Cremation Charges (State kind) Interment at Chulwood Porters (State kind)

Lot or Grave No. (State kind) Watchers (State kind) Section No. (State kind) Personal Services (State kind)



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of diagram for the names of those buried in Lot.

Total Footing of Bill \$ 104 00

By Amount Paid in Advance (State kind) Balance (State kind)

Entered into Ledger, page (State kind) or below (State kind)

To Funeral Charges (State kind) By Cash (State kind) Died at Warren Tenn Burial went to Warren Tenn Embalmed body & returned with same

Names of Pall Bearers (State kind)

Names of Near Relatives (State kind)

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date 4/4/14

Name of Deceased Mary McNamee (What Age) 70 (Where Born) Tenn

Wife-Widow } Charge to Dora Maxwell  
 Son-Daughter of } Address 722 Monroest

Order Given by Dora Maxwell

How Secured met Price of Casket or Coffin \$ 85.00

Date of Funeral 4/4/14 Metallic Lining (State kind) 5.00

Residence 722 Monroest Outside Box (State kind) 7.20

Place of Death 722 Monroest Burial Vault (State kind) 15.00

Funeral Services at met, Bapt Church Burial Robe Moore

Time of Funeral Service 1:30 PM Burial Sashes and Hose 15.00

Clergyman Dr R G Martin Engraving Plate Moore

Certifying Physician Dr R G Martin Embalming Body (with Fluid) 15.00

His Residence Dr R G Martin Shaving .....

Number of Burial Certificates 1 Keeping Body on Ice .....

Cause of Death Pul Tuberculosis Disinfecting Rooms .....

Date of Death 4/2/14 Use of Catafalque and Drapery .....

Date of Birth 4/2/14 Folding Chairs .....

Occupation of the Deceased domestic Candelabrum and Candles .....

Single or Married widow Gloves \$ .....

Aged 41 Years, Months, Days. Hearse 5 @ \$ 25.00

Date of Birth 4/2/14 Carriages to Cemetery @ \$ .....

Name of Father Wm Maxwell Automobiles to Cemetery @ \$ .....

His Birthplace Monro Maxwell Mason Deliveries .....

Name of Mother Monro Maxwell Caskets (Coaches) 2 @ \$ 2.00

Her Birthplace Monro Maxwell Death Notices Commercial

Mother's Maiden Name Monro Maxwell (Names of Newspapers) 2.00

Body to be shipped to Monro Maxwell Flowers .....

Site and Style of Casket or Coffin Lavender, Push Outlay for Lot .....

Manufactured by Monro Maxwell Opening Grave or Vault .....

Interment Monro Maxwell Cemetery Monro Maxwell Lining Grave .....

Lot or Grave No. .... Section No. .... Vault Rental .....

Shipping Charges, prepaid .....

Removal Charges .....

Cremation Charges .....

Porters .....

Watchers .....

Personal Services .....

Music .....

Church Charges .....

1. ....

2. ....

3. ....

4. ....

5. ....

6. ....

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a square (□).

Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill Lodge 1574.00

By Amount Paid in Advance 50.00

Balance 104.00

Entered into Ledger, page ..... or below .....

To General Charge ..... Total, \$	By Cash ..... \$
(2670) <u>Douglass Court</u> <u>O.O.C. N. of P. # 76</u> <u>(Pul Tuberculosis) \$50.00</u>	

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) *Annaida Thomas* No. (Year Number) *Terre* Date *4/5/14* 19*14*  
 Name of Deceased *Annaida Thomas* (Where Born) *Terre*  
 Charge *Rev. F. Thomas* (Where Born) *Terre*  
 Address *Rev. F. Thomas*

Order Given by <i>Rev. F. Thomas</i>	Price of Casket or Coffin.....	\$	<i>40 00</i>
How Secured <i>(nat. life &amp; cas.)</i>	Metallic Lining (state kind).....		<i>5 00</i>
Date of Funeral <i>4/5/14</i>	Outside Box (state kind).....		<i>3 50</i>
Residence <i>60 Bamuel St</i>	Grave Vault (state kind).....		<i>15 00</i>
Place of Death <i>Terre</i>	Burial Robe.....		<i>8 00</i>
Funeral Services at <i>Terre</i>	Burial Slippers and Hose.....		<i>12 00</i>
Time of Funeral Service <i>9 AM</i>	Engraving Plate.....		<i>1 00</i>
Clergyman <i>Dr. O. P. Gaston</i>	Embalming Body (Fluid).....		<i>1 00</i>
Certifying Physician <i>Dr. O. P. Gaston</i>	Shaving and Dressing.....		<i>1 00</i>
His Residence <i>Terre</i>	Shaving.....		<i>1 00</i>
Number of Burial Certificate <i>apoplexy</i>	Keeping Body on Ice.....		<i>1 00</i>
Cause of Death <i>apoplexy</i>	Disinfecting Rooms.....		<i>1 00</i>
Date of Death <i>4/2/14</i>	Use of Catafalque and Table.....		<i>1 00</i>
Date of Birth <i>4/2/14</i>	Folding Chairs <i>J.B.C.</i> .....		<i>8 00</i>
Occupation of the Deceased <i>domestic</i>	Candelabrum and Candles.....		<i>1 00</i>
Single or Married <i>married</i>	Gloves \$.....		<i>1 00</i>
Aged <i>41</i> Years..... Months..... Days.....	Door Craple \$.....		<i>12 00</i>
Date of Birth.....	Canopy \$.....		<i>1 00</i>
Name of Father <i>Jimmie Clemmons</i>	Hearse.....		<i>1 00</i>
His Birthplace <i>Terre</i>	Carriages to Cemetery @ \$.....		<i>1 00</i>
Name of Mother <i>Chancy Clemmons</i>	Automobiles to Cemetery @ \$.....		<i>1 00</i>
Her Birthplace <i>Terre</i>	Wagon Deliveries.....		<i>1 00</i>
Mother's Maiden Name.....	Cities (Coaches).....		<i>1 00</i>
Body to be shipped to.....	Death Notices in <i>Commercial</i> Newspapers.....		<i>1 00</i>
Size and Style of Casket or Coffin <i>Black Crepe</i>	Flowers.....		<i>1 00</i>
Manufactured by <i>Terre</i>	Outlay for Lot.....		<i>1 00</i>
Interment at <i>Terre</i>	Opening Grave or Vault.....		<i>1 00</i>
Lot or Grave No. .... Section No. ....	Lining Grave.....		<i>1 00</i>
<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">1. 2. 3. 4. 5. 6.</div>	Vault Rental.....		<i>1 00</i>
Diagram of Lot or Vault.	Shipping Charges, prepaid.....		<i>1 00</i>
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).	Removal Charges.....		<i>1 00</i>
Designate place for Monument with a small square (□).	Cremation Charges.....		<i>1 00</i>
Use space to the right of Diagram for the names of those who are to be named in Ledger, page..... or below.	Porters.....		<i>1 00</i>
in Lot.	Watchers.....		<i>1 00</i>
Funeral Charges..... Total, \$.....	Personal Services.....		<i>1 00</i>
By Cash.....	Music.....		<i>1 00</i>
<i>90</i>	Church Charges.....		<i>1 00</i>
<i>Rev. F. Thomas</i>	Total Footing of Bill.....	\$	<i>74 50</i>
<i>60 Bamuel Ave</i>	By Amount Paid in Advance.....		<i>1 00</i>
<i>"New Chicago"</i>	Balance.....		<i>1 00</i>
<i>(apoplexy) (Contab.) Influenza</i>	Ledger, page..... or below.		<i>1 00</i>

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL

*Florence Jones*

No. *1*  
(Total Number)  
Name of Deceased *Lewis Jones*

Date *4/6/14*

Wife-Widow  
Daughter of }  
Order Given by *Florence Jones*

Charge to *Florence Jones*  
Address *Hopefield Ark*

How Secured *met*

Price of Casket or Coffin *45.00*

Date of Funeral *4/18/14*

Metallic Lining (State kind)

Residence *669 Court St*

Outside Box (State kind)

Place of Death *669 Court St*

Grave Vault (State kind)

Funeral Services at *Rev. Pete Lee*

Burial Robe

Time of Funeral Service *11:00 AM*

Burial Slippers and Flo

Clergyman *Rev. Pete Lee*

Engraving Plate

Certifying Physician *Dr*

Embalming Body (with liquid)

His Residence

Washing and Dressing

Number of Burial Certificate *Myo Carditis*

Shaving

Cause of Death *Myo Carditis*

Keeping Body on Ice

Date of Death *4/5/14*

Disinfecting Rooms

Date of Birth

Use of Catafalque and Drapery

Occupation of the Deceased *Chauffeur*

" Folding Chairs

Single or Married *married*

" Candelabrum and Candles

Aged *47* Years, Months, Days

Gloves \$, Cape \$

Date of Birth

Door Crape \$, Canopy \$

Name of Father *unknown*

Hearse *2*

His Birthplace *unknown*

Carriages to Cemetery @ \$, Automobiles to Cemetery @ \$

Name of Mother *unknown*

Wagon Deliveries, City Calls (Coaches)

Her Birthplace

Death Notices in Newspapers *Commercial 1.00*

Mother's Maiden Name

Flowers

Body to be shipped to

Outlay for Lot

Size and Style of Casket or Coffin *Black crepe*

Opening Grave or Vault

Manufactured by *Wright*

Lining Grave

Interment at *Wright* Cemetery

Vault Rental

Lot or Grave No. *1*

Shipping Charges, prepaid

Section No. *1*

Removal Charges

Diagram of Lot or Vault

Cremation Charges

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

1	
2	
3	
4	
5	
6	
7	
8	
9	

Total Footing of Bill *\$87.00*

By Amount Paid in Advance

Balance

Entered into Ledger, page *111*

To	Total, \$	By Cash
<i>Wright Cemetery</i>		
<i>Myo Carditis</i>		
<i>(Contrib)</i>		<i>(Receipts)</i>

Names of Pall Bearers *Bill charged to Florence Jones & Helen Brown*

Names of Near Relatives

RECORD OF FUNERAL

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 4/6/14

Name of Deceased Elsie J. Beasley (When Born) Termin

Wife—Widow } Charge to J. B. Beasley (When Born) \_\_\_\_\_  
 Son—Daughter of } Address 57 Rembert St

Order Given by J. B. Beasley Price of Casket or Coffin \$ 800

How Secured By Undertaker Metallic Lining \_\_\_\_\_ (state kind)

Date of Funeral 4/6/14 Outside Box \_\_\_\_\_ (state kind)

Residence \_\_\_\_\_ Grave Vault \_\_\_\_\_ (state kind) 500

Place of Death 57 Rembert St Burial Robe \_\_\_\_\_

Funeral Services at 57 Rembert St Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 2 pm Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

Certifying Physician Dr. S. D. Terrell Washing and Dressing \_\_\_\_\_

His Residence Baltimore 10 Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Inanition Disinfecting Rooms \_\_\_\_\_

Date of Death 4/6/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased none " Candelabrum and Candles \_\_\_\_\_

Single or Married Single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months 10 Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Father J. B. Beasley Carriages to Cemetery 1 @ \$ \_\_\_\_\_ 500

His Birthplace \_\_\_\_\_ Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Name of Mother Lucile Beasley Wagon Deliveries \_\_\_\_\_

Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ (Names of Newspapers)

Size and Style of Casket or Coffin Gloss white Flowers \_\_\_\_\_

Manufactured by Beon Outlay for Lot \_\_\_\_\_

Interment at Beon Cemetery Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_

Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

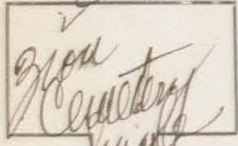
Church Charges \_\_\_\_\_

Total Footing of Bill 1800

By Amount Paid in Advance 1000

Balance 800

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total	By Cash
	<u>1800</u>	<u>1000</u>
		<u>800</u>
<u>Due April 11th 14</u>		

Names of Pall Bearers " J. B. Beasley " Selected

Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

73

No. *Florence Qualls* Date *7/14*  
 (Total Number) (Yearly Number)

Name of Deceased *Florence Qualls* (Where Born)  
 Charge to *Preston Qualls*  
 Address *273 Adams St*

Order Given by *Preston Qualls* Price of Casket or Coffin *\$15.00*  
 How Secured *(not)* " Metallic Lining (State kind) *5.00*

Date of Funeral *4/14* Outside Box (State kind) *5.00*  
 Residence *City Hospital* Grave Vault (State kind) *3.50*  
 Place of Death *City Hospital* Burial Robe *1.50*  
 Funeral Services at *Dr. W. L. Dixon* " Burial Slippers and Hose

Time of Funeral Service *10:00 a.m.* Engraving Plate *Moore 1.50*  
 Clergyman *Dr. W. L. Dixon* Embalming Body (with Special) *1.50*  
 Certifying Physician *Dr. W. L. Dixon* Washing and Dressing

His Residence *Dr. W. L. Dixon* Shaving  
 Number of Burial Certificates *2nd Degree Burns* Keeping Body on Ice  
 Cause of Death *2nd Degree Burns* Disinfecting Rooms

Date of Death *4/15/14* Use of Catafalque and Drapery  
 Date of Birth *4/15/14* " Folding Chairs  
 Occupation of the Deceased *Domestic* " Candelabrum and Candles

Single or Married *Married* Gloves \$ Crape \$  
 Aged *30* Years, Months, Days. Door Crape \$ Canopy \$  
 Date of Birth *Unknown* Hearse

Name of Father *Unknown* Carriages to Cemetery @ \$  
 His Birthplace *Unknown* Automobiles to Cemetery @ \$ *5.00*  
 Name of Mother *Unknown* Wagon Deliveries

Her Birthplace *Unknown* City Calls (Coaches) *1.00*  
 Mother's Maiden Name *Oxford Miss* Death Notices in Newspapers *Commercial 1.00*  
 Body to be shipped to *Oxford Miss* (Names of Newspapers)

Size and Style of Casket or Coffin *B. Coffin* Flowers  
 Manufactured by *Oxford Miss* Outlay for Lot  
 Interment at *Oxford Miss* Cemetery. Opening Grave or Vault

Lot or Grave No. Section No. Vault Rental  
 1. Shipping Charges, prepaid  
 2. Removal Charges  
 3. Cremation Charges  
 4. Porters  
 5. Watchers  
 6. Personal Services

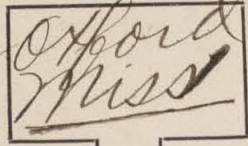


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *\$44.50*  
 By Amount Paid in Advance  
 Balance

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_  
 To Funeral Charges Total \$  
 By Cash \$  
*2nd degree burns over two thirds of body surface. (Contrib) Shock. Dr. W. L. Dixon*

Names of Pall Bearers  
 Names of Near Relatives

RECORD OF FUNERAL.

Date 4/8/14

No. (Total Number) Name of Deceased Albert Tilson (Year Number) unk. (Wife Born)

Wife-Widow Son-Daughter of Charge to Elmer Tilson Address 13 So Dudley St.

Order Given by Elmer Tilson Price of Casket or Coffin \$3000

How Secured Suit C.R.R. Metallic Lining (state kind) 500

Date of Funeral 4/8/14 Outside Box (State kind) 500

Residence Mrs City Hospo Grave Vault (State kind) 500

Place of Death Mrs City Hospo Burial Robe 500

Funeral Services at [unclear] Burial Slippers and Hose

Time of Funeral Service 7 AM Engraving Plate 1500

Clergyman W.L. Dixon Embalming Body (with Moore) 250

Certifying Physician W.L. Dixon Washing and Dressing 250

His Residence Keeping Body on Ice

Number of Burial Certificate Disinfecting Rooms

Cause of Death Fracture of Brain Folding Chairs

Date of Death 4/6/14 Candelabrum and Candles

Date of Birth Occupation of the Deceased Laborer

Single or Married (26) married

Aged 26 Years Months Days

Date of Birth Name of Father unknown

His Birthplace His Birthplace unknown

Name of Mother unknown

Her Birthplace Mother's Maiden Name

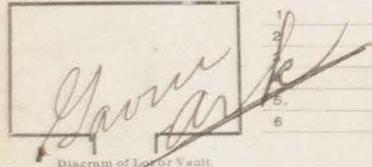
Body to be shipped to Marion Ark

Size and Style of Casket or Coffin Raised Top

Manufactured at Marion Ark

Internment at Marion Ark Cemetery

Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including items like Casket, Lining, Outside Box, Vault, Robe, Slippers, Plate, Embalming, Dressing, Shaving, Ice, Rooms, Chairs, Candles, Crape, Canopy, Hearse, Carriages, Automobiles, Wagon, City Calls, Death Calls, Flowers, Outlay, Opening Grave, Vault Rental, Shipping, Removal, Cremation, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill \$6350.

Total Footing of Bill \$6350

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

Table with columns for To Funeral Home, Total \$, By Cash \$, and a large handwritten entry: (Gavin) Ark Suit against I.C.R.R. Cost Fracture of the Bass of Brain

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

75

No. (Total Number) No. (Yearly Number) Date 4/18/14

Name of Deceased Frank Taylor Charge to Eddie Mai Taylor

Wife-Widow or Son-Daughter of Eddie Mai Taylor Address Gates 10

Order Given by Eddie Mai Taylor Price of Casket or Coffin \$1307 \$5500

How Secured Metallic Lining (State kind) Outside Box (State kind)

Date of Funeral 4/18/14 Grave Vault (State kind) Burial Robe

Residence Collyers Chapel Hosp. Funeral Services at Gates Term

Place of Death Time of Funeral Service Engraving Plate Moore 1500

Clergyman Dr. C. D. Coleman Embalming Body (with Fluid) Washing and Dressing

Certifying Physician Gates 10 Shaving Keeping Body on Ice

His Residence Number of Burial Certificate Cause of Death Gun Shot Wound

Date of Death 4/17/14 Date of Birth Occupation of the Deceased Farmer

Single or Married Married Aged 26 Years Months Days

Date of Birth Terry Taylor Name of Father Eliza Reager

His Birthplace Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin Lamb Skin

Manufactured by Gates Term Interment at Cemetery

Lot or Grave No. Section No. 1. \$75.00 2. 3. 4. 5. 6. 76/280

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

4450 J. C. R. & Co. Entered into Ledger, page or below.

To Funeral Charges Total \$ By Cash \$ Gun Shot Wound thru abdomen & Intestines Dr. C. D. Coleman Halls 10-

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL

4/9/14

No. (Total Number) Name of Deceased: *Sam Smith* (Yearly Number) Date: *4/9/14* (Where Born) *Miss*

Wife-Widow Son-Daughter of: *J. C. Tyson* Charge to: *Corinth Miss* Address: *Corinth Miss*

Order Given by: *J. C. Tyson* Price of Casket or Coffin: *16 00*  
How Secured: *Crates* Metallic Lining: *5 00*  
Date of Funeral: *4/9/14* Outside Box: *(State kind)*  
Residence: *603 Decatur St* Grave Vault: *3 50*  
Place of Death: *603 Decatur St* Burial Robe: *(State kind)*  
Funeral Services at: *Corinth Miss* Burial Slippers and Hose: *(State kind)*  
Time of Funeral Service: *A.M.*

Clergyman: *Dr. A. D. Byas* Engraving Plate: *(State kind)*  
Certifying Physician: *Dr. A. D. Byas* Embalming Body (with Fluid): *(State kind)*  
His Residence: *(State kind)* Washing and Dressing: *(State kind)*  
Number of Burial Certificate: *(State kind)* Shaving: *(State kind)*  
Cause of Death: *Epilepsy* Keeping Body on Ice: *(State kind)*

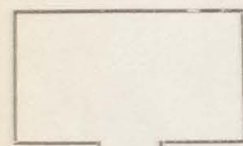
Date of Death: *4/8/14* Disinfecting Rooms: *(State kind)*  
Date of Birth: *4/18/1914* Use of Catafalque and Drapery: *(State kind)*  
Occupation of the Deceased: *R. R. Workman* " Folding Chairs: *(State kind)*  
Single or Married: *Married* " Candelabrum and Candles: *(State kind)*

Aged: *21* Years, Months, Days. Gloves \$, Cape \$, Canopy \$, Hearse \$, Carriages to Cemetery @ \$, Automobiles to Cemetery @ \$, Wagon Deliveries @ \$, City Calls (Coaches) @ \$, Dead Notice @ \$, Newspapers @ \$, (Names of Newspapers)

Name of Father: *Rock Smith* Flowers: *(State kind)*  
His Birthplace: *Sevier* Outlay for Lot: *(State kind)*  
Name of Mother: *Eliza Smith* Opening Grave or Vault: *(State kind)*  
Her Birthplace: *Sevier* Grave Rental: *(State kind)*

Mother's Maiden Name: *Corinth Miss* Shipping Charges, prepaid: *(State kind)*  
Body to be shipped to: *Corinth Miss* Removal Charges: *(State kind)*  
Size of Casket or Coffin: *13 coffins* Cremation Charges: *(State kind)*

Manufactured by: *Corinth Miss* Porters: *(State kind)*  
Interment: *Corinth Miss* Watchers: *(State kind)*  
Lot or Grave No.: Section No.: Personal Services: *(State kind)*  
Music: *(State kind)*  
Church Charges: *(State kind)*



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table with columns for item names and prices. Total Footing of Bill: *29 50*

Table for payment details: To Funeral Charges Total, \$; By Cash; Entered into Ledger, page or below.

Names of Pall Bearers: *J. C. Tyson undertakes Corinth Miss*  
Names of Near Relatives:

# RECORD OF FUNERAL.

77

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 4/9/14

Name of Deceased Cornelius Gillis, Miss (Who Born) \_\_\_\_\_ Charge to J. H. Pratt

Wife—Widow \_\_\_\_\_ Son—Daughter of \_\_\_\_\_ Address 673 McKinley St. Allen Dillard

Order Given by J. H. Pratt Price of Casket or Coffin 155.00

How Secured (Metal) Metallic Lining \_\_\_\_\_

Date of Funeral 4/9/14 Outside Box to clear 1.00

Residence \_\_\_\_\_ Grave Vault opening 3.00

Place of Death Brooklyn N.Y. Burial Robe \_\_\_\_\_

Funeral Services at 2nd Ave. E. Chr. Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 3:30 pm Engraving Plate \_\_\_\_\_

Clergyman Rev. T. Searcy Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Certifying Physician Illness Washing and Dressing \_\_\_\_\_

His Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death cerebral apoplexy Disinfecting Rooms \_\_\_\_\_

Date of Death 4/3/14 Use of Catafalk and Drapes \_\_\_\_\_

Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_

Occupation of the Deceased Carpenter Candelabrum and Candles \_\_\_\_\_

Single or Married married Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse 6 @ \$ 10.00

Name of Father Cisero Gillis Carriages to Cemetery 6 @ \$ 30.00

His Birthplace unknown Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Name of Mother Clarisa Wagon Deliveries \_\_\_\_\_

Her Birthplace unknown Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be stored to \_\_\_\_\_ Rental \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

Manufactured by Black Broadcloth Removal Charges \_\_\_\_\_

Interment at  Zion Cemetery Transportation Charges \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault:

1.
2.
3.
4.
5.
6.
7.
8.
9.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Flowers wiring money 1.75

Opening Grave or Vault \_\_\_\_\_

Personal Services \_\_\_\_\_

Music advanced \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 308.73

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

*Mr. J. H. Pratt*

*Gillis*

*(Monument)*

To Funeral Charges..... Total, \$	By Cash..... \$
<u>\$155.00</u>	
<p><i>S. F. Byrne, M. Registrar</i></p> <p><i>A. Dillard undertaker</i></p> <p><i>Bushwick Hospital</i></p>	

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 4/10/14  
 Name of Deceased Virginia Lewis Col  Tenn  
 (Where Born)  
 Charge to Chas. Davis  
 Address 876 Thibault St

Order Given by Chas Davis  
 How Secured Security  
 Date of Funeral 4-10-14  
 Residence 216 Pauline St  
 Place of Death 216 Pauline St  
 Funeral Services at Parlor  
 Time of Funeral Service 10 AM  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Chas. L. Cox  
 His Residence 1113 Penn Trust Bldg  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Puerperal Eclampsia  
 (Primary) (Secondary)  
 Date of Death 4-8-14  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Domestic  
 Single or Married Married Religion \_\_\_\_\_  
 Aged 23 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Cele Houser  
 His Birthplace Unknown  
 Name of Mother Jeanette Nault  
 Her Birthplace Unknown  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Size of Casket or Coffin a Coffin  
 Manufactured by Wells  
 Interment at Mt Carmel Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 13 00
Metallic Lining (state kind)	
Outside Box (state kind)	
Grave Vault (state kind)	5 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	10 00
Automobiles to Cemetery @ \$	5 00
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 34 00
By Amount Paid in Advance	5 00
Balance	\$ 29 00
Entered into Ledger, page _____ or below _____	

To Funeral Charges Total \$ \_\_\_\_\_ By Cash \$ \_\_\_\_\_

Bill OK By Mr. Ralph Sholders

Puerperal Eclampsia (Contrib.)  
Pregnancy  
Chas. L. Cox

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. *Willie Chears* Date *4/11/14*  
 (Total Number) (Serial Number)  
 Name of Deceased *Willie Chears*  
 Wife-Widow *Adeline Chears* Charge to *Adeline Chears*  
 Son-Daughter of *Adeline Chears* Address *895 Linden Ave*  
 Order Given by *Adeline Chears* Price of Casket or Coffin *\$ 35.00*  
 How Secured *met* Metallic Lining (State kind) *5.00*  
 Date of Funeral *4/11/14* Outside Box (State kind) *7.00*  
 Residence *895 Linden Ave* Grave Vault (State kind) *5.00*  
 Place of Death *City Hospital* Burial Robe *5.00*  
 Funeral Services at *1895 Linden St* Burial Slippers and Hose  
 Time of Funeral Service *10 a.m.* Engraving Plate *15.00*  
 Clergyman *Moore* Embalming Body (with) *Moore*  
 Certifying Physician *N. J. Ingram* Washing and Dressing  
 His Residence *Corridor* Shaving  
 Number of Burial *1* Keeping Body on Ice  
 Cause of Death *Pistol shot wound* Disinfecting Rooms  
 Date of Death *4/9/14* Use of Catafalque and Drapery  
 Date of Birth *4/9/14* Folding Chairs  
 Occupation of the Deceased *Laborer* Candelabrum and Candles  
 Single or Married *Single* Gloves \$ Crape \$  
 Aged *19* Years Months Days Door Crape \$ Canopy \$  
 Date of Birth *1914* Hearse *3* @ \$ *15.00*  
 Name of Father *Will Chears* Carriages to Cemetery @ \$  
 His Birthplace *Perm* Automobiles to Cemetery @ \$  
 Name of Mother *Adeline Traube* Wagon Deliveries  
 Her Birthplace *Perm* Calls (Coaches)  
 Mother's Maiden Name *Perm* Death notices in Newspapers  
 Body to be shipped to *Perm* Flowers *Commercial* *1.00*  
 Size and Style of Casket or Coffin *Raised Top* Outlay for Lot  
 Manufactured by *Perm* Opening Grave or Vault  
 Interment at *Bronx* Lining Grave  
 Lot or Grave No. Section No. Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges *Scott, Wilkerson Co* *5.00*  
 Porters  
 Watchers  
 Personal Services  
 Music  
 Church Charges

Total Footing of Bill *103.00*

By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page or below

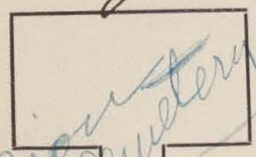


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

(To Funeral Charge) Total \$  
 (By Cash) Total \$  
*"killed" Died at City Hospital*  
*"The Deceased came to his*  
*Death from a Pistol shot*  
*wound." N. J. Ingram*  
*Coroner.*

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date 4/11/14 - 1914  
 Name of Deceased Infant Mallory (What Name) Robert Mallory  
 Charge to Robert Mallory  
 Address 195 Moore Ave

Order Given by Robert Mallory Price of Casket or Coffin 6 00  
 How Secured Day Cap Metallic Lining .....  
 Date of Funeral 4/11/14 Outside Box .....  
 Residence 195 Moore Ave Grave Vault 3 00  
 Place of Death Residence Burial Robe .....  
 Funeral Services at 2 Ave Burial Slippers and Hose .....  
 Time of Funeral Service 2 Ave Engraving Plate .....  
 Clergyman mid-wife Nancy A Cox Embalming Body (with Fluid) .....  
 Certifying Physician Nancy A Cox Washing and Dressing .....  
 His Residence ..... Shaving .....  
 Number of Burial Certificates ..... Keeping Body on Ice .....  
 Cause of Death Still Born Disinfecting Rooms .....  
 Date of Death 4/11/14 Folding Chairs .....  
 Date of Birth ..... Candelabrum and Candles .....  
 Occupation of the Deceased none Gloves \$ ..... Crape \$ .....  
 Single or Married Single Door Crape \$ ..... Canopy \$ .....  
 Aged ..... Years ..... Months ..... Days ..... Hearse .....  
 Date of Birth ..... Wagon Deliveries .....  
 Name of Father Robert Mallory (Coaches) .....  
 His Birthplace Miss Death Notices in ..... Newspapers .....  
 Name of Mother ..... (Names of Newspapers) .....  
 Her Birthplace ..... Flowers .....  
 Mother's Maiden Name ..... Outlay for Lot .....  
 Body to be shipped to ..... Opening Grave or Vault .....  
 Size and Style of Casket or Coffin Gloss white Lining Grave .....  
 Manufactured by Miss Vault Rental .....  
 Internment at Mt. Carmel Shipping Charges, prepaid .....  
 Lot or Grave No. .... Section No. .... Removal Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

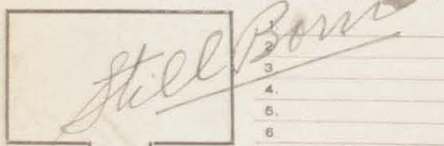


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 17 00  
 By Amount Paid in Advance 10 00  
 Balance 7 00  
 Entered into Ledger, page ..... or below.

To Funeral Charges	Total, \$	By Cash	\$
<u>Nancy A Cox</u>			
<u>mid-wife 1083 Walker Ave</u>			

Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL.

No. (Total Number) *1* No. (Yearly Number) *1* Date *4/14/14* 19*14*  
 Name of Deceased *Mary Lee Wraggs*  
 Charge to *E. R. Kirtland*  
 Address *419 Humphreys St*  
 Order Given by *E. R. Kirtland*  
 How Secured *(met)*  
 Date of Funeral *4/14/14*  
 Residence *419 Humphreys St*  
 Place of Death *Miss City Hospital*  
 Funeral Services at *am*  
 Time of Funeral Service *am*  
 Clergyman *S. E. Johnson*  
 Certifying Physician *Miss City Hospital*  
 His Residence *Miss City Hospital*  
 Number of Burial Certificate *acute nephritis*  
 Cause of Death *acute nephritis*  
 Date of Death *4/11/14*  
 Date of Birth *Unknown*  
 Occupation of the Deceased *Lafore*  
 Single or Married *Single*  
 Aged *21* Years *0* Months *0* Days  
 Date of Birth *Unknown*  
 Name of Father *Scott Wraggs*  
 His Birthplace *Commercial*  
 Name of Mother *Winona Miss*  
 Her Birthplace *Winona Miss*  
 Mother's Maiden Name *White*  
 Body to be shipped to *White*  
 Size and Style of Casket or Coffin *White*  
 Manufactured by *Winona Miss*  
 Interment at *Winona Miss* Cemetery  
 Lot or Grave No. *Winona Miss* Section No. *Winona Miss*

Price of Casket or Coffin	\$ 85.00
Metallie Lining (State kind)	5.00
Outside Box (State kind)	12.00
Grave Vault (State kind)	15.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with fluid)	
Washing and Dressing	
Shaping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves	
Crape	
Door Crape	
Canopy	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in Newspapers	2.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Leasing Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	Advanced Money 50.00
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 174.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	

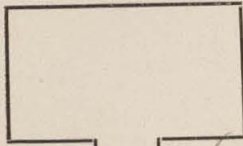


Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charge Total \$ *(acute nephritis)* By Cash \$ *(Contrib) Syphilis & measles*  
*Dr. S. E. Johnson*  
*Miss City Hospital*

Names of Pall Bearers.....  
 Names of Near Relatives.....

RECORD OF FUNERAL

5/30/14

No. (Total Number) No. Yearly Number Date 1914

Name of Deceased Jane Atkinson Charge to Prof. L. H. Fields

Wife-Widow Son-Daughter of Prof. L. H. Fields Address 391 So. Dudley

Order Given by Prof. L. H. Fields Price of Casket or Coffin \$85.00

How Secured (metal) Metallic Lining (State kind)

Date of Funeral 5/30/14 Outside Box (State kind) 5.00

Residence 591 So. Dudley St. Grave Vault (State kind)

Place of Death 591 So. Dudley Burial Robe

Funeral Services at 591 So. Dudley Burial Slippers and Hose

Time of Funeral Service 10:30 a.m. Engraving Plate 15.00

Clergyman Dr. J. A. Lipscomb Embalming Body (with) Moore

Certifying Physician Dr. J. A. Lipscomb Shaving and Dressing

His Residence (blank) Shaving

Number of Burial Certificate (blank) Keeping Body on Ice

Cause of Death acute indigestion Disinfecting Rooms

Date of Birth 5/28/14 Date of Catafalque and Drapery

Occupation of the Deceased widow Folding Chairs

Single or Married Housewife Candelabrum and Candles

Aged Years Months Days Gloves \$ Crape \$

Date of Birth Caspar Jones Door Crape \$ Canopy \$

Name of Father Caspar Jones Hearse 10.00

His Birthplace Matilda Jones Carriages to Cemetery 25.00

Name of Mother Matilda Jones Wagon Deliveries

Her Birthplace (blank) City Calls (Coaches)

Mother's Maiden Name (blank) Death Notices in Newspapers

Body to be shipped to (blank) Flowers Commercial 2.00

Size and Style of Casket or Coffin Black Broadcloth Lining Grave

Manufactured by (blank) Vault Rental P.B.C. 6.00

Interment at Elmwood Cemetery Removal Charges

Lot or Grave No. Section No. Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill \$148.00

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

To Funeral Charge Total \$ By Cash \$

Prof. L. H. Fields

Dr. J. A. Lipscomb

acute indigestion

Names of Pall Bearers

Names of Near Relatives

Polk's Directory

Wife-Widow Son-Daughter

Order Given by

How Secured

Date of Funeral

Residence

Place of Death

Funeral Services at

Time of Funeral Service

Clergyman

Certifying Physician

His Residence

Number of Burial Certificate

Cause of Death

Date of Birth

Occupation of the Deceased

Single or Married

Aged

Date of Birth

Name of Father

His Birthplace

Name of Mother

Her Birthplace

Mother's Maiden Name

Body to be shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at

Lot or Grave No.

Section No.

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Dis... Des... Des... Use... in Lot.

SA... C...

# RECORD OF FUNERAL

No. .... Date 5/30<sup>th</sup> / 14

(Total Number) (Yearly Number)

Name of Deceased Infant Canada (What Race) (Where Born)

Charge to Robert Canada

Wife—Widow }  
 Son—Daughter of }  
 Order Given by Robert Canada Address 340 Jones St

How Secured P. K. Paper Price of Casket or Coffin ..... \$ 600

Date of Funeral 5/30<sup>th</sup> / 14 " Metallic Lining ..... (State kind)

Residence ..... Outside Box ..... 300

Place of Death 340 Jones St Grave Vault ..... (State kind)

Funeral Services at 340 Jones St Burial Robe .....  
 Time of Funeral Service 10:00 AM " Burial Slippers and Hose .....

Clergyman ..... Engraving Plate .....  
 Certifying Physician Nancy Carter Embalming Body (with ..... Fluid)  
 His Residence 556 Howard Washing and Dressing .....

Number of Burial Certificate ..... Shaving .....

Cause of Death Premature Keeping Body on Ice .....

Date of Death 5/30<sup>th</sup> / 14 (Primary) (Secondary) Disinfecting Rooms .....

Date of Birth ..... Use of Catafalque and Drapery .....

Occupation of the Deceased none " Folding Chairs .....

Single or Married single Religion ..... " Candelabrum and Candles .....

Aged Premature Years ..... Months ..... Days ..... Gloves \$ ..... Crape \$ .....

Date of Birth ..... Door Crape \$ ..... Canopy \$ .....

Name of Father Robert Canada Hearse .....  
 His Birthplace Canada Carriages to Cemetery Buggy 300  
 Name of Mother ..... Automobiles to Cemetery .....  
 Her Birthplace ..... Wagon Deliveries .....

Mother's Maiden Name Anna Bayard City Calls (Coaches) .....

Body to be shipped to Canada Death Notices in ..... Newspapers .....

Size and Style of Casket or Coffin Gloss white (Names of Newspapers) .....  
 Manufactured by mt carmel Flowers .....

Interment at mt carmel Cemetery. Outlay for Lot .....  
 Lot or Grave No. .... Section No. .... Lining Grave .....

1.	
2.	
3.	
4.	
5.	
6.	

Diagram of Lot or Vault. ....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill ..... 1200

By Amount Paid in Advance .....  
 Balance .....

Entered into Ledger, page ..... or below .....

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash
<u>See June 20<sup>th</sup> / 1914</u>		

Names of Pall Bearers.....  
 Names of Near Relatives.....

RECORD OF FUNERAL

June

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 5/30<sup>th</sup>/1914  
 Name of Deceased Jennie Single Charge Randall Grant  
 Address Patent & Minstead

Order Given by Randall Grant  
 How Secured By ir par Price of Casket or Coffin \$16 00  
 Date of Funeral 5/30/14 Metallic Lining (state kind) \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box (state kind) \_\_\_\_\_  
 Place of Death City Hosp Grave Vault (state kind) 5 00  
 Funeral Services at Wagon Burial Robe 4 00  
 Time of Funeral Service 3 pm Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_  
 Certifying Physician Wagon Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
 His Residence City Hosp Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Cerebral hemorrhage Keeping Body on Ice \_\_\_\_\_  
 Date of Death 5/29/14 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Catafalque and Drapery \_\_\_\_\_  
 Occupation of the Deceased domestic Folding Chairs \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ Candelabrum and Candles \_\_\_\_\_

Aged 57 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Name of Father unknown Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Mother \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_  
 Her Birthplace unknown Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_ 5 00  
 Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin Breaker Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_ 1 00  
 Manufactured by mt. Carmel (Names of Newspapers) \_\_\_\_\_  
 Interment at \_\_\_\_\_ Flowers \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$36 00  
 By Amount Paid in Advance 18 00  
 Balance 18 00  
 Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges Total \$ \_\_\_\_\_  
 By Cash \_\_\_\_\_ \$ \_\_\_\_\_  
(Deed of Lot) Given as a security for Bal of \$1300  
Given

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

157

*Full Name  
sent to Date*

No. *5/31/14* Date *5/31/14*

Name of Deceased *Mina Bell* (Yearly Number)

Charge *Thos Barlette* (What Race) (Which Office)

Address *288 N. Front St*

Order Given by *Thos Barlette*

How Secured *5/31/14*

Date of Funeral *5/31/14*

Residence *imp city hosp*

Place of Death *imp city hosp*

Funeral Services at *2 P.M.*

Time of Funeral Service *2 P.M.*

Clergyman *Dr. E. H. Pea*

Certifying Physician *Dr. E. H. Pea*

His Residence *Shock*

Number of Burial Certificate *Shock*

Cause of Death *Shock*

Date of Death *5/28/14*

Date of Birth *5/28/14*

Occupation of the Deceased *Wid*

Single or Married *married*

Aged *26* Years, Months, Days

Date of Birth *5/28/14*

Name of Father *unknow*

His Birthplace *Commercial*

Name of Mother

Her Birthplace

Mother's Maiden Name

Body to be shipped to

Size and Style of Casket or Coffin *Silver Gray Dress*

Manufactured by *Wagon*

Interment at *Wagon* Cemetery

Lot or Grave No. Section No.

1. 2. 3. 4. 5. 6.

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges, Total, \$

By Cash, \$

*Shocks*

*(Contrib)*

*Dr. E. H. Pea*

*may 26-14 to may 28/14*

Names of Pall Bearers

Names of Near Relatives

Price of Casket or Coffin	\$ 85.00
" Metallic Lining (State kind)	5.00
" Outside Box (State kind)	15.00
" Grave Vault (State kind)	8.00
" Burial Robe	15.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	10.00
Carriages to Cemetery @ \$	10.00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	1.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Preparation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 149.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	

*paid by Wagon*  
*220.50*

RECORD OF FUNERAL.

No. (Total Number) No. (Year Number) Date 5/31/14  
Name of Deceased Herietta Johnson

Charge to Annie Scott  
Address 431 Mosby St

Order Given by Annie Scott  
How Secured 431 Mosby St Price of Casket or Coffin \$15.00

Date of Funeral 5/31/14  
Residence 529 Alabama St  
Place of Death 529 Alabama St

Funeral Services at 100 m.  
Time of Funeral Service 10 a.m.  
Clergyman Board of Health

Certifying Physician Board of Health  
His Residence  
Number of Burial Certificate

Cause of Death Organic Heart Disease  
Date of Death 5/28/14

Date of Birth  
Occupation of the Deceased Domestic  
Single or Married Married

Aged 42 Years Months Days  
Date of Birth  
Name of Father Gilbert Moore

His Birthplace Miss Commercial  
Name of Mother Unknown  
Her Birthplace

Mother's Maiden Name  
Body to be shipped to  
Size and Style of Casket or Coffin Black Crepe

Manufactured at Mt. Carmel  
Interment at  
Lot or Grave No. Section No.

Diagram of Lot or Vault  
1.  
2.  
3.  
4.  
5.  
6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$102.25  
By Amount Paid in Advance  
Balance  
Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total \$, By Cash, \$

Names of Pall Bearers  
Names of Near Relatives

June 1914

RECORD OF FUNERAL

No. 1 (Total Number)

No. (Yearly Number)

Date 6/1st/14

Name of Deceased Lucy Todd

Wife-Widow Son-Daughter of

Charge to Alex Todd Address Rear 207 South St

Order Given by Alex Todd

How Secured (Grate) Price of Casket or Coffin \$1500

Date of Funeral 6/1st/14

Residence (City Hosp) Outside Box (State kind) 500

Place of Death (City Hosp) Grave Vault (State kind)

Funeral Services at (Parlors) Burial Robe Burial Slippers and Hose

Time of Funeral Service 3 pm Engraving Plate

Clergyman L.B. Snapp Embalming Body (with Fluid)

Certifying Physician (L.B. Snapp) Washing and Dressing

His Residence Shaving

Number of Burial Certificate Keeping Body on Ice

Cause of Death (nephritis) Disinfecting Rooms

Date of Death 5/31st/14 (Primary) (Secondary)

Date of Birth (5/31st/14) Folding Chairs

Occupation of the Deceased (Domestic) Candelabrum and Candles

Single or Married (married) Gloves \$ Crape \$

Aged 48 Years Months Days Door Crape \$ Canopy \$

Date of Birth (5/31st/14) Hearse

Name of Father (unknown) Carriages to Cemetery 1 @ \$ 300

His Birthplace (unknown) Automobiles to Cemetery @ \$

Name of Mother (unknown) Wagon Deliveries

Her Birthplace (unknown) City Calls (Coaches)

Mother's Maiden Name (unknown) Death Notices in Newspapers

Body to be shipped to (unknown) (Names of Newspapers)

Size and Style of Casket or Coffin (Coffin) Flowers

Manufactured by (Mt Carmel) Outlay for Lot

Interment at (Mt Carmel) Opening Grave or Vault

Lot or Grave No. Section No. Lining Grave

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+)

Designate place for Monument with a small square (□)

Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$1500
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	500
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery 1 @ \$	300
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	3500
By Amount Paid in Advance	400
Balance (nat)	3100
Entered into Ledger, page	2627

1. \$290  
2.  
3.  
4.  
5.  
6. 2337 (nat)

To Funeral Charges	Total, \$	By Cash	\$473
nephritis & aortic Regurgitation with broken cornea		L.B. Snapp	

Names of Pall Bearers  
Names of Near Relatives

# RECORD OF FUNERAL.

*Begin*

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date 6/2nd/1914  
 Name of Deceased Mr Ellington (Last Name) Adageus Townsend (Where Born)  
 Charge Adageus Townsend  
 Address 3021 Miller St

Order Given by <u>Adageus Townsend</u>	Price of Casket or Coffin.....\$ <u>4000</u>
How Secured <u>met</u>	" Metallic Lining.....\$ <u>5 00</u>
Date of Funeral <u>6/21/14</u>	Outside Box.....\$ <u>12 00</u> ✓
Residence <u>3021 Miller St</u>	Grave Vault.....\$ <u>7 00</u>
Place of Death <u>3021 Miller St</u>	Burial Robe.....\$ <u>15 00</u>
Funeral Services at <u>Met Bap Church</u>	Burial Slippers and Hose.....
Time of Funeral Service.....	Engraving Plate.....
Clergyman <u>Rev J D Staray</u>	Embalming Body (with Fluid).....
Certifying Physician <u>Dr E M Rouhlac</u>	Shaving and Dressing.....
His Residence.....	Shaving.....
Number of Burial Certificate.....	Keeping Body on Ice.....
Cause of Death <u>Gen Debility</u>	Disinfecting Rooms.....
Date of Death <u>6/31st/14</u>	Use of Catafalque and Drapery.....
Date of Birth.....	Folding Chairs.....
Occupation of the Deceased <u>Domestic</u>	Candelabrum and Candles.....
Single or Married <u>Married</u>	Gloves \$..... Crape \$.....
Religion.....	Door Crape \$..... Canopy \$.....
Aged <u>72</u> Years..... Months..... Days.....	Hearse.....
Date of Birth.....	Carriages to Cemetery..... @ \$.....
Name of Father.....	Automobiles to Cemetery..... @ \$.....
His Birthplace <u>unknown</u>	Wagon Deliveries.....
Name of Mother.....	City Calls (Coaches).....
Her Birthplace <u>unknown</u>	Death Notices in..... Newspapers.....
Mother's Maiden Name.....	Flowers.....
Body to be shipped to.....	Outlay for Lot.....
Size and Style of Casket or Coffin <u>Black Crape</u>	Opening Grave or Vault.....
Manufactured by <u>met</u>	Lining Grave.....
Interment at <u>Brook</u> Cemetery.	Vault Rental.....
Lot or Grave.....	Shipping Charges, prepaid.....
Section No. <u>1</u>	Removal Charges.....
<u>2</u>	Cremation Charges.....
<u>3</u>	Porters.....
<u>4</u>	Watchers.....
<u>5</u>	Personal Services.....
<u>6</u>	Music.....
Diagram of Lot or Vault.	Church Charges.....
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).	Total Footing of Bill.....\$ <u>110 00</u>
Designate place for Monument with a small square (□).	By Amount Paid in Advance.....
Use space to the right of Diagram for the names of those buried in Lot.	Balance.....
	Entered into Ledger, page..... or below.....

To Funeral Charges.....	Total \$	By Cash.....	\$
<u>3021 Miller St</u>			
<u>Dr. C. M. Rouhlac</u>			
<u>Gen. Debility</u>			

Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL

No. *1* (Total Number) Name of Deceased *Ike King* (Year Number) Date *6/3rd/14*

Wife—Widow } Charge to *walter king* (What Race) (Where Born)  
 Son—Daughter of } Address *1468 Carr ave*

Order Given by *walter king*  
 How Secured *To be paid for* Price of Casket or Coffin *25.00*

Date of Funeral *6/3rd/14* Metallic Lining (State kind) *5.00*

Residence *Summer & Lurline St.* Outside Box (State kind) *5.00*

Place of Death *Bryghamton St.* Grave Vault (State kind) *5.00*

Funeral Services at *Prm* Burial Robe *5.00*

Time of Funeral Service *Prm* Burial Slippers and Hose *5.00*

Clergyman *J. J. Griffin* Engraving Plate *(none) 15.00*

Certifying Physician *J. J. Griffin* Embalming Body (with fluid) *3.00*

His Residence *J. J. Griffin* Washing and Dressing *3.00*

Number of Burial Certificate *1* Shaving *3.00*

Cause of Death *Automobile accident* Keeping Body on Ice *3.00*

Date of Death *6/1/14* Disinfecting Rooms *3.00*

Date of Birth *about 73* Use of Catafalque and Drapery *3.00*

Occupation of the Deceased *laborer* " Folding Chairs *3.00*

Single or Married *married* " Candelabrum and Candles *3.00*

Aged *73* Years, Months, Days. Gloves \$, Cape \$, Door Crape \$, Canopy \$ *12.00*

Date of Birth *unknown* Hearse *16.00*

Name of Father *unknown* Carriages to Cemetery @ \$, Automobiles to Cemetery @ \$ *1.00*

His Birthplace *unknown* Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers *1.00*

Name of Mother *unknown* (Names of Newspapers) *Commercial*

Her Birthplace *unknown* Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges

Mother's Maiden Name *unknown* Total Footing of Bill *79.20*

Body to be shipped to *raised top* Amount Paid in Advance *79.20*

Size and Style of Casket or Coffin *raised top* Balance *0.00*

Manufactured by *Cleveland* Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Interment at *Mt Carmel* Cemetery. Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault *R. B. Nelson*

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot. *Spirk Brown*

To Funeral Charges, Total, \$ *Killed By "auto"*  
 By Cash, \$ *J. J. Griffin J.P.*  
*automobile accident*  
*Summer & Lurline Mrs Bryghamton*

RECORD OF FUNERAL

No. (Total Number) No. (Yearly Number) Date 6/4/1914

Name of Deceased Annie Hogans Charge to Marie Franklin

Wife-Widow Son-Daughter of Marie Franklin Address 450 E. Carolina

Order Given by Marie Franklin Price of Casket or Coffin \$ 65.00

How Secured (met) Metallic Lining (State kind) 5.00

Date of Funeral 6/4th/14 Outside Box (State kind) 72.00

Residence Place of Death 450 E. Carolina St Grave Vault (State kind) 8.00

Funeral Services at Beal St. Baptch. Burial Robe 8.00

Time of Funeral Service 2 P.M. Burial Slipper and Hose

Clergyman G. W. Atkins Engraving Plate Qualls 15.00

Certifying Physician J. S. Henderson Embalming Body (State kind)

His Residence Washing and Dressing

Number of Burial Certificates Shaving

Cause of Death Influenza Disinfecting Rooms

Date of Death 6/21/14 Use of Catafalque and Drapery

Date of Birth Occupation of the Deceased Domestic Folding Chairs

Single or Married Widowed Candelabrum and Candles

Aged 35 Years Months Days Gloves \$ Canopy \$

Date of Birth Name of Father Howell Lambert Hearse \$

His Birthplace His Birthplace miss Commercial 1.00

Name of Mother Alesia Lambert Carriages to Cemetery @ \$

Her Birthplace Her Birthplace miss Automobiles to Cemetery @ \$

Mother's Maiden Name Body to be shipped to Wagon Deliveries

Size and Shape of Casket or Coffin Glover Gray Crepe Call (Coaches)

Manufactured by Zion Removal Charges

Interment at Zion Cemetery Porters

note - Grave No. Section No. Watchers

Dr. Atkins out of town at this time Personal Services

Dr. L. S. Henderson at tenders practice Music

Hawen Church Charges

Diagram of Lot or Vault Total Footing of Bill 126.00

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+)

Designate place for Monument with a small square (□)

Use space to the right of Diagram for the names of those buried in Lot. By Amount Paid in Advance Golden 50.00

Entered into Ledger, page or below. Frank Chamber 76.00

To Funeral Charges Total \$ By Cash \$

Dr. G. W. Atkins

By Dr. L. S. Henderson

Names of Pall Bearer

Names of Near Relatives

# RECORD OF FUNERAL.

165

No.          Date 6/4th/14  
(Total Number) Yearly Number

Name of Deceased Hazel Maddox  
Wife—Widow Son—Daughter of Charge to Dr. R. S. Fields  
Address Mason Turner

Order Given by Dr. R. S. Fields  
 How Secured Dr. R. S. Fields Price of Casket or Coffin \$60.00  
 Date of Funeral 6/4th/14 " Metallic Lining 5.00  
(State kind)

Residence June 2nd St. C. Hosp " Outside Box 8.00  
(State kind) Place of Death Keokuk Grave Vault 15.00  
(State kind) Funeral Services at Keokuk Burial Robe 8.00  
 Time of Funeral Service 1:10 PM " Burial Slippers and Hose 15.00

Clergyman Dr. J. Wilson Engraving Plate           
 Certifying Physician          Embalming Body (with          fluid)           
 His Residence          Washing and Dressing           
 Number of Burial Certificate          Shaving         

Cause of Death Pellagra Keeping Body on Ice           
(Primary) (Secondary) Disinfecting Rooms           
 Date of Death 6/2/14 " Folding Chairs           
 Date of Birth          " Candelabrum and Candles         

Occupation of the Deceased Domestic Gloves \$          Crape \$           
 Single or Married Single Door Crape \$          Canopy \$           
 Aged 21 Years          Months          Days Hearse         

Date of Birth          Carriages to Cemetery          @ \$           
 Name of Father Jas. Maddox Automobiles to Cemetery          @ \$ 5.00  
 His Birthplace Turner Wagon Deliveries           
 Name of Mother          City Calls (Coaches)           
 Her Birthplace          Death Notices in Commercial Newspapers           
(Names of Newspapers)

Body to be shipped to          Flowers           
 Size and Style of Casket or Coffin Lamb Skin Outlay for Lot           
 Manufactured by Keokuk Opening Grave or Vault           
 Interment at Keokuk Lining Grave           
 Lot or Grave No.          Section No.          Vault Rental         

1.          Shipping Charges, prepaid           
 2.          Removal Charges           
 3.          Cremation Charges           
 4.          Porters           
 5.          Watchers           
 6.          Personal Services         

Music          Church Charges           
 Total Footing of Bill \$93.00  
 By Amount Paid in Advance         

Balance           
 Entered into Ledger, page          or below         

Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. R. S. Fields</u>	
<u>Mason Turner</u>	
<u>Due in 30 days</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 4th/14

Name of Deceased Lucy Troy Charge Jerry A. Taylor

Wife-Widow } Jerry A. Taylor Address McMiller Ave  
Son-Daughter of }

Order Given by Jerry A. Taylor Price of Casket or Coffin 2500

How Secured J. J. Fargason Metallic Lining \_\_\_\_\_

Date of Funeral 6/4th/14 Outside Box (State kind) 500

Residence \_\_\_\_\_ Grave Vault (State kind) 7200

Place of Death McMiller Ave Burial Robe \_\_\_\_\_

Funeral Services at "3 P.M." Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

Certifying Physician Dr. S. R. Polk Washing and Dressing \_\_\_\_\_

His Residence Cooper Ave Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Gastritis Disinfecting Rooms \_\_\_\_\_

Date of Death June 3rd/14 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_

Occupation of the Deceased Domestic Candelabrum and Candles \_\_\_\_\_

Single or Married Widow Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 75 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \_\_\_\_\_

His Birthplace \_\_\_\_\_ Carriages to Cemetery 2 @ \$ \_\_\_\_\_

Name of Mother unknown Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Mother's Maiden Name unknown City Calls (Coaches) \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Size and Style of Casket or Coffin Raised Top Flowers \_\_\_\_\_

Manufactured by Cleveland Outlay for Lot \_\_\_\_\_

Interment at grove Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Lining Grave \_\_\_\_\_

Section No. \_\_\_\_\_ Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill \$6200

By Amount Paid in Advance 6200

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total \$ \_\_\_\_\_ By Cash \_\_\_\_\_ \$ \_\_\_\_\_

*J. J. Fargason*

Names of Pall Bearers \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

167

No. *114* (Total Number)      No. *114* (Serial Number)      Date *June 5th 1914*

Name of Deceased *G.C. Washington* (Where Born) *Washington*

Wife - Widow } Charge to *Bertrude M. Washington*  
 Son - Daughter of }  
 Order Given by *Bertrude M. Washington* Address *927 Monroe St*

How Secured *By Cash* Price of Casket or Coffin *\$ 90.00*  
 Date of Funeral *June 5th 1914* " Metallic Lining *5.00*

Residence *927 Monroe St* " Outside Box *5.00*  
 Place of Death *927 Monroe St* Grave Vault *15.00*

Funeral Services at *Greenwood Miss* " Burial Slippers and Hose  
 Time of Funeral Service *3 PM* Engraving Plate *15.00*

Clergyman *Dr. E. E. Nesbitt* Embalming Body (with *Walls*) *15.00*  
 Certifying Physician *Dr. E. E. Nesbitt* Washing and Dressing *5.00*

His Residence *Washington* Shaving  
 Number of Burial Certificates *1* Keeping Body on Ice  
 Cause of Death *Pul. Tuberculosis* Disinfecting Rooms

Date of Death *6/4th 1914* Catafalque and Drapery  
 Date of Birth *6/4th 1914* " Folding Chairs  
 Occupation of the Deceased *Real Estate* Candelabrum and Candles

Single or Married *Married* Gloves \$ ..... Cape \$ .....  
 Aged *52* Years, ..... Months, ..... Days. Door Cape \$ ..... Canopy \$ .....

Date of Birth *Unknown* Hearse  
 Name of Father *Unknown* Carriages to Cemetery @ \$ .....  
 His Birthplace *Washington* Automobiles to Cemetery @ \$ ..... *5.00*

Name of Mother *Unknown* Wagon Deliveries  
 Her Birthplace *Unknown* City Calls (Coaches)  
 Mother's Maiden Name *Nancy Lee* Death Notices in ..... Newspapers

Body to be shipped to *Miss* Flowers  
 Size and Style of Casket or Coffin *Purple Push* Embay for Lot  
 Manufactured by *Greenwood Miss* Opening Grave or Vault

Interment at *Greenwood Miss* Lining Grave  
 Lot or Grave No. .... Section No. .... Vault Rental

1. .... Shipping Charges, prepaid  
 2. .... Removal Charges  
 3. .... Cremation Charges

4. .... Watchers  
 5. .... Personal Services  
 6. .... Music

Church Charges  
 Total Footing of Bill *135.00*

By Amount Paid in Advance *50.00*  
 Balance *85.00*

Entered into Ledger, page ..... or below

Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<i>Bal 85.00 due in 120 days from date</i>	

Names of Pall Bearers.....

Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) No. (Family Number) Date June 5th/14

Name of Deceased Florence Williams

Charge to Mrs. Webber

Address 72 Saffron St.

Order Given by Mrs. W. Webber

How Secured Ad. Reimburse

Date of Funeral 6/15/14

Residence 72 Saffron St.

Place of Death 72 Saffron St.

Funeral Services at 3 PM

Time of Funeral Service 3 PM

Clergyman Board of Health

Certifying Physician Board of Health

His Residence

Number of Burial Certificate

Cause of Death Bell's palsy

Date of Death 6/4/14

Date of Birth

Occupation of the Deceased Domestic

Single or Married married

Aged 40 Years

Date of Birth

Name of Father Wesley Williams

His Birthplace

Name of Mother Alice Williams

Her Birthplace

Mother's Maiden Name

Body to be shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Mt. Carmel

Lot or Grave No. Section No.

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Entered into Ledger, page or below.

Table with columns: To Funeral Charges, Total \$, By Cash, \$

Dr. O. C. Thamer City Board of Health

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL

No. (Total Number) No. (Yearly Number) Date June 6<sup>th</sup> / 14

Name of Deceased Mariah Jounsell (Wife of) (Wife of)

Wife-Widow } Charge to I.P.B. no. 14  
Son-Daughter of } Address # Stephen Lodge Contract 4200

Order Given by I.P.B. # 14 Price of Casket or Coffin Metallic Lining (State kind)

How Secured To be paid for Date of Funeral 6/6/14

Residence Place of Death negro Batt. Hosp - Burghauntou

Funeral Services at Burghauntou Burial Robe Burial Slippers and Hose

Time of Funeral Service 10 A.M. Engraving Plate Moore

Clergyman H. R. Hurston Embalming Body (with Fluid) Washing and Dressing Shaving

Certifying Physician Burghauntou His Residence Burghauntou

Number of Burial Certificates Cause of Death Septicemia (Primary) (Secondary)

Date of Death 6/5/14 Date of Birth Occupation of the Deceased Domestic

Single or Married Religion Aged 42 Years Months Days

Date of Birth Name of Father Daniel Caswell Commercial

His Birthplace Ferris Death Notices in Newspapers (Names of Newspapers)

Name of Mother Betsey Caswell Flowers

Her Birthplace Ferris Outlay for Lot Opening Grave or Vault

Mother's Maiden Name Body to be shipped to Black Crepe

Size and Style of Casket or Coffin Lining Grave Vault Rental

Manufactured by Burghauntou Shipping Charges, prepaid Removal Charges

Interment at Burghauntou Cremation Charges

Lot or Grave No. Section No. Personal Services Music Church Charges

Diagram of Lot or Vault. Total Footing of Bill 4200

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Balance

Designate place for Monument with a small square (□). Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, \$

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL

No. \_\_\_\_\_ No. \_\_\_\_\_ Date 6/7/1914  
 (Total Number) (Yearly Number)

Name of Deceased Joe Williams  
 (When Deceased) (When Born)

Wife—Widow } Charge to Annie Williams  
 Son—Daughter of } Address 109 Arrington St.

Order Given by Annie Williams  
 How Secured 6 feet

Date of Funeral 6/7/14  
 Residence 109 Arrington St.

Place of Death 109 Arrington St.  
 Funeral Services at 2 P.M.

Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_

Certifying Physician Dr. Thos. Coppedge  
 His Residence \_\_\_\_\_

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

Date of Death 6/5/14  
 Date of Birth \_\_\_\_\_

Occupation of the Deceased Box maker  
 Single or Married married

Aged 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Date of Birth \_\_\_\_\_

Name of Father Steve Williams  
 His Birthplace Levin

Name of Mother Mattie Williams  
 Her Birthplace Levin

Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_

Size and Shape of Casket or Coffin Steel Gray Plush  
 Manufactured by Cleveland

Interment at Bloor Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

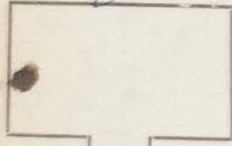


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 80.00
“ Metallic Lining (State kind)	
“ Outside Box (State kind)	5.00
“ Grave Vault (State kind)	15.00
Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
“ Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
“ Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$	
Craps \$	
Door Crape \$	
Canopy \$	
Hearse	10.00
Carriages to Cemetery 2 @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	
Coffins (Coaches)	
Death Notices in _____ Newspapers	1.00
“ _____ (Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	134.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

To Funeral Charges	Total \$	By Cash	\$
<u>Dr. Thos. N. Coppedge</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



RECORD OF FUNERAL

171

No. (Total Number) Myria Hunt Date 6/7/14

Name of Deceased Myria Hunt (What Race) Charge to W. Bailey

Wife-Widow Son-Daughter of Order Given by J. W. Bailey

How Secured Dr. H. Wright Price of Casket or Coffin \$18.00

Date of Funeral 6/7/14 Metallic Lining (State kind) 5.00

Residence mrs city hosp Outside Box (State kind) 5.00

Place of Death mrs city hosp Grave Vault (State kind) 5.00

Funeral Services at W. Bailey Burial Robe 5.00

Time of Funeral Service 11:00 Burial Slippers and Hose

Clergyman Dr. H. Pea Engraving Plate 15.00

Certifying Physician Dr. H. Pea Embalming Body (with) 15.00

His Residence Washing and Dressing

Number of Burial Certificate Shaving

Cause of Death Shock (Primary) (Secondary) Keeping Body on Ice

Date of Death 6/7/14 Disinfecting Rooms

Date of Birth Occupation of the Deceased Domestic Use of Catafalque and Drapery

Single or Married Religion Carriages to Cemetery @ \$ 5.00

Aged 35 Years Months Days Automobiles to Cemetery @ \$

Date of Birth Wagon Deliveries 5.00

Name of Father City Calls (Coaches) 1.00

His Birthplace Death Notices in Newspapers 1.00

Name of Mother Flowers

Her Birthplace Outlay for Lot Underwear 1.00

Mother's Maiden Name Opening Grave or Vault

Body to be shipped to Lining Grave

Size and Style of Casket or Coffin Vault Rental R. R. Fare 3.00

Manufactured by B. Coffin Shipping Charges, prepaid

Interment at W. Bailey Cemetery Removal Charges

Lot or Grave No. Section No. Cremation Charges

Diagram of Lot or Vault. 1. Dr. H. Pea 2. Ectopic 3. Pregnancy 4. Ruptured 5. 6. Total Footing of Bill 53.00

Designate all Graves in Lot with Numbers (2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table with columns: To Funeral Charges, Total \$, By Cash, \$

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date 6/8/14 1914

Name of Deceased: Florida Fergerson (What Race) White (Where Born) Illinois

Wife—Widow } Charge to James Fergerson  
 Son—Daughter of } Address Crump St. Chicago

Order Given by James Fergerson Price of Casket or Coffin 55.00

How Secured mat Metallic Lining (State kind) X

Date of Funeral 6/8/14 Outside Box (State kind) X

Residence marshfield ave Grave Vault (State kind) X

Place of Death marshfield ave Burial Robe X

Funeral Services at crump st Burial Slippers and Hose X

Time of Funeral Service 11:00 a.m. Engraving Plate X

Clergyman Dr. J. Thomas Embalming Body (with Fluid) X

Certifying Physician Dr. J. Thomas Washing and Dressing X

His Residence marshfield ave Shaving X

Number of Burial Certificate one brought Keeping Body on Ice X

Cause of Death acute bronchitis Disinfecting Rooms X

Date of Death 6/7/14 Use of Catafalque and Drapery X

Date of Birth 30 Folding Chairs P.B.C. 6.00

Occupation of the Deceased housewife Candelabrum and Candles X

Single or Married married Gloves \$..... Crape \$.....

Aged 30 Years, Months, Days. Door Crape \$..... Canopy \$.....

Date of Birth 30 Hearse X

Name of Father unknown Carriages to Cemetery 2 @ \$

His Birthplace unknown Automobiles to Cemetery @ \$

Name of Mother unknown Wagon Deliveries X

Her Birthplace unknown City Calls (Coaches) X

Mother's Maiden Name unknown Death Notices in Newspapers Commercial

Body to be shipped to crump st Flowers X

Size and Style of Casket or Coffin Silver casket Outlay for Lot X

Manufactured by Rich Opening Grave or Vault X

Interment at crump st Lining Grave X

Lot or Grave No. Section No. Vault Rental X

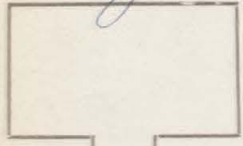


Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	55.00
Metallic Lining (State kind)	X
Outside Box (State kind)	X
Grave Vault (State kind)	X
Burial Robe	X
Burial Slippers and Hose	X
Engraving Plate	X
Embalming Body (with Fluid)	X
Washing and Dressing	X
Shaving	X
Keeping Body on Ice	X
Disinfecting Rooms	X
Use of Catafalque and Drapery	X
Folding Chairs	P.B.C. 6.00
Candelabrum and Candles	X
Gloves \$.....	
Crape \$.....	
Door Crape \$.....	
Canopy \$.....	
Hearse	X
Carriages to Cemetery @ \$.....	
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	X
City Calls (Coaches)	X
Death Notices in Newspapers	Commercial
Flowers	X
Outlay for Lot	X
Opening Grave or Vault	X
Lining Grave	X
Vault Rental	X
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 94.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page.....or below	

To Funeral Charges	Total \$	By Cash	Total \$
<u>Dr. J. Thomas</u>			
<u>Orange mound</u>			
<u>acute bronchitis</u>			

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

173

No. (Total Number) ..... No. (Yearly Number) ..... Date 6/9/14 19 14

Name of Deceased Jim Posey

Wife-Widow } Charge Will Posey  
 Son-Daughter of }

Order Given by Will Posey Address 1416 Galia St

How Secured ..... Price of Casket or Coffin all done 4/14

Date of Funeral 6/9/14 Metallic Lining (State kind) .....

Residence ..... Outside Box (State kind) .....

Place of Death Western Hosp for Grave Vault (State kind) .....

Funeral Services at Parlors Burial Robe .....

Time of Funeral Service 10:00 AM Burial Slippers and Gose .....

Clergyman ..... Engraving Plate .....

Cause of Death Cerebral Hemorrhage Embalming Body (with Qualls) .....

Date of Death 6/7/14 Shaving .....

Date of Birth ..... Keeping Body in Ice .....

Occupation of the Deceased Laborer Disinfecting Rooms .....

Single or Married ..... Use of Catafalque and Drapery .....

Aged 45 Years ..... Folding Chairs .....

Date of Birth ..... Candelabrum and Candles .....

Name of Father ..... Gloves \$ ..... Cape \$ .....

His Birthplace ..... Door Cape \$ ..... Canopy \$ .....

Name of Mother Unknown Hearse .....

Her Birthplace ..... Carriages to Cemetery @ \$ .....

Mother's Maiden Name Unknown Automobiles to Cemetery @ \$ .....

Body to be shipped to ..... Wagon Deliveries .....

Size and Style of Casket or Coffin B.C. Coffin City Calls (Coaches) .....

Manufactured by W.C. Coffin Death Notices in ..... Newspapers .....

Interment at W.C. Coffin Cemetery ..... Flowers .....

Lot or Grave No. .... Section No. .... Outlay for Lot .....

..... Opening Grave or Vault .....

..... Lining Grave .....

..... Vault Rental .....

..... Shipping Charges, prepaid .....

..... Removal Charges .....

..... Cremation Charges .....

..... Porters .....

..... Watchers .....

..... Personal Services .....

..... Music .....

..... Church Charges .....

Total Footing of Bill ..... \$ 74.44

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges. .... Total, \$ .....

By Cash ..... \$ .....

G. M. Davis  
Register

Names of Pall Bearers .....

Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) Luther Moon Date 6/10<sup>th</sup>/14

Name of Deceased Ella Moon (Where Born) Charge to 1242 Sathaw St

Order Given by Ella Moon Price of Casket or Coffin 12500

How Secured met Date of Funeral 6/10/14

Residence 857 Lane Ave Place of Death 1242 Sathaw St

Funeral Services at 1242 Sathaw St Time of Funeral Service 7:00 am

Clergyman Dr. W.H. Pistole Certifying Physician Dr. W.H. Pistole

His Residence His Residence Cause of Death Diabetes mel

Date of Death 6/8/14 Date of Birth Occupation of the Deceased Porter

Single or Married 38 Years Religion Months Days

Date of Birth Name of Father His Birthplace

Name of Mother Her Birthplace Mother's Maiden Name

Body to be shipped to Steel Gray Pine Sire and Style of Casket or Coffin

Manufactured by Mt. Carmel Interment at Mt. Carmel

Lot or Grave No. Section No. Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 20075

By Amount Paid in Advance Balance Entered into Ledger, page or below.

To Funeral Charges Total \$ By Cash \$

Dr. W.H. Pistole Diabetes mel

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

175

No. \_\_\_\_\_ No. \_\_\_\_\_ Date 6/10th/14 1914  
(Total Number) (Yearly Number)

Name of Deceased John Nelson  
(What Race) (Place Born)

Charge to John Nelson & Mary Morgan  
Wife—Widow Born—Daughter of

Order Given by John Nelson & Mary Morgan  
 Address McOrgan - 482 Hill St

How Secured Trust Office Price of Casket or Coffin \$ 65.00  
 Date of Funeral 6/10/14 Metallic Lining (State kind) \_\_\_\_\_

Residence New Rake Rd - Stanton Outside Box (State kind) \$ 5.00  
 Place of Death Stanton Grave Vault (State kind) \$ 10.00

Funeral Services at Stanton Burial Robe \$ 8.00  
 Time of Funeral Service \_\_\_\_\_ Burial Slippers and Hose \_\_\_\_\_

Clergyman N. J. Ingram Engraving Plate \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \$ 1.29

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Gun Shot Wound Keeping Body on Ice \_\_\_\_\_  
(Primary) (Secondary) Disinfecting Rooms \_\_\_\_\_

Date of Death 6/9/14 Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased Laborer " Candelabrum and Candles \_\_\_\_\_  
 Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 51 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father unknown Carriages to Cemetery @ \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Name of Mother unknown Wagon Deliveries \$ 5.00

Her Birthplace \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name Stanton Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to Stanton Flowers 2.00  
 Size and Style of Casket or Coffin \_\_\_\_\_  
(Name of Newspapers)

Manufactured by Stanton Outlay for Lot \_\_\_\_\_  
 Interment at Stanton Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_

Diagram of Lot or Vault. \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill \$ 100.75  
 By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total, \$ \_\_\_\_\_  
 By Cash \_\_\_\_\_

Gun Shot wound  
N. J. Ingram  
Coroner

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) *Thos. Purdum* No. (Yearly Number) *June 10/14* Date *1914*

Name of Deceased *Thos. Purdum* (What Race) *White* (Where Born) *Wilson Ark*

Wife-Widow } Charge to *Townsend Davis*  
 Son-Daughter of } Address *Wilson Ark*

Order Given by *Townsend Davis*

How Secured *6/10th/14* Price of Casket or Coffin *12 00*

Date of Funeral *6/10th/14* " Metallic Lining (state kind) *5 00*

Residence *475 High St* " Outside Box (State kind) *3 50*

Place of Death *Wilson Ark* " Grave Vault (State kind) *3 50*

Funeral Services at *Wilson Ark* " Burial Robe *3 50*

Time of Funeral Service *11 AM* " Burial Slippers and Hose

Clergyman *Dr. S. C. Simons* Engraving Plate

Certifying Physician *Dr. S. C. Simons* Embalming Body (with Fluid)

His Residence *Wilson Ark* Shaving

Number of Burial Certificate *Bright Disease* Keeping Body on Ice

Cause of Death *Bright Disease* Disinfecting Rooms

Date of Death *6/10th/14* Use of Catafalque and Drapery

Date of Birth *6/10th/14* Folding Chairs

Occupation of the Deceased *Laborer* Candelabrum and Candles

Single or Married *married* Gloves \$ Crape \$

Aged *45* Years Months Days

Date of Birth *unknown* Door Crape \$ Canopy \$

Name of Father *unknown* Hearse

His Birthplace *unknown* Carriages to Cemetery @ \$

Name of Mother *unknown* Automobiles to Cemetery @ \$ *5 00*

Her Birthplace *unknown* Wagon Deliveries

Mother's Maiden Name *unknown* City Calls (Coaches)

Body to be shipped to *Wilson Ark* Death Notices in Newspapers *Commercial* ✓

Size and Style of Casket or Coffin *A Coffin* Flowers

Manufactured by *Wilson Ark* Outlay for Lot

Interment at *Wilson Ark* Opening Grave or Vault

Lot or Grave No. Section No. *Wilson Ark* Lining Grave

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *25 50*

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

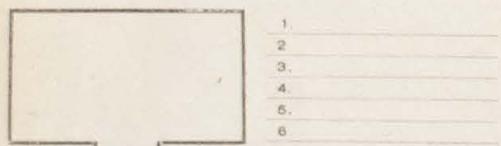


Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<i>Wilson Ark</i>			
<i>Dr. S. C. Simons</i>			
<i>Bright Disease of the Kidneys (Central Dropsy)</i>			

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

177

No.                      No.                      Date June 11<sup>th</sup> 1914  
(Total Number) (Yearly Number)

Name of Deceased Genevieve Duke Charge to Love Duke  
(What Room) (What Room)

Wife—Widow }  
 Son—Daughter of }  
 Order Given by Love Duke Address                     

How Secured                      Price of Casket or Coffin \$ 60.00  
 Date of Funeral                      " Metallic Lining                       
(State kind)

Residence 159 Duval St " Outside Box 5.00  
(State kind)  
 Place of Death                      " Grave Vault 12.00  
(State kind)

Funeral Services at 159 Duval St Burial Robe                       
 Time of Funeral Service 9 a.m. " Burial Slippers and Hose                       
 Clergyman Dr. R.H. Miller Engraving Plate                       
 Certifying Physician                      Embalming Body (with                     )  
(Name) (Name) (State kind)

His Residence                      Washing and Dressing 15.00  
 Number of Burial Certificate                      Shaving                       
 Cause of Death Pul. Tuberculosis Keeping Body on Ice                       
(Primary) (Secondary) Disinfecting Rooms                     

Date of Death 6/9/14 Use of Catafalque and Drapery                       
 Date of Birth                      " Folding Chairs                       
 Occupation of the Deceased Domestic " Candelabrum and Candles                     

Single or Married married Gloves \$                      Crape \$                       
 Aged 22 Years,                      Months,                      Days  
 Date of Birth                      For Crape \$                      Canopy \$                     

Name of Father                      Hearse                       
 His Birthplace                      Carriages to Cemetery 3 @ \$ 12.00  
 Name of Mother                      Automobiles to Cemetery @ \$  
 Her Birthplace                      Wagon Deliveries                     

Mother's Maiden Name                      City Calls (Coaches)                       
 Body to be shipped to                      Death Notices in Commercial Newspapers 1.00  
(Names of Newspapers)

Size and Style of Casket or Coffin                      Flowers                       
 Manufactured by                      Outlay for Lot                       
 Interment at                      Cemetery                      Opening Grave or Vault                     

Lot or Grave No.                      Section No.                      Lining Grave                       
 Diagram of Lot or Vault                      Vault Rental                     

1.                      Shipping Charges, prepaid                       
 2.                      Removal Charges                       
 3.                      Cremation Charges                       
 4.                      Porters                       
 5.                      Watchers                       
 6.                      Personal Services                     

Church Charges                      Music                       
 Total Footing of Bill 115.00  
 By Amount Paid in Advance                     

Balance                       
 Entered into Ledger, page                      or below                     

To Funeral Charges                      Total                      By Cash                      \$                     

Dr. R.H. Miller  
Pul. Tuberculosis  
immediate Pul.  
hemorrhage

Names of Pall Bearers                       
 Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Year's Number) ..... Date June 11/14

Name of Deceased Herry Johnson (Where Borne) Wife

Wife-Widow } Charge to Amie Scott  
 Son-Daughter of } (Where Borne) Wife

Address 431 Mosby St

Order Given by Amie Scott

How Secured Life Case Price of Casket or Coffin \$ 10.00

Date of Funeral 6/11/14 Metallic Lining (State kind) .....

Residence Wife City Hosp Outside Box (State kind) .....

Place of Death Wife City Hosp Grave Vault (State kind) 5.00

Funeral Services at Wife City Hosp Burial Robe .....

Time of Funeral Service 3 p.m. Burial Slippers and Hose .....

Clergyman Sholer Richardson Engraving Plate .....

Certifying Physician Sholer Richardson Embalming Body (with Fluid) .....

His Residence ..... Shaving .....

Number of Burial Certificate ..... Keeping Body on Ice .....

Cause of Death mitral Regurgitation Disinfecting Rooms .....

Date of Death 6/11/14 Folding Chairs .....

Date of Birth ..... Candelabrum and Candles .....

Occupation of the Deceased Laborer Gloves \$ ..... Crape \$ .....

Single or Married Single Door Crape \$ ..... Canopy \$ .....

Aged 41 Years ..... Months ..... Days ..... Hearse .....

Date of Birth ..... Carriages to Cemetery @ \$ ..... 10.00

Name of Father ..... Automobiles to Cemetery @ \$ .....

His Birthplace unknown Wagon Deliveries .....

Name of Mother ..... City Calls (Coaches) .....

Her Birthplace ..... Death Notices in Newspapers Commercial 1.00

Mother's Maiden Name ..... Flowers .....

Body to be shipped to ..... Outlay for Lot .....

Size and Shape of Casket Wife City Hosp Opening Grave or Vault .....

Manufactured by mit. Carries Lining Grave .....

Interment at mit. Carries Vault Rental .....

Lot or Grave No. ..... Section No. ..... Shipping Charges, prepaid .....

Removal Charges .....

Cremation Charges .....

Porters .....

Watchers .....

Personal Services .....

Music .....

Church Charges .....

Diagram of Lot or Vault:

1.
2.
3.
4.
5.
6.

Total Footing of Bill 42.00

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges Wife City Hosp Total \$ .....

By Cash ..... \$ .....

mitral Regurgitation  
Broken Compensation  
3 days June 8/14 to June 11/14  
Sholer O. Richardson

Names of Pall Bearers .....

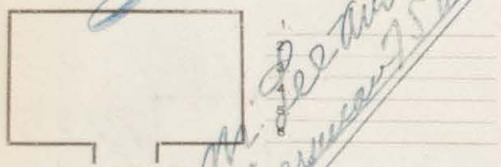
Names of Near Relatives .....



# RECORD OF FUNERAL.

No. \_\_\_\_\_ Date June 27th/14  
(Total Number) (Weekly Number)  
 Name of Deceased Isabella Swartz  
(Where Deceased) (Where Born)  
 Charge to Mrs. Swartz

Wife-Widow }  
 Son-Daughter of }  
 Order Given by Isabella Swartz Address \_\_\_\_\_  
 How Secured Independent Price of Casket or Coffin 12 00  
 Date of Funeral 6/12/14 " Metallic Lining \_\_\_\_\_  
 Residence \_\_\_\_\_ (State kind)  
 Place of Death 174 Winchester Outside Box \_\_\_\_\_ (State kind)  
 Funeral Services at Parsons Grave Vault 12 00  
 Time of Funeral Service 2 o'clock Burial Robe \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Burial Slippers and Hose \_\_\_\_\_  
 Certifying Physician Dr. Newman Embalming Body (with Moore Fluid) 15 00  
 His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_  
 Cause of Death Pul. T. B. Keeping Body on Ice \_\_\_\_\_  
 Date of Death 6/10/14 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Use of Catafalque and Apparatus \_\_\_\_\_  
 Occupation of the Deceased Domestic " Folding Chair Pal. Old 4 00  
 Single or Married Widow " Candelabrum and Candles \_\_\_\_\_  
 Aged 76 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Mother unknown Carriages to Cemetery 1 @ \$ \_\_\_\_\_ 3 00  
 Her Birthplace \_\_\_\_\_ Automobiles to Cemetery \_\_\_\_\_ @ \$ \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Size and Style of Casket or Coffin Walrus Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 Manufactured by Walrus Flowers \_\_\_\_\_  
 Interment at Walrus Outlay for Lot \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_  
 Diagram of Lot or Vault \_\_\_\_\_ Lining Grave \_\_\_\_\_  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.



Price of Casket or Coffin	12 00
Grave Vault	12 00
Embalming Body (with <u>Moore</u> Fluid)	15 00
Use of Catafalque and Apparatus	4 00
Carriages to Cemetery	3 00
Death Notices in _____ Newspapers	1 00
Shipping Charges, prepaid <u>7/2/14</u>	5 75
Removal Charges	100 75
<b>Total Footing of Bill</b>	<b>100 75</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below.	

To Funeral Charges..... Total \$	By Cash..... \$
<u>Pul. T. B.</u>	

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Weekly Number) ..... Date June 12th 1914  
 Name of Deceased Macio Joseph Bessor (White Race) Charge to Mrs. Fannie Bessor (White Race)

Wife—Widow }  
 Son—Daughter of }  
 Address Fannie Bessor

Order Given by Fannie Bessor  
 How Secured 6/12/14  
 Date of Funeral 6/12th 14  
 Residence 77 W. Adams St.  
 Place of Death 77 W. Adams St.

Funeral Services at St. Paul's Church  
 Time of Funeral Service 9:30 A.M.  
 Clergyman Father Gleason  
 Certifying Physician E. W. Irving  
 His Residence St. Paul's Church  
 Number of Burial Certificate 1  
 Cause of Death Tuberculosis  
 Date of Death 10/14  
 Date of Birth 10/14

Occupation of the Deceased School Boy  
 Single or Married Single Religion Catholic  
 Aged 16 Years, Months, Days  
 Date of Birth 10/14  
 Name of Father Edw. Bessor  
 His Birthplace Commercial  
 Name of Mother Fannie Vaughn  
 Her Birthplace Miss.  
 Mother's Maiden Name Miss.

Body to be shipped to St. Paul's Church  
 Size and Style of Casket or Coffin Lamb Skin  
 Manufactured by St. Paul's  
 Interment at Cathary Cemetery.  
 Lot or Grave No. .... Section No. ....

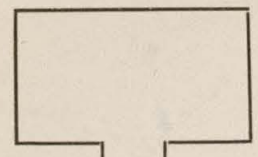


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 6000
Metallic Lining	
Outside Box	5 00
Grave Vault	5 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves	
Door Crape	
Hearse	10 00
Carriages to Cemetery	20 00
Automobiles to Cemetery	
Wagon Deliveries	
City Cabs (Coaches)	
Death Notices in Newspapers	2 00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	102 00
By Amount Paid in Advance	30 00
Balance (Paid)	72 00

Entered into Ledger, page ..... or below

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. E. W. Irving</u>	
<u>Paul Tuberculosis</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

181

No. (Total Number) ..... No. (Yearly Number) ..... Date June 12th/14

Name of Deceased Mary Harris Charge to Elnora Bailey

Wife—Widow }  
 Son—Daughter of } Address 345 St Paul St

Order Given by Elnora Bailey Price of Casket or Coffin \$ 2500

How Secured ..... Metallic Lining ..... (State kind) 500

Date of Funeral 6/12th/14 Outside Box ..... (State kind) 500

Residence 345 St Paul St Grave Vault ..... (State kind) \_\_\_\_\_

Place of Death Wagonhearsk Burial Robe ..... \_\_\_\_\_

Funeral Services at Wagonhearsk Burial Slippers and Hose ..... \_\_\_\_\_

Time of Funeral Service ..... Engraving Plate ..... \_\_\_\_\_

Clergyman ..... Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Certifying Physician Dr. G. E. Anterson Washing and Dressing ..... \_\_\_\_\_

His Residence ..... Shaving ..... \_\_\_\_\_

Number of Burial Certificates ..... Keeping Body on Ice ..... \_\_\_\_\_

Cause of Death Cappillary Bronchitis Disinfecting Rooms ..... \_\_\_\_\_

Date of Death 6/12th/14 (Primary) (Secondary) Use of Catafalque and Drapery ..... \_\_\_\_\_

Date of Birth ..... Folding Chairs ..... \_\_\_\_\_

Occupation of the Deceased Domestic Candelabrum and Candles ..... \_\_\_\_\_

Single or Married ..... Religion ..... Gloves \$ ..... Crape \$ .....

Aged 40 Years, ..... Months, ..... Days. Hearse ..... \_\_\_\_\_

Date of Birth ..... Carriages to Cemetery ..... @ \$ .....

Name of Father ..... Automobiles to Cemetery ..... @ \$ ..... 500

His Birthplace ..... Wagon Deliveries ..... \_\_\_\_\_

Name of Mother ..... City Calls (Coaches) ..... \_\_\_\_\_

Her Birthplace unknown Death Notices in ..... Newspapers ..... Commercial 100

Mother's Maiden Name ..... (Names of Newspapers) \_\_\_\_\_

Body to be shipped to ..... Flowers ..... \_\_\_\_\_

Size and Style of Casket or Coffin Raised Top Outlay for Lot ..... \_\_\_\_\_

Manufactured by Wagonhearsk Opening Grave or Vault ..... \_\_\_\_\_

Interment at Wagonhearsk Cemetery. Lining Grave ..... \_\_\_\_\_

Lot or Grave No. ..... Section No. Vault Rental ..... \_\_\_\_\_

Shipping Charges, prepaid ..... \_\_\_\_\_

Removal Charges ..... \_\_\_\_\_

Cremation Charges ..... \_\_\_\_\_

Porters ..... \_\_\_\_\_

Watchers ..... \_\_\_\_\_

Personal Services ..... \_\_\_\_\_

Music ..... \_\_\_\_\_

Church Charges ..... \_\_\_\_\_

Total Footing of Bill ..... \$ 3600

By Amount Paid in Advance ..... \_\_\_\_\_

Balance ..... \_\_\_\_\_

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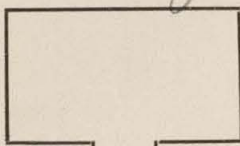


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

	To Funeral Charges ..... Total, \$	By Cash ..... \$
	<u>Dr. G. E. Anterson</u>	
	<u>4124 Randolph</u>	
	<u>Cappillary Bronchitis Bldg</u>	

Names of Pall Bearers.....

Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) Clayton No. (Yearly Number) Gillipie Date June 13/14 1914

Name of Deceased Lillie Gillipie Charge to Lillie Gillipie

Wife-Widow Son-Daughter of Lillie Gillipie Address 45 S. Landerdale

Order Given by Lillie Gillipie Price of Casket or Coffin \$16.00

How Secured Metalic Lining \$5.00

Date of Funeral 6/13/14 Outside Box (State kind) \$5.00

Residence 45 S. Landerdale Grave Vault (State kind)

Place of Death 45 S. Landerdale Burial Robe

Funeral Services at Waverly Miss Burial Slippers and Hose

Time of Funeral Service Engraving Plate \$15.00

Clergyman Dr. C. A. Tene Embalming Body (with Fluid) \$2.50

Certifying Physician Dr. C. A. Tene Washing and Dressing

His Residence Shaving

Number of Burials Keeping Body on Ice

Cause of Death Hepatic Abscess Disinfecting Rooms

Date of Death 6/11/14 Use of Catafalque and Drapery

Date of Birth 6/11/14 Folding Chairs

Occupation of the Deceased Tobaccoer Candelabrum and Candles

Single or Married Married Religion

Aged 24 Years Months Days Gloves \$ Crape \$

Date of Birth Name of Father Unknown

Name of Mother Unknown

Her Birthplace

Mother's Maiden Name

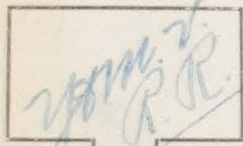
Body to be shipped to

Size and Style of Casket or Coffin B. Coffin

Manufactured by Waverly Miss

Interment at Waverly Miss

Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including items like Price of Casket or Coffin, Metalic Lining, Outside Box, Grave Vault, Burial Robe, Burial Slippers and Hose, Engraving Plate, Embalming Body, Washing and Dressing, Shaving, Keeping Body on Ice, Disinfecting Rooms, Use of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Crape, Door Crape, Canopy, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers, Commercial, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill \$43.75

By Amount Paid in Advance Balance Entered into Ledger, page or below

Table with columns for To Funeral Charges, Total, and By Cash, containing handwritten entries for Dr. Terrell and Hepatic Abscess (cont.) malaria

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

No.                      Date June 13th/14  
(Total Number) Earl Brown (Yearly Number)

Name of Deceased Earl Brown  
(Wife) Anna St. Brown (When Born)  
Son-Daughter of Charge to Anna St. Brown  
 Address 733 Williams Ave

Order Given Anna St. Brown  
 How Secured (paid) Price of Casket or Coffin \$ 10 00  
 Date of Funeral 6/11/14 Metallic Lining                     

Residence Miss City Post Outside Box                       
 Place of Death 733 Williams Ave Grave Vault Elmwood 3 00  
(State kind) (State kind) (State kind)

Funeral Services at Rev. A. L. Snapp Burial Robe                       
 Time of Funeral Service                      Burial Slippers and Hose                       
 Clergyman Rev. A. L. Snapp Burial Plate                       
 Certifying Physician L. B. Snapp Embalming Body (with                      Fluid)

His Residence                      Washing and Dressing                       
 Number of Burial                      Shaving                       
 Cause of Death Dysentery Keeping Body on Ice                       
(Primary) (Secondary) Disinfecting Rooms                     

Date of Death 6/11/14 Use of Catafalque and Drapery                       
 Date of Birth                      " Folding Chairs                       
 Occupation of the Deceased                      " Candelabrum and Candles                     

Single or Married Single Gloves \$                      Crape \$                       
 Aged 2 Years                      Months                      Days                       
 Date of Birth                      Door Crape \$                      Canopy \$                     

Name of Father John Brown Hearse                       
 His Birthplace Miss Carriages to Cemetery 1 @ \$ 12 00  
 Name of Mother Anna Newman Automobiles to Cemetery                      @ \$                       
 Her Birthplace                      Wagon Deliveries                     

Mother's Maiden Name                      City Cabs (Coaches)                       
 Body to be shipped to                      Death Notices in Commercial 1 00  
 Size and Style of Casket or Coffin Gloss white (Names of Newspapers)

Manufactured by Elmwood Flowers                       
 Interment at Elmwood Outlay for Lot                       
 Lot or Grave No.                      Opening Grave or Vault                     

Section No.                      Lining Grave                       
 1.                      Vault Rental                       
 2.                      Shipping Charges, prepaid                       
 3.                      Removal Charges                       
 4.                      Cremation Charges                     

5.                      Porters                       
 6.                      Watchers                       
 Personal Services                       
 Music                       
 Church Charges                     

Total Footing of Bill \$ 34 00  
 By Amount Paid in Advance                       
 Balance                       
 Entered into Ledger, page                      or below                     

To Funeral Charges Total \$ Elmwood Cem.  
Elmwood Cem.  
Plus Colitis  
(Cont'd) Ureal Nutrition  
Dr. L. B. Snapp

Names of Pall Bearers                       
 Names of Near Relatives

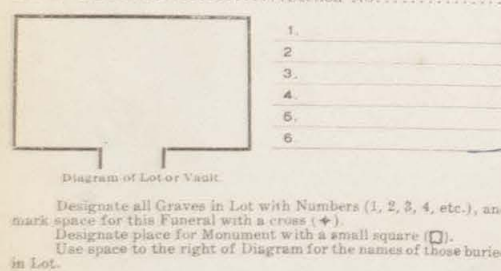
# RECORD OF FUNERAL.

No.                      Date June 11/1914  
 (Total Number) (Year Number)

Name of Deceased Joe Ella Milligan  
 (Wife—Widow) (Son—Daughter of) (Age)

Wife—Widow (Son—Daughter of) Charge Mrs. Mary B. Smith  
 Address Smith & D. Milligan

Price of Casket or Coffin 50.00  
 Metallic Lining                       
 Outside Box                       
 Grave Vault McCantore 7.50  
 Burial Slippers and Hose                       
 Engraving Plate Moore 1.50  
 Embalming Body (with)                       
 and Dressing                       
 Shaving                       
 Keeping Body on Ice                       
 Disinfecting Rooms                       
 Use of Catafalque and Drapery                       
 " Folding Chairs                       
 " Candelabrum and Candles                       
 Gloves \$                      Cape \$                       
 Door or Cape \$                      Canopy \$                       
 Hearse                       
 Carriages to Cemetery 4 @ \$ 50.00  
 Automobiles to Cemetery                      @ \$ 20.00  
 Wagon Deliveries                       
 City Calls (Coaches)                       
 Death Notices in Commercial 1.00  
 (Names of Newspapers)  
 Flowers                       
 Outlay for Lot                       
 Opening Grave or Vault                       
 Lining Grave                       
 Vault Rental                       
 Shipping Charges, prepaid                       
 Removal Charges                       
 Cremation Charges                       
 Porters                       
 Watchers                       
 Personal Services                       
 Music                       
 Church Charges                       
 Total Footing of Bill 1103.50  
 By Amount Paid in Advance 103.50  
 Balance 100.00  
 Entered into Ledger page 6/16/14 or below                     



To Funeral Charges	Total \$	By Cash	\$
<u>Dr. W. E. Ragadale</u>			
<u>Influenza</u>			

Names of Pall Bearers                       
 Names of Near Relatives

# RECORD OF FUNERAL.

No. *1035* Date *June 14<sup>th</sup> 1914*  
 (Total Number) *Thos. Cooper Jr.* (Yearly Number)

Name of Deceased *Thos. Cooper Jr.* Charge to *Thos. Cooper Sr.*  
 (What Name) (When Born)

Wife-Widow }  
 Son-Daughter of }  
 Order Given by *Thos. Cooper Sr.* Address *398 Beal Ave.*

How Secured *6/14/14* Price of Casket or Coffin *7.00*  
 Date of Funeral *6/14/14* Metallic Lining (State kind)

Residence *Inf. City Hosp* Outside Box (State kind) *3.00*  
 Place of Death *Parsons* Grave Vault (State kind)

Funeral Services at *10 a.m.* Burial Robe  
 Time of Funeral Service *10 a.m.* Burial Slippers and Hose

Clergyman *Percy H. Woods* Engraving Plate  
 Certifying Physician *Percy H. Woods* Embalming Body (with Fluid)

His Residence *Inf. City Hosp* Washing and Dressing  
 Number of Burial Certificate *1* Shaving

Cause of Death *Bronchial Pneumonia* Keeping Body on Ice  
 Date of Death *6/13th/14* Disinfecting Rooms  
 Date of Birth *6/13th/14* Use of Catafalque and Drapery

Occupation of the Deceased *none* Folding Chairs  
 Single or Married *Single* Candelabrum and Candles

Aged *2* Years, Months, Days. Gloves \$, Cape \$, Door Crape \$, Canopy \$

Date of Birth *6/13th/14* Hearse *5.00*  
 Name of Father *Thos. Cooper Sr.* Carriages to Cemetery *1* @ \$  
 His Birthplace *Illinois* Automobiles to Cemetery @ \$

Name of Mother *Thos. Cooper Sr.* Wagon Deliveries  
 Her Birthplace *Illinois* Calls (Coaches)

Mother's Maiden Name *Thos. Cooper Sr.* Death Notices in Newspapers  
 Body to be shipped to *Illinois* Commemorial (Names of Newspapers)

Size and Style of Casket or Coffin *Gloss white* Flowers  
 Manufactured by *McClarnes* Outlay for Lot

Internment at *McClarnes* Opening Grave or Vault  
 Lot or Grave No. Section No. Lining Grave

Called Board of Health for Permission

1. *Hosp*
2. *Hosp*
3. *Hosp*
4. *Hosp*
5. *Hosp*
6. *Hosp*

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *15.00*  
 By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page \_\_\_\_\_ of below.

To Funeral Charges	Total, \$	By Cash	\$
<i>Dr. Percy H. Woods</i>			
<i>Bronchial Pneumonia</i>			
<i>(Cont'd) measles</i>			
<i>Dr. Percy H. Wood</i>			

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date June 14/1914

Name of Deceased Lucy Chambers (What Race) Chambers (Where Born) Lyon Miss

Wife-Widow Son-Daughter of } Charge to James Chambers Address Lyon Miss

Order Given by James Chambers Price of Casket or Coffin \$10000  
 How Secured By Cash " Metallic Lining (State kind) 5 00

Date of Funeral 6/14/14 " Outside Box (State kind) 10 00  
 Residence Negro Bapt Hosp " Grave Vault (State kind) 15 00

Place of Death Lyon Miss Burial Robe 15 00  
 Funeral Services at Dr J.A. Vaughn " Burial Slippers and Hose 15 00

Time of Funeral Service 11 AM Engraving Plate 15 00  
 Clergyman Dr J.A. Vaughn Embalming Body (with Lining and Dressing) 15 00

Certifying Physician Dr J.A. Vaughn Shaving .....  
 His Residence ..... Keeping Body on Ice.....

Number of Burial Certificate ..... Disinfecting Rooms .....  
 Cause of Death (Abscess) Gall Bladder " of Catafalque and Drapery.....  
 Date of Death 6/13/14 " Folding Chairs.....  
 Date of Birth ..... " Candelabrum and Candles.....

Occupation of the Deceased Domestic Gloves \$..... Crape \$.....  
 Single or Married Married Door Crape \$..... Canopy \$.....  
 Aged 46 Years..... Months..... Days..... Hearse.....

Date of Birth ..... Carriages to Cemetery @ \$.....  
 Name of Father unknown Automobiles to Cemetery @ \$.....  
 His Birthplace ..... Wagon Deliveries 5 00  
 Name of Mother ..... City Calls (Coaches).....  
 Her Birthplace unknown Death Notices in Courier Newspapers 1 00  
 Mother's Maiden Name ..... (Names of Newspapers)

Body to be shipped to ..... Flowers.....  
 Size and Style of Casket or Coffin ..... Outlay for Lot.....  
 Manufactured by Lyon Miss Opening Grave or Vault.....  
 Internment at Lyon Miss Cemetery Lining Grave.....  
 Lot or Grave No. .... Section No. .... Vault Rental.....

1. .... Shipping Charges, prepaid.....  
 2. .... Removal Charges.....  
 3. .... Cremation Charges.....  
 4. .... Porters.....  
 5. .... Watchers.....  
 6. .... Personal Services.....

Diagram of Lot or Vault. 136 00  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance.....  
 Balance.....  
 Entered into Ledger, page..... or below.....

To Funeral Charges.....	Total, \$	By Cash.....	\$
<u>(CK) on Clarkdale</u>			
<u>Miss Bank</u>			
<u>Dr J.A. Vaughn</u>			

Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL.

187

No. (Total Number) ..... Date June 15<sup>th</sup> / 14

Name of Deceased Etta May Cox Charge to John Cox

Wife-Widow }  
 Son-Daughter of }  
 Order Given by John Cox  
 How Secured .....  
 Date of Funeral 6/15th/14  
 Residence 960 Grove Ave  
 Place of Death 960 Grove Ave  
 Funeral Services at 960 Grove Ave  
 Time of Funeral Service 960 Grove Ave

Clergyman Dr. J.C. Harrison  
 Cause of Death acute exudative nephritis  
 Date of Death 6/14/14  
 Date of Birth .....  
 Occupation of the Deceased school girl  
 Single or Married single  
 Aged 14 Years, ..... Months, ..... Days.

Name of Father L. Cox  
 His Birthplace Miss  
 Name of Mother .....  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Raised Top  
 Manufactured by Wm. H. ...  
 Interment at John Cemetery.  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin 25.00  
 " Metallic Lining (State kind) .....  
 " Outside Box (State kind) .....  
 " Grave Vault (State kind) 12.00  
 " Burial Robe .....  
 " Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with ..... Fluid) .....  
 Dressing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 Use of Catafalque and Drapery .....  
 " Folding Chairs .....  
 " Candelabrum and Candles .....  
 Moves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse 2 @ \$ 17.00  
 Carriages to Cemetery ..... @ \$ .....  
 Automobiles to Cemetery ..... @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Daily Notices in Commercial Newspapers 1.00  
 (Names of Newspapers) .....  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Diagram of Lot or Vault.  
 1. ....  
 2. ....  
 3. ....  
 4. ....  
 5. ....  
 6. ....  
 Total Footing of Bill 56.00

By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	Total, \$
<u>Dr. J.C. Harrison</u> <u>acute exudative</u> <u>nephritis</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 5<sup>th</sup> 1914

Name of Deceased Clifford Hardy (What Place) Clifford Hardy (Where Born)

Wife—Widow } Charge to Clifford Hardy  
 Son—Daughter of }

Address 107 So. Wellington St

Order Given by Clifford Hardy

How Secured Clifford Hardy

Date of Funeral 6/15<sup>th</sup> 1914

Residence 107 So. Wellington St

Place of Death 107 So. Wellington St

Funeral Services at 11:30 AM

Time of Funeral Service 11:30 AM

Clergyman \_\_\_\_\_

Certifying Physician Dr. J. Q. Taylor

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death Tuberculosis

Date of Death 6/14<sup>th</sup> 1914

Date of Birth \_\_\_\_\_

Occupation of the Deceased none

Single or Married Single

Aged 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Date of Birth \_\_\_\_\_

Name of Father C. Hardy

His Birthplace Mass

Name of Mother Married Taylor

Her Birthplace Mass

Mother's Maiden Name \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin Gloss white

Manufactured by Mt. Carmel

Interment at \_\_\_\_\_ Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 4 00
Metallic Lining	
Outside Box	
Grave Vault	3 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	1 000
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	2 000
By Amount Paid in Advance	5 00
Balance	1 500
Entered into Ledger, page _____ or below.	

To Funeral Charges	Total \$	By Cash	\$
	<u>Dr. J. Q. Taylor</u>		
	<u>Tuberculosis</u>		
	<u>Whooping Cough</u>		

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

189

No. (Total Number) ..... *Ellen L Hayes* (Yearly Number) ..... Date *June 15<sup>th</sup> 1914*

Name of Deceased *Ellen L Hayes* (Where Born) *Wm Hayes* (Where Born) *Wm Hayes*  
 Charge to *Wm Hayes*  
 Address *151 W. Humboldt*

Order Given by *Wm Hayes* Price of Casket or Coffin ..... \$ *2500*  
 How Secured *By us full* " Metallic Lining .....  
 Date of Funeral *6/15th/14* " (State kind) *500*

Residence *C. G. Hospital* " Outside Box .....  
 Place of Death *Humboldt 10* " Grave Vault .....  
 Funeral Services at *Humboldt 10* " Burial Robe .....  
 Time of Funeral Service *10:00* " Burial Slippers and Hose.....

Clergyman ..... Engraving Plate .....  
 Certifying Physician *Dr. W. S. Martin* Embalming Body (with) *Moore* .....  
 His Residence ..... and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death *Septicemia* Keeping Body on Ice.....  
 Date of Death *6/13th/14* Disinfecting Rooms.....  
 Date of Birth ..... Use of Catafalque and Drapery.....  
 Occupation of the Deceased *Domestic* Folding Chairs.....  
 Single or Married *Married* Candelabrum and Candles.....

Aged *17* Years, Months, Days. Gloves \$ ..... Cape \$ .....  
 Date of Birth ..... Door Cape \$ ..... Canopy \$ .....  
 Name of Father *Jerry Bobbitt* Hearse .....  
 His Birthplace *Commercial* Carriages to Cemetery ..... @ \$ .....  
 Name of Mother ..... Automobiles to Cemetery ..... @ \$ .....  
 Her Birthplace ..... Wagon Deliveries .....  
 Mother's Maiden Name *Humboldt 10* City Coaches (Coaches) .....  
 Body to be shipped to *Humboldt 10* Death Notices in Newspapers.....  
 Size and Style of Casket or Coffin *Raised Top* (Names of Newspapers) *Commercial* .....  
 Manufactured by *Humboldt 10* Flowers .....  
 Internment at *Humboldt 10* Vault Rental .....  
 Lot or Grave No. .... Section No. .... Shipping Charges, prepaid.....  
 Diagram of Lot or Vault. Removal Charges.....  
 1. .... Porters.....  
 2. .... Watchers.....  
 3. .... Personal Services.....  
 4. .... Music.....  
 5. .... Church Charges.....  
 6. ....

Total Footing of Bill ..... \$ *6050*  
 By Amount Paid in Advance ..... \$ *6050*  
 Balance .....  
 Entered into Ledger, page ..... or below.....

To Funeral Charges ..... Total \$ .....  
 By Cash ..... \$ .....  
*Dr. W. S. Martin*  
*Septicemia*

Names of Pall Bearers.....  
 Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) Kizzie Wilson No. (Year's Number) Date June 16<sup>th</sup> 1914

Name of Deceased Kizzie Wilson Charge to Chas Campbell Address 620 Union St

Order Given by Chas Campbell How Secured Cash Price of Casket or Coffin \$12.00

Date of Funeral 6/16th/14 Metallic Lining (State kind) 5.00

Residence Beal & Orleans St Outside Box (State kind) Grave Vault (State kind)

Place of Death Jackson 10 Burial Robe Burial Slippers and Hose

Time of Funeral Service 11 AM Engraving Plate Moore 15.00

Clergyman N. T. Ingram Embalming Body (with fluid) Washing and Dressing Shaving

His Residence Number of Burial Certificate Cause of Death auto accident

Date of Death 6/13th/14 Use of Catafalque and Drapery Folding Chairs Candelabrum and Candles

Date of Birth Occupation of the Deceased domestic Single or Married single

Aged 29 Years Months Days Wagon Deliveries 5.00

Date of Birth Name of Father His Birthplace

Name of Mother Her Birthplace Mother's Maiden Name

Body to be shipped to Jackson Tenn Size and Style of Casket or Coffin 14 Coffin

Manufactured by Jackson Tenn Interment at Jackson Tenn Cemetery

Lot or Grave No. Section No. 1 2 3 4 5 6

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$47.10 By Amount Paid in Advance Balance Entered into Ledger, page or below.

To Funeral Charges Total \$ By Cash \$

The deceased, Kizzie Wilson came to her death from automobile accident case (strike from auto. N. T. Ingram Coroner)

Names of Pall Bearers Names of Near Relatives

RECORD OF FUNERAL.

191

No. (Total Number) *1* No. (Year Number) *1914* Date *June 16, 1914*

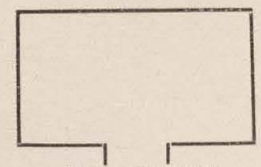
Name of Deceased *Lovie Hear* (What Race) *White* (Where Born) *Illinois*  
Wife-Widow *Widow* Son-Daughter of *Johnnie Jackson*  
Charge to *Brene & Johnnie Jackson*  
Address *Res 149 E. Calhoun*

Order Given by *Johnnie Jackson*  
How Secured *6/16/14*  
Date of Funeral *6/16/14*  
Residence *Tulip Hosp*  
Place of Death *Porter*  
Funeral Services at *Porter*  
Time of Funeral Service *2 PM*

Clergyman *Dr. Newman Taylor*  
Certifying Physician *Dr. Newman Taylor*  
His Residence *Porter*  
Number of Burial Certificate *1*  
Cause of Death *Primary Tuberculosis*  
Date of Death *6/15/14*  
Date of Birth *1874*

Occupation of the Deceased *Housewife*  
Single or Married *Single* Religion *Methodist*  
Aged *21* Years, Months, Days  
Date of Birth *1893*  
Name of Father *Unknown*  
His Birthplace *Unknown*  
Name of Mother *Unknown*  
Her Birthplace *Unknown*  
Mother's Maiden Name *Unknown*

Body to be shipped to *Porter*  
Size and Style of Casket or Coffin *Black*  
Manufactured by *Wm. H. Karnes*  
Interment at *Wm. H. Karnes* Cemetery.  
Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$ *1500*  
Metallic Lining (State kind)  
Outside Box (State kind)  
Grave Vault (State kind) *500*  
Burial Robe  
Burial Shippers and Hose  
Engraving Plate  
Embalming Body (with Fluid)  
Washing and Dressing  
Shaving  
Keeping Body on Ice  
Disinfecting Rooms  
Use of Catafalque and Drapery  
Folding Chairs  
Candelabrum and Candles  
Gloves \$ Crape \$  
Door Crape \$ Canopy \$  
Hearse  
Carriages to Cemetery @ \$  
Automobiles to Cemetery @ \$  
Wagon Deliveries *600*  
City Calls (Coaches)  
Death Notices in Newspapers  
*Commercial*  
(Names of Newspapers)  
Flowers  
Outlay for Lot  
Opening Grave or Vault  
Lining Grave  
Vault Rental  
Shipping Charges, prepaid  
Removal Charges  
Cremation Charges  
Porters  
Watchers  
Personal Services  
Music  
Church Charges  
Total Footing of Bill *2600*  
By Amount Paid in Advance *2600*  
Balance  
Entered into Ledger, page or below

To Funeral Charges	Total, \$	By Cash
<i>Tuberculosis Hosp</i>		
<i>Dr. Newman Taylor</i>		

Names of Pall Bearers  
Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) Name of Deceased *Sophia Carter* Date *June 17/14*

Charge *Dr. W.E. Courson* Address *Bulah Miss.*

Order Given by *Dr. W.E. Courson* Price of Casket or Coffin *"A" 13 00*

How Secured *20 lbs. lead for* Metallic Lining

Date of Funeral *6/17th 11 AM* Outside Box

Residence *negro Baptist Hosp* Grave Vault *5 00*

Place of Death *Parlor to Ceph* Burial Robe *3 50*

Funeral Services at *110 m* Burial Slippers and Hose

Time of Funeral Service *110 m* Engraving Plate *15 00*

Clergyman *none* Embalming Body (with *Moore* Fluid)

Certifying Physician *Dr. C.A. Terrell* Washing and Dressing

His Residence Shaving

Number of Burial Certificate *Shock* Keeping Body on Ice

Cause of Death *Shock following operation* Disinfecting Rooms

Date of Death *6/13th 1914* Use of Casket and Drapery

Date of Birth *about 42* Folding Chairs

Occupation of the Deceased *housewife* Candelabrum and Candles

Single or Married *married* Gloves \$ Crape \$

Aged *42* Years Months Days Door Crape \$ Canopy \$

Date of Birth *unknown* Hearse

Name of Father *unknown* Carriages to Cemetery @ \$

His Birthplace *unknown* Automobiles to Cemetery @ \$

Name of Mother *unknown* Wagon Deliveries *5 00*

Her Birthplace *unknown* City Calls (Coaches)

Mother's Maiden Name *unknown* Death Notices in Newspapers *Commercial 2 00*

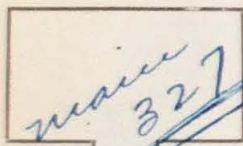
Body to be shipped to *unknown* Flowers

Size and Style of Casket or Coffin *"A" Coffin* Outlay for Lot

Manufactured by *Dr. W.E. Courson* Opening Grave or Vault

Interment at *mt. carmel* Lining Grave

Lot or Grave No. Section No. Vault Rental *underwear 1 00*



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including Casket, Burial Robe, Engraving Plate, etc., with a total footing of \$144.50.

Table for payment of funeral charges, listing 'To Funeral Charges' and 'By Cash' with a total of \$144.50.

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

193

No. *myra Elder* (Total Number)      No. *June 19th/14* (Yearly Number)      Date *June 19th/14*

Name of Deceased *myra Elder*      Charge to *Myra Phipps*      (Wife)      (Race)      (Place of Birth)

Order Given *Myra Phipps*      Address *812 Kentucky St*

How Secured *6/19th/14*      Price of Casket or Coffin *65.00*  
 Date of Funeral *6/19th/14*      "      Metallic Lining *5.00*  
 Residence *myra city, Mo*      "      Outside Box *10.00*  
 (State kind)      (State kind)

Place of Death *812 Kentucky St*      Grave Vault *12.00*  
 (State kind)      (State kind)

Funeral Services at *812 Kentucky St*      Burial Robe *15.00*  
 Time of Funeral Service *3:30 PM*      Burial Slippers and Hose

Clergyman *Dr. Frank Graham*      Engraving Plate *Moore* *15.00*  
 Certifying Physician *Dr. Frank Graham*      Embalming Body (with *Moore*)  
 His Residence *Moore*      Washing and Dressing

Number of Burial Certificate *1*      Shaving  
 Cause of Death *Surgical shock*      Keeping Body on Ice  
 (Primary)      (Secondary)      Disinfecting Rooms  
 Date of Death *June 16th/14*      Catafalque and Drapery

Date of Birth *June 16th/14*      Folding Chairs  
 Occupation of the Deceased *House wife*      Candelabrum and Candles  
 Single or Married *Single*      Gloves \$      Cape \$  
 Aged *25* Years,      Months,      Days      Hearse *18.00*  
 Date of Birth *Unknown*      Carriages to Cemetery *2* @ \$  
 Name of Father *Unknown*      Automobiles to Cemetery @ \$  
 His Birthplace *Unknown*      Wagon Deliveries  
 Name of Mother *Unknown*      City Calls (Coaches) *2.00*  
 Her Birthplace *Unknown*      Death Notices in *Commercial* *2.00*  
 (Names of Newspapers)

Mother's Maiden Name *Unknown*      Flowers  
 Body to be shipped to *Unknown*      Outlay for Lot  
 Size and Style of Casket or Coffin *Unknown*      Opening Grave or Vault  
 Lining Grave *Unknown* *5.00*  
 Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges

Manufactured by *mt. Carmel*      Porters  
 Interment at *mt. Carmel*      Watchers  
 Lot or Grave No.      Section No.      Personal Services  
 Music  
 Church Charges

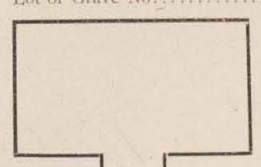


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash
<i>Surgical Shock</i>		<i>Large</i>
<i>Sub-ovarian abscess</i>		
<i>Lapnatory</i>		
<i>Dr. Frank Graham</i>		
<i>Goodwyn Inst</i>		

Names of Pall Bearers  
 Names of Near Relatives

Total Footing of Bill *134.00*  
 By Amount Paid in Advance

Balance  
 Entered into Ledger, page or below

RECORD OF FUNERAL.

No. (Total Number) Name of Deceased: *Willie Davis* Date: *June 20<sup>th</sup> 1914*

Charge to: *Elnora alias Mary Harris* Address: *716 Comost St*

Order Given by: *Elnora alias Mary Harris* How Secured: *By* Price of Casket or Coffin: *60.00*

Date of Funeral: *6/20/14* Residence: *151 1/2 Ruth Alley* Metallic Lining: (State kind)

Place of Death: *716 Comost St* Grave Vault: (State kind) *13.00*

Funeral Services at: *3 PM* Burial Robe: (State kind) *3.50*

Time of Funeral Service: *3 PM* Burial Slippers and Hose: *15.00*

Clergyman: *Dr. Chester J. Waters* Engraving Plate: Fluid

Certifying Physician: *Dr. Chester J. Waters* Embalming Body (with): Fluid

His Residence: *151 1/2 Ruth Alley* Shaving: Fluid

Number of Burial Certificate: *1* Keeping Body on Ice: Fluid

Cause of Death: *Pul. Tuberculosis* Disinfecting Rooms: Fluid

Date of Death: *6/19th 1914* of Catafalque and Drapery: Fluid

Date of Birth: *28* " Folding Chairs: Fluid

Occupation of the Deceased: *domestic* " Candelabrum and Candles: Fluid

Single or Married: *married* Gloves \$: Crape \$: Canopy \$:

Aged: *28* Years: Months: Days: Door Crape \$: Canopy \$:

Date of Birth: *5/19/14* Hearse: *12.00*

Name of Father: *Sam Bunch* Carriages to Cemetery: @ \$: *12.00*

His Birthplace: *Missouri* Automobiles to Cemetery: @ \$:

Name of Mother: *Maudy Thompson* Wagon Deliveries: Fluid

Her Birthplace: *Texas* City Calls (Coaches): Fluid

Mother's Maiden Name: *Thompson* Death Notices in: *Commercial 1.00*

Body to be shipped to: *Extra Carriage 1.00* Flowers: Fluid

Size and style of Casket or Coffin: *Silver Gray Crepe* Outlay for Lot: Fluid

Manufactured by: *Bryce* Opening Grave or Vault: Fluid

Interment at: *Zion* Lining Grave: Fluid

Lot or Grave No.: Section No.: Vault Rental: Fluid

Shipping Charges, prepaid: Fluid

Removal Charges: Fluid

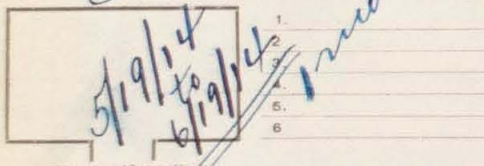


Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of the Diagram for the names of those buried in Lot.

Table with columns for item names and prices. Items include Metallic Lining, Outside Box, Grave Vault, Burial Robe, Burial Slippers and Hose, Engraving Plate, Embalming Body, Shaving, Keeping Body on Ice, Disinfecting Rooms, of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Crape, Canopy, Door Crape, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill, By Amount Paid in Advance, Balance, Entered into Ledger.

Table with columns for 'To Funeral Charges' and 'By Cash'. Total amount is \$117.50. Name: Dr. Chester J. Waters, Randolph Bldg.

Names of Pall Bearers: Names of Near Relatives:



# RECORD OF FUNERAL.

No. 75  
 (Total Number) Date June 21<sup>st</sup> 14  
 Name of Deceased *Vesti Harris* (Where Born)

Wife - Widow  John Harris  
 Son - Daughter of  Lottie Harris

Order Given by *John & Lottie Harris* 275 Queen St  
 How Secured *met* Price of Casket or Coffin 45.00

Date of Funeral *6/21/14* Metallic Lining (State kind) 5.00

Residence *275 Queen St* Outside Box (State kind) 2.00

Place of Death *275 Queen St* Grave Vault (State kind) 12.00

Funeral Services at *275 Queen St* Burial Robe

Time of Funeral Service *3:00 PM* Burial Slippers and Hose

Clergyman *Dr. C. M. Beck* Engraving Plate 15.00

Certifying Physician *Dr. C. M. Beck* Embalming Body (with Fluid)

His Residence *275 Queen St* Waxing and Dressing

Number of Burial Certificate *1* Shaving

Cause of Death *typhoid fever* Keeping Body on Ice

Date of Death *6/19/14* Disinfecting Rooms

Date of Birth *6/19/14* Use of Catafalque and Drapery

Occupation of the Deceased *School Girl* Folding Chairs

Single or Married *Single* Candelabrum and Candles

Aged *11* Years Gloves \$

Date of Birth *John Harris* Crape \$

Name of Father *John Harris* Hearse 13.00

His Birthplace *Missouri* Carriages to Cemetery 3 @ \$

Name of Mother *Lottie Harris* Automobiles to Cemetery @ \$

Her Birthplace *Missouri* Wagon Deliveries

Mother's Maiden Name *Beck* City Calls (Coaches)

Body to be shipped to *Brook* Death Notices in Newspapers 1.00

Size and Style of Casket or Coffin *Lamb Skin* Flowers

Manufactured by *Beck* Outlay for Lot

Interment at *Brook* Cemetery Opening Grave or Vault

Lot or Grave No. Lining Grave

Section No. Vault Rental

Shipping Charges, prepaid

Removal Charges

Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill 103.00

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

To Funeral Charges Total \$

By Cash \$

*Dr. C. M. Beck*

*5/30/14 to 6/19/14*

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) *Anderson Daniels* Date *June 21st 1914*

Name of Deceased *Eliza Daniels* Charge to *Eliza Daniels*

Address *1103 Kimbrough*

Order Given by *Eliza Daniels* Price of Casket or Coffin *\$68.00*

How Secured *(metal)* Metallic Lining (State kind) *5.00*

Date of Funeral *6/21/14* Outside Box (State kind) *7.50*

Residence *1103 Kimbrough St* Inside Vault (State kind) *15.00*

Place of Death *1103 "30 Pr"* Burial Robe *15.00*

Funeral Services at *1103 "30 Pr"* Burial Slippers and Hose

Time of Funeral Service *3:30 P.M.* Engraving Plate *15.00*

Clergyman *Dr. J. S. Jones* Embalming Body (with Fluid)

Certifying Physician *Dr. J. S. Jones* Washing and Dressing

His Residence *So. Lauderdale St* Keeping Body on Ice

Number of Burial Certificate *Uremic Poisoning* Disinfecting Rooms

Cause of Death *Uremic Poisoning* Folding Chairs

Date of Death *6/18th/14* Candelabrum and Candles

Date of Birth *6/18th/14* Gloves \$ Canopy \$ *19.00*

Occupation of the Deceased *R.R. Truckman* Hearse *4.00*

Single or Married *married* Carriages to Cemetery @ \$

Aged *59* Years Months Days Automobiles to Cemetery @ \$

Date of Birth *6/18th/14* Wagon Deliveries

Name of Father *unknown* City Calls (Coaches)

His Birthplace *unknown* Death Notices in Newspapers *Commercial 2.00*

Name of Mother *unknown* Flowers

Her Birthplace *unknown* Outlay for Lot

Mother's Maiden Name *unknown* Opening Grave or Vault

Body to be shipped to *Black Broadcloth*

Size and Style of Casket or Coffin *1103 Kimbrough*

Manufactured by *York*

Interment at *York* Cemetery

Lot or Grave Section No.

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including Casket, Lining, Vault, Robe, Slippers, Engraving, Embalming, Washing, Ice, Disinfecting, Folding Chairs, Candelabrum, Gloves, Canopy, Hearse, Carriages, Automobiles, Wagon Deliveries, City Calls, Death Notices, Flowers, Outlay for Lot, Opening Grave, Lining Grave, Vault Rental, Shipping Charges, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill, By Amount Paid in Advance, Balance.

Total Footing of Bill *\$116.00*

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

Table for funeral charges: To Funeral Charges (Total \$) By Cash (\$)

To Funeral Charges *Dr. J. S. Jones*

*Uremic Poisoning*

*6/14/14 / 6/18/14*

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

1917

No.          (Total Number)      No.          (Yearly Number)      Date June 22nd/17

Name of Deceased Octavia Chiver (White Race)      Charge to Richard Gray

Wife-Widow / Son-Daughter of               Address 975 Poplar Ave

Order Given by Richard Gray      Price of Casket or Coffin \$65.00

How Secured met. nat.      Metallic Lining 5.00

Date of Funeral 6/22nd/17      Outside Box 5.00

Residence 850 Almondway      Grave Vault 8.00

Place of Death Memphis      Burial Robe 15.00

Funeral Services at               Burial Slippers and Hose         

Time of Funeral Service               Engraving Plate         

Clergyman               Embalming Body (with Moore fluid) 15.00

Certifying Physician Dr. H. R. Hurston      Washing and Dressing         

His Residence               Shaving         

Number of Burial Certificate               Keeping Body on Ice         

Cause of Death Pul. Tuberculosis      Disinfecting Rooms         

Date of Death 6/21st/17      Use of Catafalque and Drapery         

Date of Birth               Folding Chairs         

Occupation of the Deceased Dequest      Candelabrum and Candles         

Single or Married               Gloves \$               Cape \$         

Aged 25 Years          Months          Days               Door Cape \$               Canopy \$         

Date of Birth               Hearse         

Name of Father               Carriages to Cemetery @ \$        

His Birthplace               Automobiles to Cemetery @ \$        

Name of Mother               Wagon Deliveries 5.00

Her Birthplace               City Calls (Coaches)         

Mother's Maiden Name               Death Notices in Commercial Newspapers 2.00

Body to be shipped to               Flowers 3.00

Size and Style of Casket or Coffin Silver      Outlay for          30.00

Manufactured by               Opening Grave or Vault         

Interment at          Cemetery               Lining Grave         

Lot or Grave No.               Section No.               Vault Rental         

              Shipping Charges, prepaid         

              Removal Charges         

              Preparation Charges         

              Resters         

              Watchers         

              Personal Services         

              Music         

              Church Charges         

              Total Footing of Bill \$130.00

              By Amount Paid in Advance         

              Balance         

              Entered into Ledger, page          or below         

To Funeral Charges          Total \$               By Cash          \$         

Names of Pall Bearers         

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 22nd 1914

Name of Deceased James Dodson (Where Born) \_\_\_\_\_

Wife-Widow } Charge to Frank Dodson  
 Son-Daughter of } Address Barton Miss

Order Given by Frank Dodson

How Secured \_\_\_\_\_ Price of Casket or Coffin \$ 65.00

Date of Funeral 6/22nd/14 Metallic Lining (state kind) \$ 5.00

Residence \_\_\_\_\_ Outside Box (state kind) \$ \_\_\_\_\_

Place of Death Miss City Hosp Grave Vault (state kind) \$ 3.50

Funeral Services at Collierville Mo Burial Robe \$ \_\_\_\_\_

Time of Funeral Service 2 P.M. Burial Slippers and Hose \$ 15.00

Clergyman \_\_\_\_\_ Engraving Plate Alfred \$ \_\_\_\_\_

Certifying Physician Dr Percy H. Woods Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

His Residence \_\_\_\_\_ Washing and Pressing \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death infected appendix Keeping Body on Ice \_\_\_\_\_

Date of Death \_\_\_\_\_ Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Single or Married married Candelabrum and Candles \_\_\_\_\_

Aged 38 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \_\_\_\_\_

His Birthplace \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Mother \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Size and Style of Casket or Coffin Laurel Skin \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_

Manufactured Collierville Tenn Flowers \_\_\_\_\_

Interment \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_

Diagram of Lot or Vault:   
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 94.50

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total	By Cash	\$
	<u>Miss City Hospital</u>		
	<u>Dr Percy H. Woods</u>		

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) *Monroe Goodman* No. (Yearly Number) *Goodman* Date *June 22nd/14*

Name of Deceased *Monroe Goodman* Charge to *Mrs. Monroe Goodman*

Wife-Widow Son-Daughter of *Mrs. Monroe Goodman* Address *White Haven 10*

Order Given by *Mrs. Monroe Goodman* Price of Casket or Coffin *110 00*

How Secured *R. O. S. S. S. S.* Metallic Lining (State kind) *110 00*

Date of Funeral *6/23rd/14* Outside Box (State kind)

Residence *White Haven 10* Grave Vault (State kind)

Place of Death *White Haven 10* Burial Robe

Funeral Services at *2 P.M.* Burial Slippers and Hosiery

Time of Funeral Service *2 P.M.* Engraving Plate *15 00*

Clergyman *Dr. N. C. Rainey* Embalming Body (with Fluid) *15 00*

Certifying Physician *Dr. N. C. Rainey* Washing and Dressing

His Residence *White Haven* Shaving

Number of Burial Certificates *Ulcer of the Duodenum* Keeping Body on Ice

Cause of Death *Ulcer of the Duodenum* Disinfecting Rooms

Date of Death *6/21st/14* Use of Catafalque and Drapery

Date of Birth *6/21st/14* Folding Chairs

Occupation of the Deceased *Farmer* Candelabrum and Candles

Single or Married *Married* Religion *Methodist* Gloves \$ Crape \$

Aged *45* Years Months Days Door Crape \$ Canopy \$

Date of Birth *Unknown* Hearse *15 00*

Name of Father *Unknown* Carriages to Cemetery @ \$ *18 00*

His Birthplace *Unknown* Automobiles to Cemetery @ \$

Name of Mother *Unknown* Wagon Deliveries

Her Birthplace *Unknown* City Calls (Coaches)

Mother's Maiden Name *Unknown* Death Notices in Newspapers *1 00*

Body to be shipped to *Black Pipe* Flowers

Size and Style of Casket or Coffin *Black Pipe* Outhy for Lot

Manufactured by *White Haven 10* Opening Grave or Vault

Interment at *White Haven 10* Lining Grave

Lot or Grave No. Section No. Vault Rental

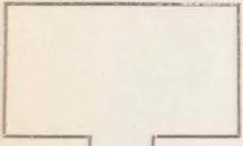


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

- 1.
2.
3.
4.
5.
6.

Total Footing of Bill \$ *79 00*

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

To Funeral Charges \$

By Cash \$

Names of Pall Bearers

Names of Near Relatives

Ulcer of the Duodenum
Dr. N. C. Rainey
Ulcer of the Duodenum

RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 23<sup>rd</sup> 1914

Name of Deceased Annie Collier (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_

Wife-Widow } Charge to Worath Collier  
 Son-Daughter-of }

Order Given by Worath Collier Address 586 Jessamine

How Secured 206 Lodge Price of Casket or Coffin \$ 85.00

Date of Funeral 6/23/14 Metallic Lining (State kind) 5.00

Residence \_\_\_\_\_ Outside Burial (State kind) \_\_\_\_\_

Place of Death 586 Jessamine Grave & Vault (State kind) 17.00

Funeral Services at Whiteville 10 Burial Robe \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_ Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate 15.00

Certifying Physician Dr. J. Q. Taylor Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Carriages \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death apoplexy Keeping Body on Ice \_\_\_\_\_

Date of Death 6/22/14 Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased domestic Folding Chairs \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ Candelabrum and Candles \_\_\_\_\_

Aged 41 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \_\_\_\_\_

His Birthplace \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Mother unknown Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries 5.00

Mother's Maiden Name \_\_\_\_\_ City Cabs (Coaches) \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ Despatches in \_\_\_\_\_

Size and Style of Casket or Coffin Steel Gray Commercial 2.00

Manufactured by \_\_\_\_\_ Flowers \_\_\_\_\_

Internment at Whiteville Outlay for Lot \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_

Diagram of Lot or Vault: apoplexy 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Personal Services Long Aetel 30

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 129.30

By Amount Paid in Advance Lodge 52.00

Balance 77.30

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	Total \$
<u>Chickasaw Court</u>			
<u>of Calanthe #84</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date June 26/14

Name of Deceased Cora Woods (What Race) Rosa Whitman (Where Born)

Wife—Widow Son—Daughter of Charge to Address Bunker Hill

Order Given by Rosa Whitman Price of Casket or Coffin \$15.00

How Secured Date of Funeral 6/26/14

Residence Place of Death

Funeral Services at Parlors Time of Funeral Service 9 a.m.

Clergyman Certifying Physician Dr. S.A. Settle

His Residence Number of Burial Certificate Cause of Death Dropsy (Pneumonia)

Date of Death 6/25/14 Date of Birth

Occupation of the Deceased Single or Married Married Aged 50 Years

Date of Birth Name of Father His Birthplace

Name of Mother Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin

Manufactured by Interment in Cemetery

Lot or Grave No. Section No.

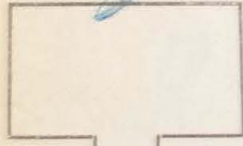


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$15.00
Metallic Lining
Outside Box
Grave Vault
Burial Robe
Burial Slippers and Hose
Engraving Plate
Embalming Body (with Fluid)
Washing and Dressing
Shaving
Keeping Body on Ice
Disinfecting Rooms
Use of Catafalque and Drapery
Folding Chairs
Candelabrum and Candles
Gloves \$
Crape \$
Door Crape \$
Canopy \$
Hearse
Carriages to Cemetery @ \$
Automobiles to Cemetery @ \$
Wagon Deliveries
City Calls (Coaches)
Death Notices in Newspapers
Flowers
Outlay for Lot
Opening Grave or Vault
Lining Grave
Vault Rental
Shipping Charges, prepaid
Removal Charges
Cremation Charges
Porters
Watchers
Personal Services
Music
Church Charges

Total Footing of Bill \$38.50

By Amount Paid in Advance \$38.50

Balance
Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, \$. Includes handwritten entries: 53.85, 38.50, 115.35 (total), Dr. S.A. Settle, Dropsy, (not).

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) No. (Serial Number) Date June 27 1914 Name of Deceased Matilda Brown (Where Born)

Wife-Widow Son-Daughter of Charge to Address 1275 E. Ensley Pla.

Order Given by W. J. Brown Price of Casket or Coffin \$40.00 How Secured Date of Funeral 6/27/14

Residence 1275 E. Ensley Pla. Outside Box (State kind) 5.00 Place of Death 1275 E. Ensley Pla. Burial Vault (State kind) 12.00

Funeral Services at 1275 E. Ensley Pla. Burial Robe 3.50 Time of Funeral Service Engraving Date Burial Slippers and Hose 15.00

Clergyman Dr. A. S. Burchette Embalming Body (with Washing and Dressing) Shaving Keeping Body on Ice

Number of Burial Certificate Disinfecting Rooms Cause of Death Malarial Fever (Primary) Date of Death 6/25/14

Date of Birth Occupation of the Deceased Domestic Single or Married Married

Aged 78 Years Months Days Name of Father His Birthplace

Name of Mother unknown Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin Black Crepe

Manufactured by Zion Cemetery Lot or Grave Section No.

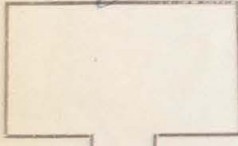


Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including Price of Casket or Coffin (\$40.00), Metallic Lining (\$5.00), Outside Box (\$12.00), Burial Vault (\$3.50), Burial Robe (\$3.50), Burial Slippers and Hose (\$15.00), Engraving Date, Embalming Body, Washing and Dressing, Shaving, Keeping Body on Ice, Disinfecting Rooms, Casket and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Door Crape, Canopy (\$10.00), Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers (Commercial \$1.00), Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges.

Total Footing of Bill 102.50 By Amount Paid in Advance Balance Entered into Ledger, page or below

Table with columns for 'To Funeral Charges Total \$' and 'By Cash \$'.

Names of Pall Bearers

Names of Near Relatives



# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date 6/27/14 1914

Name of Deceased Jessie Rainer (Wife) Race John W. Zell (Where Born) Ark

Charge to John Zell Address Bassett ark

Order Given by John Zell How Secured Billiard & Coffin Co Metallic Lining \$ 12.00

Date of Funeral 6/27/14 Outside Box (State kind) 5.00

Residence City Hospital Grave Vault (State kind) 4.50

Place of Death Bassett ark Burial Robe 1.50

Funeral Services at Bassett ark Burial Slippers and Hose 1.50

Time of Funeral Service 12.00 Engraving Plate 1.29

Clergyman Dr. S. E. Johnson Embalming Body (with Fluid) 1.50

Certifying Physician Dr. S. E. Johnson Shaving 1.29

His Residence ..... Keeping Body on Ice ..... Disinfecting Rooms .....

Number of Burial Certificates Peritonitis Use of Catafalque and Drapery .....

Cause of Death Peritonitis " Folding Chairs .....

Date of Death 6/26/14 " Candelabrum and Candles .....

Date of Birth ..... Gloves \$ ..... Crape \$ .....

Occupation of the Deceased Laborer Door Crape \$ ..... Canopy \$ .....

Single or Married married Hearse ..... Carriages to Cemetery @ \$ .....

Aged 27 Years ..... Months ..... Days ..... Automobiles to Cemetery @ \$ .....

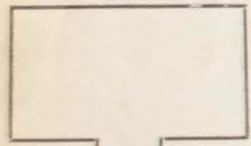
Date of Birth ..... Wagon Deliveries ..... 5.00

Name of Father unknown City Calls (Coaches) .....

His Birthplace ..... Death Notices in Commercial Newspaper (Names of Newspapers) Commercial

Name of Mother ..... Flowers .....  
Her Birthplace unknown Outfit for Lot .....  
Mother's Maiden Name Bassett ark Opening Grave or Vault .....  
Body to be shipped to Bassett ark Long Grave .....  
Size and Style of Coffin W. Coffin Vault Rental .....  
Manufactured by Bassett ark Shipping Charges, prepaid .....  
Internment at Bassett ark Removal Charges .....  
Lot or Grave No. ..... Section No. ..... Cremation Charges .....  
Personal Services .....  
Music .....  
Church Charges .....  
Total Footing of Bill 41.50

By Amount Paid in Advance ..... Balance .....  
Entered into Ledger, page ..... or below .....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Funeral Charges	Total \$	By Cash	\$
<u>(See) By Billard &amp; Coffin Co</u>		<u>22-N. Front St</u>	
<u>Due Monday June</u>		<u>29th 1914</u>	

Names of Pall Bearers .....  
Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date: June 28/14

Name of Deceased: Marie McCarty (Wife) Nelson McCarty (Wife)

Wife-Widow Son-Daughter of Nelson McCarty Charge to Address 323 So 4th St

Order Given by Nelson McCarty Price of Casket or Coffin \$ 6.00

How Secured Date of Funeral 6/28/14 Metallic Lining (State kind) 5.00

Residence Place of Death 323 So 4th St Outside Box (State kind) Grave Vault (State kind) 5.00

Funeral Services at Residence Time of Funeral Service 10 a.m. Burial Robe Burial Slippers and Hose

Clergyman Dr. R. G. Martin Engraving Plate Embalming Body (with Fluid) and Dressing

Certifying Physician His Residence Cause of Death Enterocolitis (Primary) 6/27/14

Date of Death 6/27/14 Date of Birth Occupation of the Deceased None

Single or Married Single Aged 77 Years Months Days

Date of Birth Name of Father Nelson McCarty City Calls (Coaches) 1 @ \$ 4.00

His Birthplace His Birthplace His Birthplace Automobiles to Cemetery @ \$ Wagon Deliveries

Name of Mother Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Color of Casket or Coffin Glass white

Manufactured by Interment at Zion Cemetery

Lot or Grave No. Section No. 1. 2. 3. 4. 5. 6.

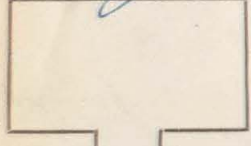


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$ 6.00 Metallic Lining (State kind) 5.00 Outside Box (State kind) Grave Vault (State kind) 5.00 Burial Robe Burial Slippers and Hose Engraving Plate Embalming Body (with Fluid) and Dressing Shaving Keeping Body on Ice Disinfecting Rooms Use of Catafalque and Drapery Folding Chairs Candelabrum and Candles Gloves \$ Crape \$ Door Crape \$ Canopy \$ Hearse Carriages to Cemetery 1 @ \$ 4.00 Automobiles to Cemetery @ \$ Wagon Deliveries City Calls (Coaches) 1 @ \$ 4.00 Death Notices in Newspapers (Sales of Newspapers) Flowers Outlay for Lot Opening Grave or Vault Lining Grave Vault Rental Shipping Charges, prepaid Removal Charges Cremation Charges Porters Watchers Personal Services Music Church Charges Total Footing of Bill \$ 16.00

By Amount Paid in Advance Balance Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, \$, and a large handwritten signature 'Dr. R. G. Martin Enterocolitis'.

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date June 29<sup>th</sup> 1914  
 Name of Deceased Georgia Rankins (Where born) .....  
 Charge to Will Rankins (Where born) .....  
 Address 359 Myers St  
 Order Given by Will Rankins  
 How Secured (Deposit)  
 Date of Funeral 6/27/14  
 Residence 359 Myers St  
 Place of Death 359 Myers St  
 Funeral Services at 10 a m  
 Time of Funeral Service 10 a m  
 Clergyman Dr. E.E. Nesbitt  
 Certifying Physician Dr. E.E. Nesbitt  
 His Residence .....

Number of Burial Certificate .....  
 Cause of Death 6/27/14  
 (Primary) (Secondary)  
Diabetes mel.  
 Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married married

Aged 32 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father George Rankins  
 His Birthplace Illinois  
 Name of Mother Rosetta Boyd  
 Her Birthplace Illinois  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Lamb Skin  
 Manufactured by Wm. S. Brown  
 Interment at Zion Cemetery.  
 Lot or Grave No. .... Section No. ....

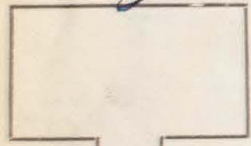


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin ..... \$ 53.00  
 " Metallic Lining (State kind) ..... \$ 5.00  
 " Outside Box (State kind) ..... \$ 75.00  
 " Grave Vault (State kind) .....  
 " Burial Robe .....  
 " Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with Fluid) Qualls ..... \$ 15.00  
 Washing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 Use of Catafalque and Drapery .....  
 " Folding Chairs .....  
 " Candelabrum and Candles .....  
 Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse .....  
 Carriages to Cemetery 5 @ \$ ..... \$ 20.00  
 Automobiles to Cemetery @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Death Notice in Commercial Newspapers .....  
 (Names of Newspapers) .....  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill ..... \$ 121.00  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below.

To Funeral Charges	Total \$	By Cash	\$
<u>Dr. E.E. Nesbitt</u>			
<u>Diabetes mel.</u>			
<u>"Bill of Sale" Prans</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

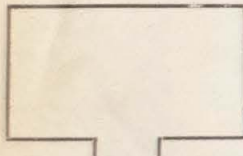
RECORD OF FUNERAL.

No. (Total Number) *W. E. Rolland* No. (Yearly Number) *June 30<sup>th</sup> 1914* Date *June 30<sup>th</sup> 1914*

Name of Deceased *W. E. Rolland* (What kind) *Sarah Rolland* Charge to *Sarah Rolland*

Wife—Widow } *Sarah Alex Rolland* Address *1296 Adelaide St*  
 Son—Daughter of }

Order Given by *Sarah Alex Rolland* Price of Casket or Coffin *17 00*  
 How Secured *not fitted caps* Metallic Lining (state kind) *5 00*  
 Date of Funeral *6/30/14* Outside Box (state kind) *3 50*  
 Residence *City Hosp* Grave Vault (state kind) *15 00*  
 Place of Death *Martin Schuffe* Burial Robe *none*  
 Funeral Services at *10 A.M.* Burial Slippers and Hose  
 Time of Funeral Service *10 A.M.* Engraving Plate *none*  
 Clergyman *Dr. Sholer O. Richardson* Embalming Body (with Fluid)  
 Certifying Physician *Dr. Sholer O. Richardson* Shaving  
 His Residence *Dr. Sholer O. Richardson* Keeping Body on Ice  
 Number of Burial Certificate *Autopsy of Dilatation of Heart* Disinfecting Rooms  
 Cause of Death *Autopsy of Dilatation of Heart* Use of Catafalque and Drapery  
 Date of Death *6/27/14* Folding Chairs  
 Date of Birth *6/27/14* Candelabrum and Candles  
 Occupation of the Deceased *Laborer* Gloves \$ ..... Crape \$ .....  
 Single or Married *married* Door Crape \$ ..... Canopy \$ .....  
 Aged *39* Years ..... Months ..... Days ..... Hearse .....  
 Date of Birth *unknown* Carriages to Cemetery @ \$ .....  
 Name of Father *unknown* Automobiles to Cemetery @ \$ .....  
 His Birthplace *unknown* Wagon Deliveries .....  
 Name of Mother *unknown* City Calls (Coaches) .....  
 Her Birthplace *unknown* Death Notices in Newspapers .....  
 Mother's Maiden Name *unknown* (Name of Newspaper) *1 00*  
 Body to be shipped to ..... Flowers .....  
 Size and Style of Casket or Coffin *"B" Coffin* Outlay for Lot .....  
 Manufactured by *Mt. Carmel* Opening Grave or Vault .....  
 Interment at *Mt. Carmel* Lining Grave .....  
 Lot or Grave No. .... Section No. .... Vault Rental .....  
 1. *Memor Rolland* Shipping Charges, prepaid .....  
 2. Removal Charges .....  
 3. Cremation Charges .....  
 4. Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill *61 50*  
 By Amount Paid in Advance *59 00*  
 Balance *2 50*  
 Entered into Ledger, page ..... or below.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	<i>City Hosp</i>	By Cash	\$
	<i>Dr. Sholer O. Richardson</i>		
	<i>Autopsy "Revealed nothing but dilatation of Heart"</i>		

Names of Pall Bearers.....  
 Names of Near Relatives.....

RECORD OF FUNERAL

June 30th 14

No. (Total Number) Spencer Kinney No. (Year's number) Date June 30th 14

Name of Deceased Spencer Kinney Charge to Mrs. G. Kinney (Where Born)

Wife-Widow Son-Daughter of Mrs. Spencer Kinney Address 658 Poplar St

Order Given by Mrs. Spencer Kinney Price of Casket of Coffin \$15.00

How Secured Paid for Metallic Lining (state kind)

Date of Funeral 6/30/14 Outside Box (state kind) 5.00

Residence Poor & Insane Asylum Burial Robe

Place of Death Parlor Burial Slippers and Hose

Funeral Services at 4 pm Engraving Plate

Time of Funeral Service 4 pm Embalming Body (with Fluid)

Clergyman Dr. W. H. Bolton Shaving

Certifying Physician Dr. W. H. Bolton Keeping Body on Ice

His Residence Disinfecting Rooms

Number of Burial Certificate Cause of Death Gen Paralysis

Date of Death 6/29/14 (Primary) (Secondary) Folding Chairs

Date of Birth Occupation of the Deceased Laborer Candelabrum and Candles

Single or Married Married Hearse

Aged 39 Years Months Days Carriages to Cemetery 5.00

Date of Birth Automobiles to Cemetery 6.00

Name of Father Unknown Wagon Deliveries

His Birthplace City Calls (Coaches)

Name of Mother Unknown Death Notices in Newspapers

Her Birthplace Flowers

Mother's Maiden Name Unknown Outlay for Lot

Body to be shipped to Vault Rental 5.00

Size and Style of Casket or Coffin Coffin made by Mt. Carmel

Manufactured by Mt. Carmel Removal Charges

Interment at Mt. Carmel Cemetery Cremation Charges

Lot or Grave No. Section No. Porters

Diagram of Lot or Vault Watchers

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+)

Designate place for Monument with a small square (□) Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$36.00

By Amount Paid in Advance \$36.00

Balance Entered into Ledger, page or below

To Funeral Charges Total, \$ By Cash \$

Poor & Insane Asylum

Dr. W. H. Bolton

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date July 1st 1914

Name of Deceased Vershey Howory (Where Born) Mannie Howory

Wife—Widow } Charge to Mannie Howory  
 Son—Daughter of } Address Williams Sub Div

Order Given by Mannie Howory

How Secured \_\_\_\_\_ Price of Casket or Coffin \$ 17.00

Date of Funeral 7/1/14 " Metallic Lining (state kind) 5.00

Residence \_\_\_\_\_ " Outside Box (state kind) \_\_\_\_\_

Place of Death Williams Sub Div " Grave Vault (state kind) 3.50

Funeral Services at up grassess " Burial Robe \_\_\_\_\_

Time of Funeral Service pm " Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate Moore 15.00

Certifying Physician Dr. Mason Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Pellagra Keeping Body on Ice \_\_\_\_\_

Date of Death 6/30/14 Disinfecting Rooms \_\_\_\_\_

Occupation of the Deceased domestic Use of Catafalque and Drapery \_\_\_\_\_

Single or Married married " Folding Chairs \_\_\_\_\_

Aged 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days. " Candelabrum and Candles \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father marion nichols Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace miss Hearse \_\_\_\_\_

Name of Mother emma smith Carriages to Cemetery @ \$ \_\_\_\_\_

Her Birthplace miss Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries 5.00

Body to be shipped to upora miss City Calls (Coaches) \_\_\_\_\_

Size and Style of Coffin "B" Coffin Death Notice (in \_\_\_\_\_ Newspapers) 1.00

Manufactured by upora miss Flowers \_\_\_\_\_

Interment at upora miss Outlay for Lot \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_ Lining Grave \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Vault Rental Advanced money 6.75

Designate place for Monument with a small square (□). Removal Charges \_\_\_\_\_

Use space to the right of Diagram for the names of those buried in Lot. Preparation Charges \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill. (Nat) 53.25

By Amount Paid in Advance. (Nat) 53.25

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

*Handwritten:* Nat Ins. Company  
 \$53.25  
 15 cents to be repaid

Diagram of Lot or Vault  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>upora miss</u>	
<u>Dr. Chas. R. Mason</u>	
<u>Pellagra</u>	

Names of Pall Bearers.....

Names of Near Relatives.....

RECORD OF FUNERAL

No. (Total Number) *Elizabeth Clark* No. (Year & Number) *July 2nd 1914* Date *July 2nd 1914*

Name of Deceased *Elizabeth Clark* (Where Born) *Bertclair Tenn*

Wife-Widow } Charge to *Alfred Clark*  
 Son-Daughter of }

Order Given by *Alfred Clark* Address *Bertclair Tenn*

How Secured *7/2 or 11/4* of Casket or Coffin *4000*

Date of Funeral *7/2 11/4* Metallic Lining (State kind)

Residence *Bertclair Tenn* Outside Box (State kind)

Place of Death *Bertclair Tenn* Grave Vault (State kind)

Funeral Services at *"2 PM"* Burial Robe *3 50*  
 Time of Funeral Service *"2 PM"* Burial Slippers and Hose

Clergyman *Dr. J. A. Anderson* Engraving Plate *1500*  
 Certifying Physician *Dr. J. A. Anderson* Embalming Body (with Fluid)

His Residence *Sum. & Highland* Disinfecting Rooms

Number of Burial Certificate *1* Keeping Body on Ice

Cause of Death *Valvular disease* of Catafalque and Drapery

Date of Death *7/1/14* Folding Chairs

Date of Birth *7/1/14* Candelabrum and Candles

Occupation of the Deceased *Domestic* Flowers \$

Single or Married *50 married* Door Crape \$

Aged *50* Years Months Days Hearse *1500*

Date of Birth *7/1/14* Carriages to Cemetery @ \$ *800*

Name of Father *Carl* Automobiles to Cemetery @ \$

His Birthplace *Carl* Wagon Deliveries

Name of Mother *Unknown* City Calls (Coaches)

Her Birthplace *Unknown* Death Notices in Newspapers *100*

Mother's Maiden Name *Unknown* (Names of Newspapers)

Body to be shipped to *Black Prepe* Flowers

Size and Style of Casket or Coffin *Black Prepe* Outlay for Lot

Manufactured by *Bertclair Tenn* Opening Grave or Vault

Interment at *Bertclair Tenn* Lining Grave

Lot or Grave No. *1* Section No. *1* Vault Rental

*Philadelphia Cemetery* Shipping Charges, prepaid

Removal Charges

Cremation Charges

Flowers

Watchers

Personal Services *82 50*

Music *Direct 50*

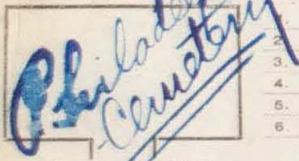
Church Charges

Total Footing of Bill *82 50*

By Amount Paid in Advance *55 00*

Balance *27 00*

Entered into Ledger, page \_\_\_\_\_ or below



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<i>Dr. J. A. Anderson</i>			
<i>Valvular disease of the heart - 3 weeks</i>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date July 3rd/14

Name of Deceased Josee Robinson

Wife-Widow Son-Daughter of Charge to Jas. Mulhin

Address 3 Old Kal. Road

Order Given by Jas. Mulhin

How Secured Crump Bros.

Date of Funeral 7/13/14

Residence New Kal. Road

Place of Death Old Tyler Chp

Funeral Services at 3:30 PM

Time of Funeral Service 3:30 PM

Clergyman Dr. C. D. Conroy

Certifying Physician 3 Old Kal. Rd

His Residence 3 Old Kal. Rd

Number of Burial Certificate

Cause of Death Tuberculosis

Date of Death 7/2/14

Date of Birth

Occupation of the Deceased Domestic

Single or Married Married

Aged 24 Years

Date of Birth

Name of Father Unknown

His Birthplace

Name of Mother

Her Birthplace Unknown

Mother's Maiden Name

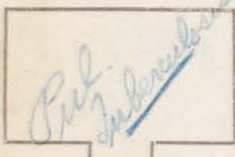
Body to be shipped to

Size and Style of Case or Coffin B Coffin

Manufactured by Old Tyler Chp

Interment at Old Tyler Chp

Lot or Grave No. Section No.



- 1.
2.
3.
4.
5.
6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table with columns for Funeral Charges, Total, and By Cash. Includes handwritten entry 'Telephoned Crump Bros. 20.00'.

Names of Pall Bearers

Names of Near Relatives

Checked to Crump Bros

Wife-Widow Son-Daughter

Order Given

How Secured

Date of F

Residence

Place of F

Funeral S

Time of F

Clergyman

Certifying

His Resid

Number o

Cause of

Date of D

Date of B

Occupatio

Single o

Aged

Date of B

Name of

His Birth

Name of

Her Birth

Mother's

Body to b

Size and

Manufact

Interment

Lot or G

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in Lot.

Names o

Names



RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date July 6<sup>th</sup> 1914

Name of Deceased Marnie James (Wife of) Dr. R. B. James (Where Born) Kansas

Charge to Dr. R. B. James Address Kansas

Order Given by Dr. R. B. James Price of Casket or Coffin \$ 13.00

How Secured Date of Funeral 7/6/14

Residence Place of Death C. C. Hosp. Gaylor's

Funeral Services at Dr. J. T. Wilson

Time of Funeral Service Clergyman

Certifying Physician His Residence

Number of Burial Certificate Cause of Death Pellagra

Date of Death 7/6/14 Date of Birth

Occupation of the Deceased H. W. Single or Married Single

Aged 18 Years Months Days

Date of Birth Name of Father unknown

His Birthplace Name of Mother Her Birthplace

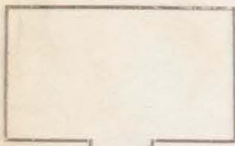
Mother's Maiden Name Body to be shipped to

Size and Style of Casket or Coffin 14" coffin

Manufactured by Mt. Carmel

Interment at Mt. Carmel Cemetery

Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral expenses including Casket (\$13.00), Outside Box, Grave Vault (\$3.50), Burial Slippers and Hose, Engraving Plate, Embalming Body, Disinfecting Rooms, Use of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Door Crape, Canopy, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Burial Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill (\$32.50), Amount Paid in Advance, Balance, Entered into Ledger.

Summary table with columns: To Funeral Charges, Total, \$, By Cash, \$.

Names of Pall Bearers Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) ... No. (Yearly Number) ... Date July 7th 14

Name of Deceased Crawford Mebane (What Race) ... (Where Born) ... Charge to F. Mebane Address 1400 Adelaide St.

Order Given by ... How Secured ... Date of Funeral July 7/14

Residence 1400 Adelaide St. Place of Death 1400 Adelaide St. Funeral Services at 1400 Adelaide St. Time of Funeral Service 9 a.m.

Clergyman ... Certifying Physician Dr. G. B. Williams His Residence Meacham Ave.

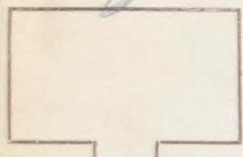
Number of Burial Certificate ... Cause of Death Malaria Fever Date of Death 7/5/14

Date of Birth ... Occupation of the Deceased nurse Single or Married Single Aged 13 Years

Date of Birth ... Name of Father Fletcher Mebane His Birthplace St. Louis, Mo. Name of Mother Stella Knight Commercial Her Birthplace Tenn.

Mother's Maiden Name ... Body to be shipped to ... Size and Style B. Coffins

Manufactured by Zion Interment at Zion Lot of Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of charges: Price of Casket or Coffin \$17.00, Metallic Lining, Outside Box, Grave Vault \$12.00, Burial Robe, Burial Slippers and Hose, Engraving Plate, Embalming Body with Fluid \$15.00, Disinfecting Rooms, Crape \$, Canopy \$, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, Death Notices in Newspapers \$1.00, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill \$50.00

By Amount Paid in Advance ... Balance ... Entered into Ledger, page ... or below.

Table with columns: To Funeral Charges, Total, \$, By Cash, Date. Includes handwritten entry: 6/26/14 to 7/5/14, Malaria Fever, Dr. G. B. Williams.

Names of Pall Bearers ... Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) No. (County Number) Date July 8th 1914

Name of Deceased Lawrence Bradley (Where Born) Memphis, Tenn.

Wife-Widow Charge to Logan Bradley (Where Born) Memphis, Tenn.

Order Given By Logan Bradley Address Memphis, Tenn.

How Secured Price of Casket or Coffin \$17.00

Date of Funeral 7/8/1914 Metallic Lining (State kind) 5.00

Residence Outside Box (State kind)

Place of Death City Hosp. Grave Vault (State kind)

Funeral Services at City Hosp. Burial Robe

Time of Funeral Service 11 A.M. Burial Slippers and Hose

Clergyman Engraving Plate (129) 15.00

Certifying Physician Dr. J. W. ... Washing and Dressing

His Residence City Hosp. Shaving

Number of Burial Certificates Keeping Body on Ice

Cause of Death Intest Obstruction Disinfecting Rooms

Date of Death 7/7/14 Use of Catafalque and Drapery

Date of Birth Gloves \$ Crape \$

Occupation of the Deceased Door Crape \$ Canopy \$

Single or Married married Hearse

Aged 39 Years Months Days Carriages to Cemetery @ \$

Date of Birth Automobiles to Cemetery @ \$

Name of Father Wagon Deliveries

His Birthplace City Calls (Coaches) 10.00

Name of Mother Death Notices in Newspapers 1.00

Her Birthplace Flowers

Mother's Maiden Name Outlay for Lot

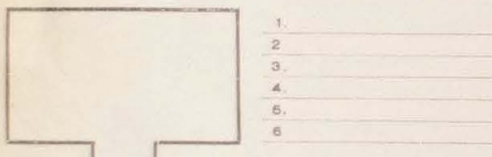
Body to be shipped to Opening Grave or Vault

Size and Style of Casket or Coffin Lining Grave

Manufactured by B. Coffey Vault Rental

Interment at Old Union Cem. Shipping Charges, prepaid

Lot or Grave No. Section No. Removal Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including items like Casket, Metallic Lining, Outside Box, Grave Vault, Burial Robe, Burial Slippers and Hose, Engraving Plate, Embalming Body, Washing and Dressing, Shaving, Keeping Body on Ice, Disinfecting Rooms, Use of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Crape, Door Crape, Canopy, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges, Total Footing of Bill, By Amount Paid in Advance, Balance, Entered into Ledger.

Table for payment: To: Funeral Charges, By Cash, City Hospital, Intest Obstruction

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) *Bertha Turner* No. (Yearly Number) *July 8th/14* Date *July 8th/14*

Name of Deceased *Bertha Turner* Charge to *Mrs. Garrett*

Wife-Widow } *Mrs. Garrett* Son-Daughter of } Address *1003 Louise*

Order Given by *Mrs. Garrett* Price of Casket or Coffin *55.00*

How Secured *cash* Metallic Lining *12.00*

Date of Funeral *8th/14* Outside Box *12.00*

Residence *1003 Louise St* Grave Vault *12.00*

Place of Death *1003 Louise St* Burial Robe

Funeral Services at *10 a.m.* Burial Slippers and Hose

Time of Funeral Service *10 a.m.* Engraving Plate

Clergyman *Dr. Cum. Harris* Embalming Body (with Fluid)

Certifying Physician *Dr. Cum. Harris* and Dressing

His Residence *Dr. Cum. Harris* Shaving

Number of Burial Certificate *acute endocarditis* Keeping Body on Ice

Cause of Death *acute endocarditis* Disinfecting Rooms *PBC 6.00*

Date of Death *7/7/14* Folding Chairs

Date of Birth *7/7/14* Candelabrum and Candles

Occupation of the Deceased *none* Gloves \$ Crape \$

Single or Married *single* Door Crape \$ Canopy \$

Aged *14* Years Months Days Hearse *3* Carriages to Cemetery *12.00*

Date of Birth *will Turner* Automobiles to Cemetery *12.00*

Name of Father *Ella Lemarr* Wagon Deliveries

His Birthplace *Lemarr* Death Notices *1.00*

Name of Mother *Lemarr* (Names of Newspapers)

Her Birthplace *Lemarr* Flowers

Mother's Maiden Name *Lemarr* Outlay for Lot

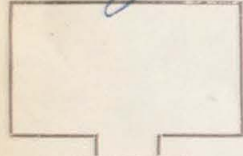
Body to be shipped to *Lemarr* Opening Grave or Vault

Size and Style of Casket or Coffin *Lamb Skins* Lining Grave

Manufactured by *zion* Vault Rental

Interment at *zion* Shipping Charges, prepaid

Lot or Grave No. Section No. Removal Charges



- 1.
2.
3.
4.
5.
6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of charges including Price of Casket or Coffin, Metallic Lining, Outside Box, Grave Vault, Burial Robe, Burial Slippers and Hose, Engraving Plate, Embalming Body (with Fluid), and Total Footing of Bill.

Table for payment details: To Funeral Charges, By Cash, Balance, Entered into Ledger.

Names of Pall Bearers
Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) *Galton McNeil* Date *July 14<sup>th</sup> 1914*

Name of Deceased *Galton McNeil* Charge to *Emma McNeil*

Wife-Widow Son-Daughter of *Emma McNeil* Address *628 1/2 Wilkerson St*

Order Given by *met. orat* Price of Casket or Coffin *50.00*

How Secured *met. orat* Metallic Lining (State kind) *12.00*

Date of Funeral *7/14th/14* Outside Box (State kind) *3.50*

Residence *628 1/2 Wilkerson St* Grave Vault (State kind) *15.00*

Place of Death *628 1/2 Wilkerson St* Burial Robe *3.00*

Funeral Services at *" 3 P.M."* Burial Slippers and Hose *1.50*

Time of Funeral Service *3 P.M.* Engraving Plate *1.50*

Clergyman *Dr. Jas. W. Hose* Embalming Body (with Fluid) *15.00*

Certifying Physician *Dr. Jas. W. Hose* Washing and Dressing *1.50*

His Residence *Missouri* Shaving *1.50*

Number of Burial Certificate *1* Keeping Body on Ice *1.50*

Cause of Death *meningitis* Disinfecting Rooms *1.50*

Date of Death *7/13th/14* Use of Catafalque and Drapery *1.50*

Date of Birth *7/13th/14* Folding Chairs *1.50*

Occupation of the Deceased *laborer* Candelabrum and Candles *1.50*

Single or Married *married* Religion *Methodist* Gloves \$ *1.00* Crape \$ *1.00*

Aged *25* Years Months Days *11 11 11* Door Crape \$ *1.00* Canopy \$ *1.00*

Date of Birth *7/13th/14* Hearse *19.00*

Name of Father *A. G. McNeil* Carriages to Cemetery @ \$ *1.00*

His Birthplace *Missouri* Automobiles to Cemetery @ \$ *1.00*

Name of Mother *Emma A. Bowler* Wagon Deliveries *1.00*

Her Birthplace *Missouri* City Calls (Coaches) *1.00*

Mother's Maiden Name *Missouri* Death Notices in Newspapers *1.00*

Body to be shipped to *Missouri* Flowers *6.00*

Size and Style of Casket or Coffin *white plush* Outlay for Lot *B.C.*

Manufactured by *Green* Opening Grave or Vault *1.00*

Interment at *Green* Cemetery Lining Grave *1.00*

Lot or Grave No. *1* Vault Rental *1.00*

Section No. *1* Shipping Charges, prepaid *1.00*

1. *1* Removal Charges *1.00*

2. *1* Cremation Charges *1.00*

3. *1* Porters *1.00*

4. *1* Watchers *1.00*

5. *1* Personal Services *1.00*

6. *1* Music *1.00*

Church Charges *1.00*

Total Footing of Bill *113.50*

By Amount Paid in Advance *113.50*

Balance *0.00*

Entered into Ledger, page *11350* or below *11350*

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<i>Dr. Jas. W. Hose</i>			
<i>7/6/14 to 7/13/14</i>			
<i>Menninger</i>			

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date July 16<sup>th</sup> 1914  
 Name of Deceased Hampton Holmgrass (Where Born) M. Leary Sun Co.

Wife—Widow McLean Lumber Co. Charge to M. Leary Sun Co.  
 Son—Daughter of Mr. P. W. McKelvey Address Memphis 10-

Order Given by M. Leary Sun Co. How Secured of Casket or Coffin ..... \$ 15.00  
 Date of Funeral 7/16-14 Metallic Lining (state kind) ..... \$ 5.00

Residence negro bapt hosp Outside Box (state kind) ..... \$ 3.50  
 Place of Death Jarvis miss Grave Vault (state kind) ..... \$ 1.50

Funeral Services at Jarvis miss Burial Robe .....  
 Time of Funeral Service 9 am Burial Slippers and Hose .....  
 Clergyman Dr. C. A. Terrell Engraving Plate .....  
 Certifying Physician Memphis Embalming Body (with Fluid) .....  
 His Residence Memphis Washing and Dressing .....  
 Number of Burial Certificate Compul of Brain Shaving .....  
 Cause of Death Compul of Brain Keeping Body on Ice .....  
 Date of Death 7/16 Disinfecting Rooms .....  
 Date of Birth 26 " of Catafalque and Drapery .....  
 Occupation of the Deceased laborer " Folding Chairs .....  
 Single married " Candelabrum and Candles .....  
 Aged 26 years, Months, Days. Gloves \$ ..... Crape \$ .....  
 Date of Birth 7/16 Hearse \$ ..... Canopy \$ .....  
 Name of Father unknown Carriages to Cemetery @ \$ .....  
 His Birthplace unknown Automobiles to Cemetery @ \$ .....  
 Name of Mother unknown Wagon Deliveries ..... \$ 5.00  
 Her Birthplace unknown City Calls (Coaches) .....  
 Mother's Maiden Name unknown Death Notices in Newspapers Commercial ..... \$ 1.00  
 Body to be shipped to unknown Flowers .....  
 Size and Style of Casket or Coffin B Coffin Outlay for Lot .....  
 Manufactured by Alton miss Opening Grave or Vault .....  
 Internment at unknown Lining Grave Underwear ..... \$ 1.00  
 Lot or Grave No. Section No. Vault Rental .....  
 1. Shipping Charges, prepaid .....  
 2. Removal Charges .....  
 3. Cremation Charges .....  
 4. Burial .....  
 5. Washers .....  
 6. Personal Services .....  
 Music .....  
 Church Charges .....

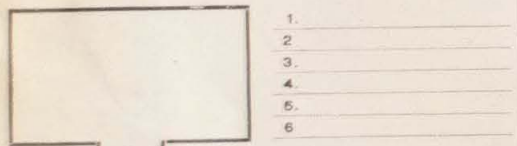


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Engraving Plate	1.50
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
" of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crave \$	
Hearse	
Canopy \$	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in Newspapers	1.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	1.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Burial	
Washers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 45.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	

To Funeral Charges	Total, \$	By Cash	\$
<u>Compulsion of Brain</u>			
<u>due from Fracture</u>			
<u>Dr. C. A. Terrell</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) No. (Book Number) Date July 17th 1914

Name of Deceased Mrs. Glover Bagby (what race) (Where Born)

Wife-Widow Son-Daughter of Charge to Address 111 Jones Ave

Order Given Ida Glover Price of Casket or Coffin 60.00

How Secured Metalic Lining 5.00

Date of Funeral 7/17th/14 Outside Box 5.00

Residence 111 Jones Ave Grave Vault 8.50

Place of Death Residence Burial Robe 15.00

Funeral Services at 10 a.m. Burial Slippers and Hose

Time of Funeral Service 10 a.m. Engraving Plate

Clergyman Dr. C. J. Covington Embalming Body (with Fluid) 15.00

Certifying Physician Jones Ave

His Residence Traumatic Septicemia

Number of Burial Certificate 7/15th/14

Cause of Death Traumatic Septicemia

Date of Death 7/15th/14

Date of Birth 25 Years

Occupation of the Deceased Single or Married

Single or Married married

Aged 25 Years Months Days

Date of Birth

Name of Father unknown

His Birthplace Commercial

Name of Mother

Her Birthplace

Mother's Maiden Name unknown

Body to be shipped to

Size and Style of Casket or Coffin

Manufactured by

Interment at Jones Cemetery

Lot or Grave No. Section No.

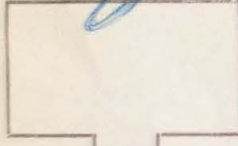


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including Price of Casket or Coffin (60.00), Metalic Lining (5.00), Outside Box (5.00), Grave Vault (8.50), Burial Robe (15.00), Burial Slippers and Hose, Engraving Plate, Embalming Body (with Fluid) (15.00), Keeping Body on Ice, Folding Chairs, Candelabrum and Candles, Gloves, Door Grape, Canopy, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, prepaid, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges.

Total Footing of Bill 131.50

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, \$.

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL

notice below

July 1<sup>st</sup> 14

No. (Total Number) ... No. (Year's Number) ... Date ...  
Name of Deceased: Bert Franklyn Walsh  
Wife—Widow ... Son—Daughter of ... Charge to: J. Walsh Bros  
Address: N. Main St.

Order Given by: J. Walsh Bros  
How Secured: 7/15/14  
Date of Funeral: 7/15/14  
Residence: near 59th St. Lauderdale, Fla.  
Place of Death: parlors  
Time of Funeral Service: 11 A.M.  
Clergyman: No Doctor

Cause of Death: Gen. Debility  
Date of Death: 7/16/14  
Date of Birth: about 79  
Occupation of the Deceased: Factor  
Single or Married: widow  
Years: ... Months: ... Days: ...

Name of Father: unknown  
Name of Mother: unknown  
Her Birthplace: unknown  
Mother's Maiden Name: unknown  
Body to be shipped to: no  
Size and Kind of Casket or Coffin: a coffin

Manufactured: at home  
Interment at: no  
Lot or Grave No.: ... Section No.: ...  
Designate all Graves in Lot with numbers (1, 2, 3, 4, etc.), and mark space for the funeral with a cross (X).  
Designate place for monument with small square (□).  
Use space to the right of Diagram for the names of those buried in lot.

Diagram of Lot or Vault:  
To Funeral Charge: ... Total \$ ...  
By Cash: ... \$ ...  
Balance: ...  
Entered into Ledger, page: ... or below: ...

Dr. J. L. Edwards  
attends to the deceased  
cause of death: leukemia  
Dr. J. L. Edwards  
attends to the deceased  
cause of death: leukemia

Price of Casket or Coffin: \$ 1600  
Metallic Lining (state kind):  
Outside Box (State kind): \$ 5.00  
Burial Robe: \$ 3.50  
Burial Slippers and Hose:  
Engraving Plate:  
Embalming Body (with Fluid):  
Washing and Dressing:  
Shaving:  
Lining Body on Ice:  
Disinfecting Rooms:  
of Catafalque and Drapery:  
Folding Chairs:  
Candelabrum and Candles:  
Gloves \$: ... Crape \$:  
Door Crape \$: (wagon used) 10.00  
Hearse:  
Carriages to Cemetery @ \$:  
Automobiles to Cemetery @ \$:  
Wagon Deliveries:  
City Calls (Coaches):  
Death Notices in (State of Newspapers): Commercial 1.00  
Flowers:  
Outlay for Lot:  
Opening Grave or Vault:  
Lining Grave: underwear 1.00  
Vault Rental:  
Shipping Charges, prepaid:  
Removal Charges:  
Cremation Charges:  
Porters:  
Watchers:  
Personal Services:  
Music:  
Church Charges:  
Total Footing of Bill: \$ 36.50  
By Amount Paid in Advance:  
Balance:  
Entered into Ledger, page: ... or below: ...

Names of Pall Bearers: Dr. J. L. Edwards  
Names of Near Relatives: Randolph B. B. G.  
Cause of Death: leukemia



RECORD OF FUNERAL

No. (Total Number) \_\_\_\_\_ No. (Serial Number) \_\_\_\_\_ Date July 18<sup>th</sup> 14

Name of Deceased Luella Pickett Charge to John A. Kirby

Wife—Widow \_\_\_\_\_ Son—Daughter of \_\_\_\_\_ Address Benton miss

Order Given by John A. Kirby Price of Casket or Coffin \$ 16.00

How Secured Draft " Metallic Lining \_\_\_\_\_ (State kind)

Date of Funeral 7/18/14 " Outside Box \_\_\_\_\_ (State kind)

Residence near Vance ave " Grave Vault \_\_\_\_\_ (State kind)

Place of Death Parsons " Burial Robe 3.50

Funeral Services at \_\_\_\_\_ " Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 8:00 AM Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

Certifying Physician no doctor Washing and Dressing \_\_\_\_\_

His Residence \_\_\_\_\_ Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Organic Heart Disease Disinfecting Room \_\_\_\_\_

Date of Death 7/16/14 " Folding Chairs \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_

Occupation of the Deceased Domestic Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Single or Married married Hat Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Aged 39 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hearse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

His Birthplace unknown Wagon Deliveries 5.00

Name of Mother \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Death Notice in \_\_\_\_\_ Newspapers \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Flowers \_\_\_\_\_ (Names of Newspapers)

Body to be shipped to \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Size and Style of Casket or Coffin B+C coffin Opening Grave or Vault \_\_\_\_\_

Manufactured by mt carter Lining Grave 1.00

Interment at \_\_\_\_\_ Vault Rental \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_ Removal Charges \_\_\_\_\_

1. \_\_\_\_\_ Porters \_\_\_\_\_

2. \_\_\_\_\_ Watchers \_\_\_\_\_

3. \_\_\_\_\_ Personal Services \_\_\_\_\_

4. \_\_\_\_\_ Music \_\_\_\_\_

5. \_\_\_\_\_ Church Charges \_\_\_\_\_

6. \_\_\_\_\_

Total Footing of Bill "Draft" \$ 31.50

By Amount Paid in Advance Draft 31.50

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<u>no doctor</u> <u>"organic Heart Disease"</u> <u>supposed cause of death</u> <u>Dr. C. C. Shaver</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL

No. \_\_\_\_\_ Date July 19th 1914  
(Total Number) Eddie Anderson (Yearly Number)

Name of Deceased Eddie Anderson Charge to Cora Hampton  
Wife-Widow \_\_\_\_\_ (Race) \_\_\_\_\_ (Widow)  
Son-Daughter of \_\_\_\_\_ Address Ferry St

Order Given by Cora Hampton Price of Casket or Coffin \$ 65.00  
How Secured \_\_\_\_\_ Metallic Lining \_\_\_\_\_  
Date of Funeral 7/19th/14 (State kind) \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box \_\_\_\_\_  
Place of Death City Hospital Grave Vault \_\_\_\_\_  
Funeral Services at Little Rock Ark (State kind) \_\_\_\_\_  
Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate Moore \$ 15.00  
Certifying Physician Dr. E. J. Snyder Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
His Residence City Hospital Washing and Dressing \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

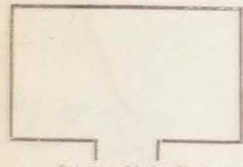
Cause of Death Toxemia Keeping Body on Ice \_\_\_\_\_  
Date of Death 7/17/14 Disinfecting Rooms \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_  
Occupation of the Deceased Laborer " Folding Chairs \_\_\_\_\_  
Single or Married married " Candelabrum and Candles \_\_\_\_\_

Aged 23 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
Name of Father \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_  
Name of Mother Sue Gaugford Carriages to Cemetery @ \$ \_\_\_\_\_  
Her Birthplace Lebanon Automobiles to Cemetery @ \$ \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries 5.00

Body to be shipped to Little Rock Ark City Cabs (Coaches) \_\_\_\_\_  
Size and Style of Casket or Coffin \_\_\_\_\_ Death Notices in Newspaper \_\_\_\_\_  
Manufactured by Little Rock Ark (Names of Newspapers) 1.00

Interment at Little Rock Ark Flowers \_\_\_\_\_  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Outlay for Lot \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Personal Services \_\_\_\_\_  
Music \_\_\_\_\_  
Church Charges \_\_\_\_\_

Total Footing of Bill. (net) \$ 94.50

By Amount Paid in Advance \_\_\_\_\_  
Balance \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total \$ \_\_\_\_\_ By Cash \_\_\_\_\_ \$ \_\_\_\_\_  
Cause City Hospital  
Toxemia from gangrene  
ous Scrothum  
Dr. E. J. Snyder

Names of Pall Bearers \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL

No. (Total Number) No. (Yearly Number) Date July 21st 1914

Name of Deceased Alvin Hendricks (Where Bore)

Charge to Henry Hendricks (Where Bore) Address 784 Williams Ave

Wife-Widow Son-Daughter of Laura Hendricks By M. J. Sharp (Guardian of Estate) How Secured

Date of Funeral 7/21st/14 Metallic Lining \$ 6.00

Residence 784 Williams Ave Outside Box (State kind) 5.00

Place of Death 784 Williams Ave Burial Vault (State kind)

Funeral Services at 2 PM Burial Robe Burial Slippers and Hose

Time of Funeral Service Engraving Plate

Clergyman Dr. B. T. Lewis Embalming Body (with Fluid) Washing and Dressing

Certifying Physician Dr. B. T. Lewis Walker Ave Shaving

His Residence Number of Burial Certificate Cause of Death Inoperable

Date of Death 7/21st/14 Use of Catafalque and Drapery

Date of Birth Occupation of the Deceased none

Single or Married Single Aged 60 Years Months Days

Date of Birth Name of Father

This Birthplace Name of Mother Rose Hendricks (Names of Newspapers)

Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin

Manufactured by Glass white iron

Interment at Brookwood Cemetery

Lot or Grave Section

Diagram of Casket or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+)

Designate place for Monument with a small square (□) Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 15.00

By Amount Paid in Advance Balance

Entered into Ledger, page or below

To Funeral Charges Total \$ By Cash

Dr. B. T. Lewis Enteritis (control) Bronchitis

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date July 23<sup>rd</sup> 1914

Name of Deceased Sallie Cleveland (What Race) (Where Born)

Wife-Widow Son-Daughter of) Charge to Rijas Cleveland

Address 262 Mahan Ave

Order Given by Rijas Cleveland

How Secured 7/17 3rd tier

Date of Funeral 7/21 3rd tier

Residence 262 Mahan Ave

Place of Death 262 Mahan Ave

Funeral Services at Mission Home

Time of Funeral Service 10 a.m.

Clergyman Dr. J. W. Beckett

Certifying Physician Florida Hill

His Residence Florida Hill

Number of Burial Certificate

Cause of Death Hepatic Dropsy (Primary) (Secondary)

Date of Death 7/21/14

Date of Birth

Occupation of the Deceased Domestic

Single or Married Married

Aged 51 Years Months Days

Date of Birth

Name of Father Unknown

His Birthplace

Name of Mother

Her Birthplace Unknown

Mother's Maiden Name

Body to be shipped to

Size and Style of Casket or Coffin Black Crepe

Manufactured by Union Forever

Interment at Cemetery

Lot or Grave No. Section No.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	7 Box	4000
Metallic Lining	(State kind)	
Outside Box	(State kind)	750
Grave Vault	(State kind)	
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		1500
Embalming Body (with Fluid)		
Washing and Dressing		
Shaving		
Keeping Body on Ice		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Folding Chairs		
Candelabrum and Candles		
Gloves \$	Crape \$	
Door Crape \$	Canopy \$	
Hearse		4800
Carriages to Cemetery @ \$		
Automobiles to Cemetery @ \$		
Wagon Deliveries		
City Calls (Coaches)		
Death Notices Newspapers	Confidential	100
(Names of Newspapers)		
Flowers		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave		
Vault Rental		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Watchers		
Personal Services		
Music		
Church Charges		
Total Footing of Bill		8350
By Amount Paid in Advance		5000
Balance Due on 90 Days		3350

Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges	Total, \$	By Cash	\$
Hepatic Dropsy			
Cardiac Disease			
7/6/14 - 7/15/14		Dr. J. W. Beckett	

Names of Pall Bearers.....

Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) No. (Entry Number) Date July 24<sup>th</sup> 1914

Name of Deceased Lucy Clark

Wife-Widow Son-Daughter of Charge Willie Hinton

Order Given by Willie Hinton Address 214 Beate St.

How Secured Price of Casket or Coffin 85.00

Date of Funeral 6.17.14 Beate St. Metallic Lining 5.00

Residence 611 Beate Ave. Outside Box 15.00

Place of Death Gilfield Baptist Church Grave Vault 22.00

Funeral Services at Gilfield Baptist Church Burial Slippers and Hase

Time of Funeral Service Engraving Plate Moore 15.00

Clergyman Dr. Jas. W. Hoose Embalming Body (with Fluid)

Certifying Physician Miss Ave Washing and Dressing

His Residence Miss Ave Shaving

Number of Burial Certificate Keeping Body on Ice

Cause of Death Phthisis Pulmonotis Disinfecting Rooms

Date of Death 7/22nd/14 Use of Catafalque and Drapery

Date of Birth Occupation of the Deceased Norge

Single or Married 24 years married Hearse

Aged 24 Years Months Days Carriages to Cemetery 4 @ \$ 20.00

Date of Birth Name of Father Jim Miller Wagon Deliveries

Name of Mother Willie Hinton City Calls (Coaches)

Her Birthplace Tenn Death Notices in Commercial 2.00

Mother's Maiden Name Flowers

Body to be shipped Outlay for Lot

Size and Style of Casket or Coffin White Rush Lining Grave

Manufactured by Misses Vault Rental

Interment at Green Cemetery Shipping Charges, prepaid

Lot or Grave Section No. Removal Charges

Porters Cremation Charges

Watchers Personal Services

Music Church Charges

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 164.00

By Amount Paid in Advance Balance

Entered into Ledger, page or below

To Funeral Charges Total \$ By Cash \$

Dr. Jas. W. Hoose Miss Ave Phthisis Pulmonotis

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. .... No. .... Date July 24<sup>th</sup> 1914

(Total Number) Martha Cornelius (Party Number)

Name of Deceased Martha Cornelius (What Race) Curley Cornelius (Where Born)

Wife-Widow Curley Cornelius Charge to Curley Cornelius  
 Son-Daughter of

Address 711 Washington St.

Order Given by Curley Cornelius

How Secured July 24/14 Price of Casket or Coffin 16.00

Date of Funeral July 24/14 " Metallic Lining (State kind)

Residence City Hosp " Outside Box (State kind) 5.00

Place of Death City Hosp " Grave Vault (State kind)

Funeral Services at City Hosp " Burial Robe

Time of Funeral Service 10 AM " Burial Slippers and Hose

Clergyman Dr. S. A. Richardson Engraving Plate

Certifying Physician Dr. S. A. Richardson Embalming Body (with \_\_\_\_\_ Fluid)

His Residence City Hosp Dressing and Dressing

Number of Burial Certificate \_\_\_\_\_ Shaving

Cause of Death Pellagra Keeping Body on Ice

Date of Death 7/23/14 Disinfecting Rooms

Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery

Occupation of the Deceased Act " Folding Chairs

Single or Married married " Candelabrum and Candles

Aged 30 Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Date of Birth unknown Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Mother \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Her Birthplace unknown Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin B. Coffin Death Notices in \_\_\_\_\_ Newspapers

Manufactured by W. T. Carnick (Names of Newspapers)

Interment at City Hosp Flowers \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 47.00

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges	Total \$	By Cash	Total \$
<u>July 18-14 to July 22nd 14</u>			
<u>Pellagra</u>			
<u>(autopsy) Dr. S. A. Richardson</u>			
<u>City Hosp</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. \_\_\_\_\_ (Total Number) Name of Deceased: Wm Terry No. \_\_\_\_\_ (Serial Number) Date: July 26<sup>th</sup> 1914

Wife—Widow or Son—Daughter of: John Terry Charge: John Terry (What Race) (White Born) Address: 1368 S. Main St

Order Given by: John Terry Price of Casket or Coffin: \$ 25 00 How Secured: Open Part Metallic Lining: \_\_\_\_\_ (State kind)

Date of Funeral: 7/26th/14 Residence: \_\_\_\_\_ Outside Box: \_\_\_\_\_ (State kind)

Place of Death: 191 McDemore St Grave Vault: \$ 5 00 (State kind)

Funeral Services at: 1368 S. Main St Burial Robe: \$ 3 50 Time of Funeral Service: 9:00 a.m. Burial Slippers and Hose: \_\_\_\_\_

Clergyman: \_\_\_\_\_ Engraving Plate: \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid): \$ 15 00 Washing and Dressing: \_\_\_\_\_ Shaving: \_\_\_\_\_

Number of Burial Certificate: \_\_\_\_\_ Keeping Body on Ice: \_\_\_\_\_ Cause of Death: Pistol Shot wound Disinfecting Rooms: \_\_\_\_\_

Date of Death: 7/22/14 Folding Chairs: \_\_\_\_\_ Candelabrum and Candles: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation of the Deceased: Laborer Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Single or Married: Single Hearse \_\_\_\_\_ Carriages to Cemetery: 1 @ \$ 5.00 Automobiles to Cemetery: \_\_\_\_\_ @ \$ \_\_\_\_\_

Age: 24 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

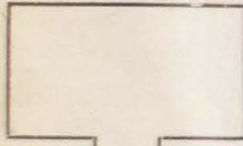
Date of Birth: \_\_\_\_\_ Name of Father: John Terry Death Notices in \_\_\_\_\_ Newspapers: \$ 1 00 His Birthplace: Ark (Names of Newspapers)

Name of Mother: Matie Collins Flowers \_\_\_\_\_ Outlay for Lot: \_\_\_\_\_ Her Birthplace: \_\_\_\_\_ Opening Grave or Vault: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Lining Grave \_\_\_\_\_ Body to be shipped to: \_\_\_\_\_ Vault Rental \_\_\_\_\_

Size and Style of Casket or Coffin: Gloss white Shipping Charges, prepaid \_\_\_\_\_ Manufactured by: Mt. Carmel Removal Charges \_\_\_\_\_

Interment at: \_\_\_\_\_ Cemetery: \_\_\_\_\_ Porters \_\_\_\_\_ Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault:  Watchers \_\_\_\_\_ Personal Services \_\_\_\_\_ Music \_\_\_\_\_ Church Charges \_\_\_\_\_

Total Footing of Bill: \$ 64 50 By Amount Paid in Advance: \$ 25 00 Balance: \$ 39 50

Entered into Ledger, page \_\_\_\_\_ or below.

The Deceased will Terry came to his death from a Pistol Shot wound. N.T. Ingram

Names of Pall Bearers: \_\_\_\_\_ Names of Near Relatives: \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) J. R. Foot Date July 27<sup>th</sup> 1914

Name of Deceased J. R. Foot Charge to Mt. Nebo B. Chur. Address Memphis 10

Wife-Widow Son-Daughter of Mt. Nebo Baptist Church

How Secured Paid Cash Price of Casket or Coffin \$14.00

Date of Funeral 7/27<sup>th</sup> 1914 Metallic Lining (State kind)

Residence Woodland Ave Outside Box (State kind)

Place of Death Woodland Ave Grave Vault (State kind) 5.00

Funeral Services at Residence Burial Robe (State kind)

Time of Funeral Service 10 a.m. Burial Slippers and Hose

Clergyman Engraving Plate

Certifying Physician Dr. J. S. Deloney Embalming Body (with Fluid)

His Residence 2 Abberdale St. Shaving

Number of Burial Certificate Cery Hemorrhage Keeping Body on Ice

Cause of Death Cery Hemorrhage Disinfecting Rooms

Date of Death 7/26<sup>th</sup> 1914 of Catafalque and Drapery

Date of Birth Occupation of the Deceased Contractor Folding Chairs

Single or Married Single Crape \$.

Aged 43 Years Months Days Crape \$.

Date of Birth Name of Father Mrs. Foot

Name of Mother Mary Foot

Her Birthplace unknown

Mother's Maiden Name

Body to be shipped

Size and Shape of Casket or Coffin 2 Coffins

Manufactured by Mt. Carver

Interment at

Lot or Grave No. Section No.

Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$14.00
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	5.00
Burial Robe (State kind)	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$.	
Crape \$.	
Crape \$.	
Canopy \$.	
Hearse	10.00
Carriages to Cemetery @ \$.	3.00
Automobiles to Cemetery @ \$.	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices (Values of Newspapers)	1.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	35.00
By Amount Paid in Advance	16.00
Balance	19.00
Entered into Ledger, page	
or below	

To Funeral Charges	Total, \$	By Cash	\$
Dr. J. S. Deloney			
7/19/14 to 7/26/14			
Cer. Hemorrhage			
(cont'd) ref. 11/14			

Names of Pall Bearers

Names of Near Relatives



RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date July 29<sup>th</sup> 1914

Name of Deceased Jennie McKenney (When Born) \_\_\_\_\_

Wife—Widow \_\_\_\_\_ Charge to Walter Jackson

Son—Daughter of \_\_\_\_\_ Address Orange, Mo.

Order Given by (money) at Bank Price of Casket or Coffin 150.00

How Secured \_\_\_\_\_ " Metallic Lining (state kind) 6.00

Date of Funeral 7/29/14 " Outside Box (state kind) \_\_\_\_\_

Residence \_\_\_\_\_ " Grave Vault (state kind) 8.50

Place of Death negro Bapt Hosp Burial Robe \_\_\_\_\_

Funeral Services at Holly Springs Burial Slippers and Hose 15.00

Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_ Engaving Plate \_\_\_\_\_

Certifying Physician Dr. C. H. Terrell Embalming Body (with Fluid) \_\_\_\_\_

His Residence \_\_\_\_\_ Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death appendicitis Keeping Body on Ice \_\_\_\_\_

Date of Death 7/2 Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased domestic " Folding Chairs \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_

Aged 40 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father unknown Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Mother \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin Broadcloth draped Death Notices in \_\_\_\_\_

Manufactured by \_\_\_\_\_ (Name of Newspapers) \_\_\_\_\_

Interment at Holly Springs Flowers \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Outlay for Lot \_\_\_\_\_

Opening Grave or Vault \_\_\_\_\_

Lining Grave \_\_\_\_\_

Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 185.50

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>negro Bapt Hosp</u>			
<u>appendicitis</u>			
<u>C. H. Terrell</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

July 30<sup>th</sup> 1914

No. (Total Number) Osa Bell Washington No. (Funeral Number) Date July 30<sup>th</sup> 1914

Name of Deceased Osa Bell Washington (What Race) (Where Born)

Wife-Widow Non-Daughter of W. W. Washington Charge to Horn Lake Rd. Address

Order Given By Standard Price of Casket or Coffin \$25.00 How Secured (7/30th/14) Metallic Lining 5.00

Date of Funeral Residence Horn Lake Rd. Outside Box (State kind) 5.00

Place of Death Raleigh Springs, N.C. Burial Vault (State kind)

Funeral Services at 11:30 a.m. Burial Robe Burial Slippers and Hose

Time of Funeral Service Engraving Plate (State kind) 15.00

Clergyman Dr. N. F. Raines Embalming Body (Fluid) 15.00

Certifying Physician Dr. N. F. Raines Shaving

His Residence Keeping Body on Ice Disinfecting Rooms

Number of Burial Certificate Cause of Death Cong. malarial Fever 7/29th/14

Date of Death 7/29th/14 Date of Birth Occupation of the Deceased Sequester

Single or Married Single Aged 17 Years Months Days

Date of Birth Name of Father Anthony Washington

His Birthplace His Birthplace Name of Mother Cornise Holt

Her Birthplace Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin Raised Top

Manufactured in Raleigh Springs, N.C. Interment Section No. 1

Lot or Grave No. Diagram of Lot or Vault

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$25.00 Metallic Lining 5.00 Outside Box (State kind) 5.00 Burial Vault (State kind) Burial Robe Burial Slippers and Hose Engraving Plate (State kind) 15.00 Embalming Body (Fluid) 15.00 Shaving Keeping Body on Ice Disinfecting Rooms Use of Catafalque and Drapery Folding Chairs Candelabrum and Candles Gloves \$ Crape \$ Door Crape \$ Canopy \$ Hearse Carriages to Cemetery @ \$ Automobiles to Cemetery @ \$ Wagon to City Cabs (Coaches) Death Notices Newspapers (Names of Newspapers) Flowers Outlay for Lot Opening Grave of Vault Lining Grave Vault Rental Shipping Charges, prepaid Removal Charges Operation Charges Porters Watchers Music Church Charges Total Footing of Bill \$30.00 By Amount Paid in Advance Balance Entered into Ledger, page or below

To Funeral Charges	Total, \$	By Cash	\$
Dr. N. F. Raines			
Congestive malarial		Raines Texas	
Fever			

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Party Number) ..... Date Dec 13<sup>th</sup> 1914

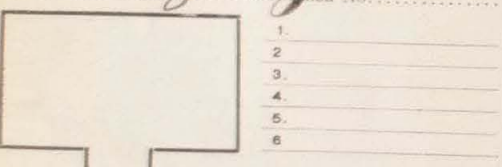
Name of Deceased Will Maxwell

Wife-Widow } Charge to Mrs. Lucille Maxwell (Where Born)  
 Son-Daughter of }  
 Order Given by Mrs. Lucille Maxwell Address Barksdale St.

How Secured (met)  
 Date of Funeral Dec 13/14  
 Residence .....  
 Place of Death City Hosp  
 Funeral Services at Lagrange Tenn  
 Time of Funeral Service 9 a.m.  
 Clergyman .....  
 Certifying Physician Dr. Steve Brown  
 His Residence City Hospital  
 Number of Burial Certificate .....  
 Cause of Death Lobar Pneumonia  
 Date of Death Dec 12-14 (Primary) (Secondary)

Date of Birth .....  
 Occupation of the Deceased Laborer  
 Single or Married married  
 Aged 32 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Amelia Maxwell  
 His Birthplace Tenn  
 Name of Mother .....  
 Her Birthplace .....

Mother's Maiden Name Lagrange Tenn  
 Body to be shipped to Lagrange Tenn  
 Size and Style of Casket or Vault Black Crepe  
 Manufactured by advan  
 Interment at Lagrange Tenn Cemetery  
 Lot or Grave No. .... Section No. ....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin ..... 40.00  
 Metallic Lining (State kind) .....  
 Outside Box (State kind) ..... 5.00  
 Grave Vault (State kind) .....  
 Burial Robe .....  
 Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with Fluid) (12.9) ..... 15.00  
 Washing and Dressing .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 Case of Catafalque and Drapery .....  
 Folding Chairs .....  
 Candelabrum and Candles .....  
 Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse .....  
 Carriages to Cemetery @ \$ .....  
 Automobiles to Cemetery @ \$ .....  
 Wagon Deliveries ..... 5.00  
 Coaches (Coaches) .....  
 Death Notices in Newspapers .....  
 (Names of Newspapers) Commercial ..... 1.00  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave of Vault .....  
 Lining Grave Telephone ..... 50  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges advanced money ..... 5.00  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill ..... \$ 71.50  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	\$
<u>Cause Dr. Steve J. Brown</u> <u>"Lobar Pneumonia"</u> <u>initial Regurgitation with</u> <u>failing compensation. Suffering</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

467

No. (Total Number) ..... No. (Yearly Number) ..... Date Dec 13<sup>th</sup> 14

Name of Deceased Minnie Level  
(What Name)  
 Charge to Bob Level  
 Address 278 Virginia ave

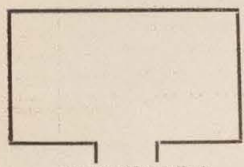
Wife—Widow }  
 Son—Daughter of }

Order Given by Bob Level  
 How Secured Paid For  
 Date of Funeral Dec 13<sup>th</sup> - 14  
 Residence 278 Virginia ave  
 Place of Death " " "  
 Funeral Services at Res - "  
 Time of Funeral Service 10 a.m.

Clergyman .....  
 Certifying Physician Dr. E. W. Irving  
 His Residence So. main st  
 Number of Burial Certificates .....  
 Cause of Death Phthisis Pulmonalis  
 Date of Death Dec 11/14  
(Primary) (Secondary)

Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married married  
 Aged 34 Years, ..... Months, ..... Days.

Date of Birth .....  
 Name of Father .....  
 His Birthplace .....  
 Name of Mother .....  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to Unknown  
 Size and Style of Casket or Coffin Black Crepe  
 Manufactured by mt. Carmel  
 Interment at mt. Carmel cemetery.  
 Lot or Grave No. .... Section No. ....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin.....	40.00
"    Metallic Lining..... <small>(State kind)</small>	5.00
"    Outside Box..... <small>(State kind)</small>	5.00
"    Grave Vault..... <small>(State kind)</small>	5.00
"    Burial Robe.....	
"    Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with..... Fluid)	
Washing and Dressing.....	
Shaving.....	
Keeping Body on Ice.....	
Disinfecting Rooms.....	
Use of Catafalque and Drapery.....	
"    Folding Chairs.....	
"    Candelabrum and Candles.....	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse.....	18.00
Carriages to Cemetery..... @ \$.....	
Automobiles to Cemetery..... @ \$.....	
Wagon Deliveries.....	
City Calls (Coaches).....	
Death Notices in..... Newspapers.....	1.00
<small>(Names of Newspapers)</small>	
Flowers.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave.....	
Vault Rental.....	
Shipping Charges, prepaid.....	
Removal Charges.....	
Cremation Charges.....	
Porters.....	
Watchers.....	
Personal Services.....	
Music.....	
Church Charges.....	
Total Footing of Bill.....	\$ 71.00
By Amount Paid in Advance.....	11.00
Balance.....	
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. E. W. Irving</u>	
<u>" Phthisis Pulmonalis "</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date *Dec 13<sup>th</sup> 1914*

Name of Deceased *Beatrice wooten* (White Race) Charge to *Earl wooten* (Whether Born)

Wife-Widow Son-Daughter of } Order Given by *Earl wooten* Address *R 248E Georgia*

How Secured *Mr. Joe Taylor* Price of Casket or Coffin \$ *6 00*

Date of Funeral *Dec 13-14* Metallic Lining (State kind) *3 00*

Residence *R 248E Georgia* Outside Box (State kind)

Place of Death *R 248E "* Grave Vault (State kind)

Funeral Services at *3:30 p.m.* Burial Robe

Time of Funeral Service *3:30 p.m.* Burial Slippers and Hose

Clergyman *Dr. A. S. J. Burchett* Engraving Plate

Certifying Physician *Dr. A. S. J. Burchett* Embalming Body (with Fluid)

His Residence *Memphis* Washing and Dressing

Number of Burial Certificate *Memphis* Shaving

Cause of Death *Pneumonia* Keeping Body on Ice

Date of Death *Dec - 13/14* Disinfecting Rooms

Date of Birth *Aug 5* of Catafalque and Drapery

Occupation of the Deceased *Superior* Folding Chairs

Single or Married *Single* Religion *3* Days Candelabrum and Candles

Aged *1* Years *5* Months *3* Days Gloves \$ Crape \$

Date of Birth *Earl wooten* Wagon Deliveries

Name of Father *Earl wooten* City Calls (Coaches)

His Birthplace *Miss* Death Notices in Newspapers

Name of Mother *Grace Moore* (Names of Newspapers)

Her Birthplace *Miss*

Mother's Maiden Name *X*

Body to be shipped to *X*

Size and Style of Casket or Coffin *Gloss white*

Manufactured by *Mr. Carmel*

Interment at *Mr. Carmel* Cemetery

Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ *13 00*

By Amount Paid in Advance

Balance

Entered into Ledger, page ..... or below

To Funeral Charges	Total, \$	By Cash	\$

*Dr. A. S. J. Burchett*

*Pneumonia*

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

469

No. (Total Number) ..... No. (Entry Number) ..... Date *Dec 14th 14*

Name of Deceased *Letha Shafer*  
 Charge to *Jane Harper* (What Race) (Where Born)  
 Address *R. 1072 melrose St*

Wife—Widow ( )  
 Son—Daughter of ( )  
 Order Given *Jane Harper*

How Secured *(met)*  
 Date of Funeral *Dec 14 - 1914*  
 Residence *R. 1072 melrose St*  
 Place of Death *R. 1072 " "*  
 Funeral Services at *Greenwood c. meet*  
 Time of Funeral Service *2 P. M.*  
 Clergyman *Rev. S. Smith*  
 Certifying Physician *Board of Health*  
 His Residence *Memphis*  
 Cause of Death *Burned to Death*  
 Date of Death *Dec 12th 14*  
 Date of Birth .....

Occupation of the Deceased *Domestic*  
 Single or Married *Married*  
 Aged *31* Years, .. Months, .. Days.  
 Date of Birth .....

Name of Father *Phill Harper*  
 His Birthplace *Miss*  
 Name of Mother *Jane Harper*  
 Her Birthplace *Miss*  
 Mother's Maiden Name .....

Body to be shipped to *X*  
 Size and Style of Casket or Coffin *Raised top*  
 Manufactured by .....

Interment at *Zion* Cemetery.  
 Lot or Grave No. .... Section No. ....

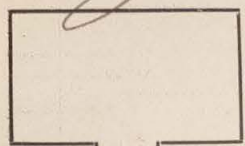


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin.....	25 00
Metallic Lining (State kind).....	5 00
Outside Box (State kind).....	12 00
Grave Vault (State kind).....	3 50
Burial Robe.....	15 00
Burial Slippers and Hose.....	15 00
Engraving Plate.....	15 00
Balming Body (with Fluid).....	15 00
Shaving and Dressing.....	15 00
Shaving.....	15 00
Keeping Body on Ice.....	15 00
Disinfecting Rooms.....	15 00
Use of Catafalque and Drapery.....	15 00
Folding Chairs.....	15 00
Candelabrum and Candles.....	15 00
Gloves \$..... Crape \$.....	15 00
Door Crape \$..... Canopy \$.....	15 00
Hearse.....	15 00
Carrriages to Cemetery..... @ \$.....	15 00
Automobiles to Cemetery..... @ \$.....	15 00
Wagon Deliveries.....	15 00
City Calls (Coaches).....	15 00
Death Notices in..... Newspapers.....	15 00
Flowers.....	15 00
Outlay for Lot.....	15 00
Opening Grave.....	15 00
Lining Grave.....	15 00
Vault Rental.....	15 00
Shipping Charges, prepaid.....	15 00
Removal Charges.....	15 00
Cremation Charges.....	15 00
Porters.....	15 00
Watchers.....	15 00
Personal Services.....	15 00
Music.....	15 00
Church Charges.....	15 00
Total Footing of Bill.....	83 50

By Amount Paid in Advance.....  
 Balance.....  
 Entered into Ledger, page..... or below.....

To Funeral Charges..... Total, \$	By Cash..... \$
<i>No-Dr. Board of Health</i>	
<i>Burned to Death</i>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date. Dec 15<sup>th</sup> 1914

Name of Deceased Rena Wade (What Name) (Place Born)

Wife-Widow } Charge to Thos. Wade  
Son-Daughter of }  
Order Given by Thomas Wade Address 600 So. Wellington

How Secured Latterman Bros. Co. Price of Casket or Coffin \$13.00  
Date of Funeral Dec 15, 1914 Metallic Lining (State kind)

Residence 283 Georgia Ave Outside Box (State kind)  
Place of Death 283 Georgia Ave Grave Vault (State kind) 5.00

Funeral Services at Parlors Burial Robe  
Time of Funeral Service 9A. M. Burial Slippers and Hose

Clergyman Engraving Plate  
Certifying Physician Dr. J. C. Hairston Embalming Body (with Fluid)

His Residence Memphis Shaving  
Number of Burial Certificate Keeping Body on Ice

Cause of Death Lagrippe Disinfecting Rooms  
Date of Death Dec 12th/14 Use of Catafalque and Drapery

Date of Birth Occupation of the Deceased domestic Folding Chairs  
Candelabrum and Candles

Single or Married married Gloves \$ Crape \$  
Aged 34 Years Months Days Door Crape \$ Canopy \$

Date of Birth Name of Father Carriages to Cemetery @ \$  
His Birthplace unknown Automobiles to Cemetery @ \$

Name of Mother Wagon Deliveries  
Her Birthplace City Calls (Coaches)

Mother's Maiden Name unknown Death Notices in Newspapers Commercial 1.00  
Body to be shipped to Flowers

Size and Style of Casket or Coffin a casket Outlay for Lot

Manufactured by W. C. Campbell Opening Grave or Vault

Interment at W. C. Campbell Lining Grave

Lot or Grave No. Section No. Vault Rental

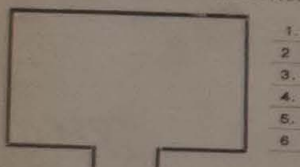


Diagram of Lot or Vault.  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$34.00

By Amount Paid in Advance Balance

Entered into Ledger, page or below

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. J. C. Hairston</u>			
<u>Lagrippe</u>			

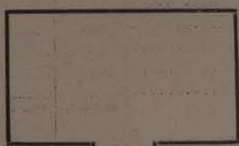
Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL

471

No. (Total Number) *7* No. (Yearly Number) *14* Dec 15<sup>th</sup> 14  
 Name of Deceased *Fannie Stubbs*  
 Wife-Widow *Arthur Davis & Arthur Davis* Son-Daughter *and Mrs Griggs*  
 Order Given by *Mrs Griggs* Charge to *Madison Ark* Address *Madison Ark*  
 How Secured *(nat) Ph in Part* Price of Casket or Coffin \$ *80.00*  
 Date of Funeral *Dec 15th - 14* Metallic Lining (State kind) *---* \$ *5.00*  
 Residence *Madison Ark* Outside Box (State kind) *---* \$ *5.00*  
 Place of Death *Collins West* Grave Vault (State kind) *---* \$ *8.50*  
 Funeral Services at *Madison Ark* Burial Robe *---* \$ *8.50*  
 Time of Funeral Service *---* Burial Slippers and Hose *---* \$ *---*  
 Clergyman *---* Engraving Plate *---* \$ *15.00*  
 Certifying Physician *Dr. R. G. Martin* Embalming Body (with fluid) *---* \$ *---*  
 His Residence *Memphis* Washing and Dressing *---* \$ *---*  
 Number of Burial Certificate *---* Shaving *---* \$ *---*  
 Cause of Death *Cancer of the Uterus* Keeping Body on Ice *---* \$ *---*  
 Date of Death *Dec 13/14* Disinfecting Rooms *---* \$ *---*  
 Date of Birth *---* Use of Catafalque and Drapery *---* \$ *---*  
 Occupation of the Deceased *Domestic* " Folding Chairs *---* \$ *---*  
 Single or Married *Married* " Candelabrum and Candles *---* \$ *---*  
 Aged *46* Years Months *---* Days *---* Gloves \$ *---* Cape \$ *---*  
 Date of Birth *---* Door Cape \$ *---* Canopy \$ *---*  
 Name of Father *---* Hearse *---* \$ *---*  
 His Birthplace *---* Carriages to Cemetery @ \$ *---*  
 Name of Mother *---* Automobiles to Cemetery @ \$ *---*  
 Her Birthplace *---* Wagon Deliveries \$ *5.00*  
 Mother's Maiden Name *---* City Calls (Coaches) *---* \$ *---*  
 Body to be shipped to *Madison Ark* Death Notices in Newspapers *Commercial* \$ *1.00*  
 Size and Style of Casket or Coffin *Lavender Plush* Flowers *---* \$ *---*  
 Manufactured by *---* Outlay for Lot *Telephone* \$ *31*  
 Interment at *Madison Ark* Cemetery Opening Grave or Vault *---* \$ *---*  
 Lot or Grave No. *---* Lining Grave *---* \$ *---*  
 Section No. *---* Vault Rental *---* \$ *---*  
 Shipping Charges, prepaid *---* \$ *---*  
 Removal Charges *---* \$ *---*  
 Cremation Charges *---* \$ *---*  
 Watchers *---* \$ *---*  
 Personal Services *---* \$ *---*  
 Music *---* \$ *---*  
 Church Charges *---* \$ *---*  
 Total Footing of Bill *(nat) Ins 51.00*  
*By Cash 47.00*  
*114.81*  
*97.80*  
*Due = 16.81*



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$ <div style="text-align: center; font-size: 1.5em; font-family: cursive;">                     Dr. R. G. Martin                      Cancer of the uterus                 </div>	By Cash..... \$ 
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Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL.

473

No. (Total Number) ..... No. (Year & Number) ..... Date, *Dec 15<sup>th</sup> 14*

Name of Deceased, *Matilda Mays*  
 Order Given by, *Mrs. L. Bowser*  
 Charge to, *Sons & Daughters of Jer. & Mrs. L. Bowser*  
 Address, *Jer. & Mrs. L. Bowser*

Wife-Widow }  
 Son-Daughter of }  
 How Secured *(Lodge) (met)* Price of Casket or Coffin, *65.00*  
 Date of Funeral, *Dec 15<sup>th</sup> 14* Metallic Lining  
 Residence, *Memphis Tenn* Outside Box, *5.00*  
 Place of Death, *City Hospital* Grave Vault, *12.00*  
 Funeral Services at, *Residence* Burial Robe (State kind)  
 Time of Funeral Service, *2 P.M.* Burial Slippers and Hose  
 Clergyman, *Rev. M. Cooper* Engraving Plate, *(none)* *15.00*  
 Certifying Physician, *Dr. Steve J. Brown* Embalming Body (with fluid)  
 His Residence, *City Hosp* Washing and Dressing  
 Number of Burial Certificate, *1* Shaving  
 Cause of Death, *Chronic Par. nephritis* Keeping Body on Ice  
 Date of Death, *Dec 14* (Primary) (Secondary) Disinfecting Rooms  
 Date of Birth, *Dec 14* Catafalque and Drapery  
 Occupation of the Deceased, *Domestic* Folding Chairs  
 Single or Married, *Widow* Religion, *Methodist* Candelabrum and Candles  
 Aged, *67* Years, Months, Days. Hearse, *10.00*  
 Date of Birth, *Dec 14* Carriages to Cemetery, @ \$, *12.00*  
 Name of Father, *Unknown* Automobiles to Cemetery, @ \$  
 His Birthplace, *Unknown* Wagon Deliveries  
 Name of Mother, *Unknown* City Calls (Coaches)  
 Her Birthplace, *Unknown* Death Notices in Newspapers, *2.00*  
 Mother's Maiden Name, *Unknown* (Names of Newspapers)  
 Body to be shipped to, *Unknown* Flowers  
 Size and Style of Casket or Coffin, *Black Crepe* Outlay for Lot  
 Manufactured by, *Zion* Opening Grave, *P.B.C.* *6.00*  
 Interment at, *Zion* Lining Grave  
 Lot or Grave No., Section No. Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges  
 Porters  
 Watchers  
 Personal Services  
 Music  
 Church Charges

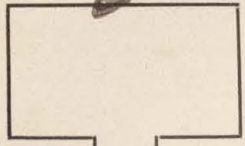


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

*Sons & Daughters of Jer. & Mrs. L. Bowser*  
 Total Footing of Bill, *\$124.00*  
 By Amount Paid in Advance, *credit Lodge 51.00*  
 Balance, *due - 73.00*

To Funeral Charges, Total, \$ ..... By Cash, \$ .....  
*Chronic Parenchymatous nephritis*  
*Dr. Steve J. Brown*

Names of Pall Bearers, .....  
 Names of Near Relatives, .....

RECORD OF FUNERAL.

No. (Total Number) No. (Early Number) Date Dec 16<sup>th</sup> 1914

Name of Deceased Caroline Morrison Charge to Mrs. Julia Brooks

Wife-Widow Mrs. Julia Brooks Bon-Daughter of Mrs. Julia Brooks Address Mrs. Lizzie M. Cuspy

Order Given by Mrs. Julia Brooks as above Price of Casket or Coffin \$ 65.00

How Secured (met) rat Metallic Lining (State kind)

Date of Funeral Dec 16<sup>th</sup> 14 Outside Box (State kind) 3.00

Residence 951 Melrose St Place of Death 951 Melrose St

Funeral Services at Aveny Chapel Burial Robe Burial Slippers and Hose

Time of Funeral Service 1:30 P.M. Engraving Plate (State kind) 15.00

Clergyman Rev. J. A. Gaudin Embalming Body (with) (State kind) 6.00

Certifying Physician Dr. J. E. Gaudin Washing and Dressing

His Residence Memphis Shaving Keeping Body on Ice P.B.C. 6.00

Number of Burial Certificate Disinfecting Rooms Use of Catafalque and Drapery

Cause of Death Dead when called (Primary) (Secondary) Folding Chairs Candelabrum and Candles

Date of Death Dec 14/14 Date of Birth Gloves \$ Crape \$

Occupation of the Deceased Domestic Door Crape \$ Canopy \$

Single Married Widowed Hearse Carriages to Cemetery 6 @ \$ 24.00

Aged 60 Years Months Days Automobiles to Cemetery @ \$ Wagon Deliveries

Date of Birth Name of Father City Calls (Coaches) 2

His Birthplace Commercial (Name of Newspaper) 2.00

Name of Mother Flowers (Via notice) Outlay for Lot

Her Birthplace Opening Grave of Vault Lining Grave 4.00

Mother's Maiden Name Vault Rental Shipping Charges, prepaid

Body to be shipped to Black Broadcloth Removal Charges

Size and Style of Casket or Coffin Cremation Charges

Manufactured by Zion Porters

Interment at Zion Cemetery Watchers

Lot or Grave No. Section No. Personal Services

Music Church Charges

Diagram of Lot or Vault. Total Footing of Bill 129.00

By Amount Paid in Advance Balance Entered into Ledger, page or below

Table with columns: To Funeral Charges, Total, \$, By Cash, Total, \$. Includes handwritten entry: Dr. G. E. Ankerson, 'Dead when I called' 12/14/14

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) Yearly Number Name of Deceased *Henrietta Mayweather* Date *Dec 17th 14*

Wife-Widow Son-Daughter of *Wm Hurdle* Charge to *Wm Hurdle* Address *Maguolia St.*

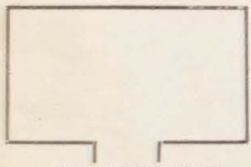
Order Given by *Wm Hurdle* How Secured *pd for in part* Casket or Coffin *\$16.00* Metallic Lining (State kind) Outside Box (State kind) *5.00* Grave Vault (State kind) *5.00*

Place of Death *Maguolia St.* Residence *Deans Chapel* Funeral Services at *Deans Chapel* Time of Funeral Service *10 a.m.* Clergyman *Rev. Alex. H. Polk* Certifying Physician *Dr. L. R. Polk* His Residence *Cooper ave*

Number of Burial Certificates *1* Cause of Death *Pellagra* Date of Death *Dec 15th 14* Date of Birth *Domestic* Occupation of the Deceased *Widow* Single or Married *Widow* Aged *65* Years Months Days

Date of Birth *Jan 15th 14* Name of Father *Unknown* His Birthplace *Unknown* Name of Mother *Unknown* Her Birthplace *Unknown* Mother's Maiden Name *Unknown*

Body to be shipped to *Unknown* Size and Style of Casket or Coffin *B. Coffin* Manufactured by *Unknown* Interment at *mt. Carmel* Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Engraving Plate *10.00* Embalming Body (with Fluid) *12.00* Washing and Dressing *2.00* Shaving *1.00* Keeping Body on Ice *1.00* Disinfecting Rooms *1.00* Use of Catafalque and Drapery *1.00* Folding Chairs *1.00* Candelabrum and Candles *1.00* Gloves \$ Crape \$ Door Crape \$ Canopy \$ Hearse *10.00* Carriages to Cemetery *(2) @ \$ 12.00* Automobiles to Cemetery @ \$ Wagon Deliveries City Calls (Coaches) Death Notices *Occidental* Newspapers *v* Flowers Outlay for Lot Opening Grave or Vault Lining Grave Vault Rental Shipping Charges, prepaid Removal Charges Cremation Charges Porters Watchers Personal Services Music Church Charges

Total Footing of Bill *43.00* By Amount Paid in Advance *28.00* Balance Due *15.00* Entered into Ledger, page *Jan 15th 15* or below

Table with columns for 'To Funeral Charges', 'Total, \$', and 'By Cash, \$'. Includes handwritten entry: 'Di. L. R. Polk - Cooper ave - Pellagra'.

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

475

No. *Rev. N. L. Bickham* No. *Dec 19<sup>th</sup> 14* Date *14*

Name of Deceased *Rev. N. L. Bickham* (What Race) *Mr. Nathan Bickham* (What Religion) *Orange mound*

Wife - Widow } Charge to *Mr. Nathan Bickham*  
 Son - Daughter of } Address *mistletoe or orange mound*

Order Given by *Nathan Bickham*  
 How Secured *(ins) Gerber's* Choice of Casket or Coffin *45.00*  
 Date of Funeral *Dec 19<sup>th</sup> - 14* Metallic Lining *5.00*  
 Residence *Orange mound* Outside Box *12.00*  
 Place of Death *mistletoe or orange mound* Grave Vault *3.50*

Funeral Services at *Providence Church* Burial Robe *(State kind)*  
 Time of Funeral Service *10 a.m.* Burial Slippers and Hose *(State kind)*  
 Clergyman *Rev. M. J. Cooper* Engraving Plate *(State kind)*  
 Certifying Physician *Dr. D. J. Thomas* Embalming Body *(State kind)* *15.00*  
 His Residence *Orange mound* Washing and Dressing *5.00*

Number of Burial Certificate *ascending Paralysis* Shaving *5.00*  
 Cause of Death *ascending Paralysis* Keeping Body on Ice  
 Date of Death *Dec 17<sup>th</sup> 14* Disinfecting Rooms  
 Date of Birth *Dec 17<sup>th</sup> 14* Use of Catafalque and Drapery  
 Occupation of the Deceased *minister* " Folding Chairs  
 Single or Married *married* " Candelabrum and Candles

Aged *51* Years, Months, Days. Gloves \$, Cape \$, Door Crape \$, Canopy \$  
 Date of Birth *Dec 17<sup>th</sup> 14* Hearse *18.00*  
 Name of Father *Wagon Deliveries* Carriages to Cemetery *3 @ \$* Automobiles to Cemetery *@ \$*  
 His Birthplace *Orange mound* City Calls (Coaches) *18.00*  
 Name of Mother *Susie Bickham* Death Notices in Newspapers *Commercial 1.00*  
 Her Birthplace *Orange mound* Flowers  
 Mother's Maiden Name *Orange mound* Outlay for Lot  
 Body to be shipped to *Orange mound* Opening Grave or Vault  
 Size and Style of Casket or Coffin *Black Crepe* Lining Grave  
 Manufactured by *Zion* Vault Rental  
 Interment at *Zion* Cemetery. Removal Charges  
 Lot or Grave No. Section No. Preparation Charges

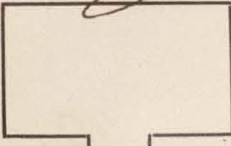


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *114.50*  
 By Amount Paid in Advance *Lodge 50.00*  
 Balance *Due 64.50*

To Funeral Charges..... Total, \$	By Cash..... \$
<i>Dr. D. J. Thomas</i>	
<i>Orange mound</i>	
<i>ascending Paralysis</i>	
<i>(Lingual) about 1 day</i>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Dec 20<sup>th</sup> 1914

Name of Deceased John Robinson (Where Born) \_\_\_\_\_ Charge to Mrs. Georgia Ambrose

Wife-Widow } Order Given By Mrs. Georgia Ambrose Address 652 Washington Ave  
 Son-Daughter of }

How Secured Crem. Ind. Standard Casket or Coffin \$45.00  
 Date of Funeral Dec 20th - 14 Metallic Lining \_\_\_\_\_ (State kind) 5.00

Residence 652 Wash - ave Outside Box \_\_\_\_\_ (State kind) 4.00  
 Place of Death 652 Washington Ave Grave Vault \_\_\_\_\_ (State kind) 15.00

Funeral Services at Goodman Miss Burial Robe \_\_\_\_\_  
 Time of Funeral Service a.m. Burial Slippers and Hose \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician Dr. R. K. Bristow Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
 His Residence Wash - ave Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Lobar Pneumonia Keeping Body on Ice \_\_\_\_\_  
 Date of Death Dec 18/14 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased Teacher Folding Chairs \_\_\_\_\_  
 Single or Married Widow Candelabrum and Candles \_\_\_\_\_  
 Aged 46 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 His Birthplace unknown Hearse \_\_\_\_\_

Name of Mother \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Mother's Maiden Name unknown Wagon Deliveries 5.00

Body to be shipped to Goodman Miss City Calls (Coaches) \_\_\_\_\_  
 Size and Style of Casket or Coffin Black Crepe Death \_\_\_\_\_ (Names of Newspapers) 1.00

Manufactured by Goodman Miss Flowers \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemeteries \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_

Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_  
 Total Footing of Bill \$110.00

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$	By Cash	\$
<u>Oct 14 to Dec 16/14</u>			
<u>Lobar Pneumonia</u>			
<u>Dr. R. K. Bristow</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

477

No. (Total Number) ..... No. (Yearly Number) ..... Date *Dec 20<sup>th</sup> 14*

Name of Deceased *Mary Burkes*

Wife—Widow  
Son—Daughter of } Charge to *Miriam Carter*  
Order Given by *Mrs. Miriam Carter* Address *1142 Lincoln St.*

How Secured <i>(nat / met)</i>	Price of Casket or Coffin.....	45 00
Date of Funeral <i>Dec 20 14</i>	Metallie Lining (State kind) .....	5 00
Residence <i>710 Beale av</i>	Outside Box (State kind) .....	12 00
Place of Death <i>710 Beale av</i>	Grave Vault (State kind) .....	3 50
Funeral Services at <i>St. John B Ch</i>	Burial Robe .....	
Time of Funeral Service <i>2 P M</i>	Burial Shippers and Hose .....	
Clergyman <i>Rev. J. C. Hairston</i>	Engraving Plate .....	
Certifying Physician <i>Dr. J. C. Hairston</i>	Embalming Body (with Fluid) .....	
His Residence <i>Memphis</i>	Washing and Dressing .....	
Number of Burial Cases .....	Shaving .....	
Cause of Death <i>Phthisis Pulmonalis</i>	Keeping Body on Ice .....	
Date of Death <i>Dec 17 14</i>	Disinfecting Rooms .....	
Date of Birth .....	Use of Catafalque and Drapery .....	
Occupation of the Deceased <i>Domestic</i>	Folding Chairs .....	
Single or Married .....	Candelabrum and Candles .....	
Aged <i>33</i> Years, Months, Days .....	Gloves \$..... Crape \$.....	
Date of Birth .....	Door Crape \$..... Canopy \$.....	
Name of Father <i>Laurence Carter</i>	Hearse .....	13 00
His Birthplace <i>Miss</i>	Carriages to Cemetery <i>3</i> @ \$.....	
Name of Mother <i>Miriam Carter</i>	Automobiles to Cemetery @ \$.....	
Her Birthplace <i>Miss</i>	Wagon Deliveries .....	
Mother's Maiden Name .....	City Calls (Coaches) .....	
Body to be shipped to .....	Death Notices in Newspapers .....	1 00
Size and Shape of Casket or Coffin .....	(Names of Newspapers)	
Manufactured by <i>you</i>	Flowers .....	
Interment at <i>you</i> Cemetery .....	Outlay for Lot .....	
Lot or Grave No. .... Section No. ....	Opening Grave or Vault .....	
	Lining Grave .....	
	Vault Rental .....	
	Shipping Charges, prepaid .....	
	Removal Charges .....	
	Cremation Charges .....	
	Porters .....	
	Watchers .....	
	Personal Services .....	
	Music .....	
	Church Charges .....	
	Total Footing of Bill.....	91 50
	By Amount Paid in Advance.....	45 21
	Balance.....	46 29

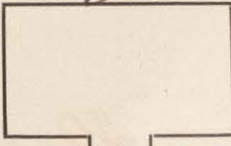


Diagram of Lot or Vault.  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Entered into Ledger, page ..... or below.

To Funeral Charges..... Total, \$	By Cash..... \$
<i>Dr. J. C. Hairston</i>	
<i>Phthisis Pulmonalis</i>	

Names of Pall Bearers.....  
Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date Dec 20/14 1914  
 Name of Deceased Lula Bailey  
 Wife-Widow Dr. J. A. Chrisler Charge to Dr. J. A. Chrisler (Where Borne)  
 Son-Daughter of ..... Address Grange Bldg  
 Order Given by Dr. J. A. Chrisler How Secured Part of Chrisler Casket or Coffin ..... \$ 25.00  
 Date of Funeral Dec 20/14 Metallic Lining ..... (State kind) .....  
 Residence ..... Outside Box ..... (State kind) ..... \$ 5.00  
 Place of Death Negro Batt Hosp Grave Vault ..... (State kind) .....  
 Funeral Services at Clarksdale Miss Burial Robe .....  
 Time of Funeral Service 11 AM Burial Slippers and Hose .....  
 Clergyman ..... Engraving Plate .....  
 Certifying Physician Dr. Chrisler Embalming Body (with ..... Fluid)  
 His Residence Memphis Washing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death Uremic Poisoning Keeping Body on Ice .....  
 Date of Death Dec 20/14 Disinfecting Rooms .....  
 Date of Birth ..... Use of Catafalque and Drapery .....  
 Occupation of the Deceased Domestic Folding Chairs .....  
 Single or Married married Candelabrum and Candles .....  
 Aged 29 Years ..... Months ..... Days ..... Gloves \$ ..... Crape \$ .....  
 Date of Birth ..... Door Crape \$ ..... Canopy \$ .....  
 Name of Father Thomas Bailey Hearse .....  
 His Birthplace Miss Carriages to Cemetery ..... @ \$ .....  
 Name of Mother Jane Knudsen Automobiles to Cemetery ..... @ \$ .....  
 Her Birthplace Miss Wagon Deliveries ..... \$ 5.00  
 Mother's Maiden Name ..... City Calls (Coaches) .....  
 Body to be shipped to Clarksdale Miss Death Notices in ..... Newspapers .....  
 Size and Style of Casket or Coffin Raised Top (Names of Newspapers) ..... \$ 1.00  
 Manufactured by Clarksdale Miss Flowers .....  
 Interment at Clarksdale Miss Cemetery. Outlay for Lot .....  
 Lot or Grave No. ..... Section No. ..... Opening Grave or Vault .....  
 1 See Lining Grave .....  
 2 ..... Vault Rental .....  
 3 ..... Shipping Charges, prepaid .....  
 4 ..... Removal Charges .....  
 5 ..... Cremation Charges .....  
 6 Dr. J. A. Chrisler Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill ..... \$ 36.00  
 By Amount Paid in Advance ..... \$ 6.00  
 Balance Due ..... \$ 30.00  
 Entered into Ledger, page ..... or below.

To Funeral Charges	Total, \$	By Cash	Total, \$
<u>Dr. J. A. Chrisler</u>			
<u>cause Uremic Poisoning</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

479

No. *Wm Stigall* Date *Dec 21<sup>st</sup> 14*

Name of Deceased *Wm Stigall*  
 Charge to *Dr. L. G. Patterson*  
 Address *159 Beale av*

Order Given by *(Credt)*  
 How Secured *(Credt)*  
 Date of Funeral *Dec 21/14*  
 Residence *Memphis*  
 Place of Death *Ill & Tanner St*  
 Funeral Services at *274 Jackson*  
 Time of Funeral Service *11 a.m*  
 Clergyman *N. J. Ingram*  
 Certifying Physician *coroner*  
 His Residence *coroner*  
 Number of Burial Certificate *1*  
 Cause of Death *Pistol shot wound*  
 Date of Death *Dec 19/14*  
 Date of Birth *(Secondary)*  
 Occupation of the Deceased *Laborer*  
 Single or Married *Married*  
 Aged *57* Years, Months, Days.  
 Date of Birth *(Secondary)*  
 Name of Father *(Secondary)*  
 His Birthplace *Unknown*  
 Name of Mother *(Secondary)*  
 Her Birthplace *(Secondary)*  
 Mother's Maiden Name *(Secondary)*  
 Body to be shipped to *(Secondary)*  
 Size and Style of Casket or Coffin *Black Crepe*  
 Manufactured by *Zion*  
 Interment at *Zion* Cemetery.  
 Lot or Grave No. *(Secondary)* Section No. *(Secondary)*

Price of Casket or Coffin	40 00
Metallie Lining (State kind)	
Outside Box (State kind)	5 00
Grave Vault <i>out lot</i> (State kind)	3 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	2 50
Keeping Body on Ice	
Disinfecting Rooms	6 00
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	3
Carriages to Cemetery \$	15 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	2 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	145 15

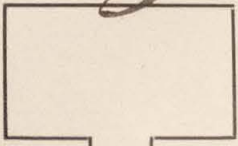


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance  
 Balance  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total, \$	By Cash..... \$
<p><i>The deceased came to his death from a Pistol shot wound.</i></p> <p><i>N. J. Ingram</i> <i>(Coroner)</i></p>	

Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL.

No. (Total Number) *Lillie Armour* Date *Dec 21st* 19*14*

Name of Deceased *Lillie Armour*

Wife—Widow *Mrs Annie B Chandler* Charge to *Annie B Chandler* (Where Born)

Order Given by *(met)* Address *564 1/2 Suzette St*

How Secured *(met)* Price of Casket or Coffin *25.00*

Date of Funeral *Dec 21/14* Metallic Lining (State kind)

Residence *564 Suzette St* Outside Box (State kind)

Place of Death *564 Suzette St* Grave Vault (State kind) *5.00*

Funeral Services at *10 a.m.* Burial Robe *3.50*

Time of Funeral Service *10 a.m.* Burial Slippers and Hose

Clergyman *No Dr.* Engraving Plate *Hayes 79* *15.00*

Certifying Physician *Board of Health* Embalming Body (with Fluid)

His Residence *Board of Health* Washing and Dressing

Number of Burial Certificate *1* Keeping Body on Ice

Cause of Death *Gonorrhoeal arthritis* Disinfecting Rooms

Date of Death *Dec 18/14* " Folding Chairs

Date of Birth *18* " Candelabrum and Candles

Occupation of the Deceased *Domestic* Gloves \$ Crape \$

Single or Married *Single* Door Crape \$ Canopy \$

Aged *18* Years Months Days Hearse *10.00*

Date of Birth *18* Carriages to Cemetery @ \$ *3.00*

Name of Father *William* Automobiles to Cemetery @ \$

His Birthplace *William* Wagon Deliveries

Name of Mother *William* City Calls (Coaches)

Her Birthplace *William* Death Notices in Newspapers *2.00*

Mother's Maiden Name *William* (Names of Newspapers)

Body to be shipped to *William* Flowers

Size and Style of Casket or Coffin *Raised Top* Outlay for Lot

Manufactured by *Wm Camel* Opening Grave or Vault

Interment at *Wm Camel* Lining Grave

Lot or Grave No. Section No. Vault Rental

Diagram of Lot or Vault

Shipping Charges, prepaid

Removal Charges

Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill *65.50*

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

To Funeral Charges Total \$

By Cash \$

Names of Pall Bearers *Dr. C. C. Thumel*

Names of Near Relatives

# RECORD OF FUNERAL

481

No. (Total Number) *111* Date *Dec 21st 14*

Name of Deceased *Ella Ash*

Wife—Widow } Charge to *Mrs Anne Reynolds*  
 Son—Daughter of } Address *306 Winchester St*

Order Given by *Annie Reynolds* Price of Casket or Coffin *15.00*

How Secured *pd. in part* Metallic Lining (State kind) \_\_\_\_\_

Date of Funeral *Dec 21st -14* Outside Box (State kind) \_\_\_\_\_

Residence *306 Winchester St* Grave Vault (State kind) *5.00*

Place of Death *Res* Burial Robe *3.50*

Funeral Services at *2 P.M.* Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Certifying Physician *Dr. C.A. White* Washing and Dressing \_\_\_\_\_

His Residence *Memphis* Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death *Cirrhosis of the Liver* Disinfecting Rooms \_\_\_\_\_

Date of Death *Dec 20/14* of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_

Occupation of the Deceased *Domestic* Candelabrum and Candles \_\_\_\_\_

Single or Married *married* Gloves \$ \_\_\_\_\_ Crape S. \_\_\_\_\_

Aged *42* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days. Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Father *E. Ash* Carriages to Cemetery @ \$ \_\_\_\_\_

His Birthplace *Mass* Automobiles to Cemetery @ \$ \_\_\_\_\_

Name of Mother *Annie Reynolds* Wagon Deliveries \_\_\_\_\_

Her Birthplace *Mass* City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ (Names of Newspapers) \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by *W. T. Carver* Flowers \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery. Outlay for Lot \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Opening Grave or Vault \_\_\_\_\_

Lining Grave \_\_\_\_\_

Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill *39.50*

By Amount Paid in Advance *7.00*

Balance *32.50*

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges, Total, \$ \_\_\_\_\_

By Cash *about Nov 18/13 to Dec 20/14*

*Cirrhosis of the Liver*

*Dr. C.A. White*

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) Harrett Golden No. (Total Number) Date Dec 21st 1914

Name of Deceased Harrett Golden Charge to Susie Lee Smith (When Deceased) (When Born)

Order Given by Susie Lee Smith Address 1330 So. Wellington

How Secured (met) Price of Casket or Coffin 18.00

Date of Funeral Dec 21/14 Metallic Lining (State kind)

Residence 1330 So. Wellington Outside Box (State kind) 15.00

Place of Death 1330 So. Wellington Grave Vault (State kind) 3.50

Funeral Services at Res. 30.00 Burial Robe and Hose 15.00

Time of Funeral Service 3 P.M. Engraving Plate (None) 15.00

Clergyman No Dr. Board of Health Body (with fluid) and Dressing

Certifying Physician So. Wellington Disinfecting Rooms

His Residence So. Wellington Use of Catafalque and Drapery

Number of Burial Certificate Gen. Serenity Folding Chairs

Cause of Death Dec 19/14 Candelabrum and Candles

Date of Death Dec 19/14 Gloves \$ Crape \$

Date of Birth Occupation of the Deceased Domestic Hearse or Crape \$ Canopy \$

Single or Married 68 widow Carriages to Cemetery (2) 10.00

Aged 68 Years Months Days Automobiles to Cemetery @ \$

Date of Birth John Adams Wagon Deliveries

Name of Father John Adams City Calls (Coaches)

His Birthplace Unknown Death Notices in Commercial 1.00

Name of Mother Unknown (Names of Newspapers)

Her Birthplace Unknown Flowers

Mother's Maiden Name Unknown Outlay for Lot

Body to be shipped to Lining Grave

Size and Style of Casket Coffin Vault Rental

Manufactured by W. H. Carmel Shipping Charges, prepaid

Interment at W. H. Carmel Cemetery Removal Charges

Lot or Grave No. Section No. Porters

Watches

Personal Services

Music

Church Charges

Total Footing of Bill 72.50

By Amount Paid in Advance

Balance

Entered into Ledger page or below

To Funeral Charges Total \$ Board of Health

By Cash

No Doctor

Gen. Serenity

(Informant) Susie Lee Smith

Dr. O. C. Fluernberg

Board of Health

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

483

No. (Total Number) ..... No. (Serial Number) ..... Date *Dec 23<sup>rd</sup> 1914*

Name of Deceased *Morris Brooks* Charge to *Andrew Brooks* Address *1280 Williams Ave*

Order Given by *M. B. Ware* Price of Casket or Coffin *\$13.00*  
 How Secured *Dec 23/14* Metallic Lining .....  
 Date of Funeral *Williams Ave* Outside Box .....  
 Residence *City Hosp* Grave Vault ..... *5.00*  
 Place of Death *Taylor St* Burial Robe ..... *3.50*  
 Funeral Services at *11:30 am* Burial Slippers and Hose .....

Clergyman ..... Engraving Plate .....  
 Certifying Physician *Dr. Steve J. Brown* Embalming Body (with ..... Fluid) .....  
 His Residence *City Hosp* Dressing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death *Mitral Regurgitation* Keeping Body on Ice .....  
 Date of Death *Dec 20/14* Transporting Rooms .....  
 Date of Birth ..... Use of Catafalque and Drapery .....  
 Occupation of the Deceased *Laborer* Folding Chairs .....  
 Single or Married *Single* Candelabrum and Candles .....

Aged *47* Years, Months, Days ..... Gloves \$ ..... Crape \$ .....  
 Date of Birth ..... Door Crape \$ ..... Canopy \$ .....  
 Name of Father ..... Hearse ..... *10.00*  
 His Birthplace *Unknown* Carriages to Cemetery *1.00* ..... *3.00*  
 Name of Mother ..... Automobiles to Cemetery .....  
 Her Birthplace ..... Wagon Deliveries .....  
 Mother's Maiden Name ..... City Calls (Coaches) .....  
 Body to be shipped to ..... Death Notices in Newspapers *1.00* .....  
 Size and Style of Casket or Coffin *A Coffin* (Names of Newspapers) .....

Manufactured by *Mit. Lammell* Flowers .....  
 Interment at *City Hosp* Outlay for Lot .....  
 Lot or Grave No. ..... Section No. .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....

Porters .....  
 Teachers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill *37.50*  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	Total, \$
<i>Dec 16/14 to Dec 20/14</i>			
<i>Mitral Regurgitation</i>			
<i>Dr. Steve J. Brown</i>			
<i>City Hosp</i>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) *Jethro Thomas* No. (Serial Number) Date *DEC 24* 19*14*

Name of Deceased *Jethro Thomas* (Where Born) *Georgia Thomas*  
Wife-Widow *Georgia Thomas* Charge to *Georgia Thomas*  
Son-Daughter Address *1515 1/2 Millan St*

Order Given by *Georgia Thomas* How Secured *Crat. Indt* of Casket or Coffin \$ *8 00*

Date of Funeral *Dec 24/14* Metallic Lining (State kind) *3 00*

Residence *city hosp* Outside Box (State kind) *3 00*

Place of Death *city hosp* Grave Vault (State kind) *3 00*

Funeral Services at *Parlors* Burial Robe *10 a.m* Burial Slippers and Hose

Time of Funeral Service *10 a.m* Engraving Plate

Clergyman *none* Embalming Body (with Fluid)

Certifying Physician *Dr. E. L. Anderson* Washing and Dressing

His Residence *city hosp* Shaving

Number of Burial Certificate *1* Keeping Body on Ice

Cause of Death *Empyema of rt. chest* Disinfecting Rooms

Date of Death *Dec 23rd/14* Use of Catafalque and Drapery

Date of Birth *none* Folding Chairs

Occupation of the Deceased *none* Candelabrum and Candles

Single or Married *single* Gloves \$ Crape \$

Aged *3* Years Months Days Door Crape \$ Canopy \$

Date of Birth *John Thomas* Hearse *5 00*

Name of Father *John Thomas* Carriages to Cemetery @ \$

His Birthplace *ark* Automobiles to Cemetery \$

Name of Mother *Georgia Thomas* Wagon Deliveries

Her Birthplace *ark* City Calls (Coaches)

Mother's Maiden Name *ark* Death Notices Newspapers

Body to be shipped to *none* (Sum of Newspapers) *Commercial* ✓

Size and Style of Casket or Coffin *Gloss white* Flowers

Manufactured by *none* Outlay for Lot

Interment at *rt. camel* Opening Grave or Vault

Lot or Grave No. Section No. Lining Grave

Diagram of Lot or Vault. Vault Rental

Shipping Charges, prepaid

of Casket or Coffin	\$ 8 00
Metallic Lining (State kind)	
Outside Box (State kind)	3 00
Grave Vault (State kind)	3 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	5 00
Carriages to Cemetery @ \$	
Automobiles to Cemetery \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices Newspapers (Sum of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 16 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	or below

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
<i>Dr. E. L. Anderson</i>			
<i>Empyema of rt. chest</i>			
<i>following Lobar Pneumonia</i>			
<i>Oct 15/14 to Dec 23/14</i>			

Names of Pall Bearers

Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date July 25<sup>th</sup> 1914

Name of Deceased Ben Smith (What Place) Sarah Smith (Where Born)

Wife—Widow } Charge to Sarah Smith  
 Son—Daughter of }

Order Given by Sarah Smith Address 589 Hainesally

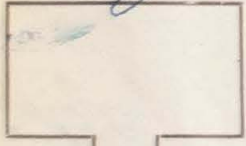
How Secured ..... Price of Casket or Coffin 40.00

Date of Funeral 7/25/14 Metallic Lining (State kind) 12.00

Residence ..... Outside Box (State kind) 15.00

Place of Death 589 Hainesally Grave Vault (State kind) 15.00

Funeral Services at M. B. Bapt. Burial Robe .....  
 Time of Funeral Service 2 P.M. Burial Slippers and Hose .....  
 Clergyman Rev. Clark Engraving Plate .....  
 Certifying Physician Dr. J. Beachamp Embalming Body (with Fluid) 15.00  
 His Residence ..... Washing and Dressing .....  
 Number of Burial Certificates ..... Shaving .....  
 Cause of Death mitral Regurgitation Keeping Body on Ice .....  
 Date of Death 7/23/14 Dissecting Room .....  
 Date of Birth ..... " Folding Chairs .....  
 Occupation of the Deceased Laborer " Candelabrum and Candles .....  
 Single or Married married Gloves \$ ..... Crape \$ .....  
 Aged 41 Years ..... Months ..... Days ..... Door Crape \$ ..... Canopy \$ .....  
 Date of Birth unknown Hearse .....  
 Name of Father ..... Carriages to Cemetery @ \$ .....  
 His Birthplace ..... Automobiles to Cemetery @ \$ .....  
 Name of Mother unknown Wagon Deliveries .....  
 Her Birthplace ..... City Calls (Coaches) .....  
 Mother's Maiden Name ..... Death Notices in Newspapers 1.00  
 Body to be shipped to ..... (Names of Newspapers) .....  
 Size and Style of Casket or Coffin Black Crepe Flowers .....  
 Manufactured by Zion Outlay for Lot .....  
 Interment at Zion Cemetery. Opening Grave or Vault 2 Exploring 8.00  
 Lot or Grave No. Section No. Lining Grave .....  
 1. Vault Rental .....  
 2. Shipping Charges, prepaid .....  
 3. Removal Charges .....  
 4. Cremation Charges .....  
 5. Porters .....  
 6. Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Listing of Bill 1103.00  
 By Amount Paid in Advance 50.00  
 Balance 153.00  
 Entered into Ledger, page ..... or below.



Designate all Graves in Lot with numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Funeral Charges Total, \$ ..... By Cash, \$ .....

From 7/18/14 to 7/23/14

"Cause" mitral Regurgitation

Dr. J. L. Beachamp  
Chelsea

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

485

No. (Total Number) ..... No. (Yearly Number) ..... Date **Dec 26/14**

Name of Deceased **Rosa Nell Anderson** (What Name) **Julia Anderson** (Where Born)

Wife-Widow } Order Given by **Mrs. Alice Brown** Charge **Alice Brown** Address **2001 1/2 N. Olympia**  
 Son-Daughter of } **Mrs. Nanette Williams**

How Secured **(Met)** Price of Casket or Coffin \$ **65.00**

Date of Funeral **Dec 26/14** Metallic Lining (State kind) **5.00**

Residence **210 Maple St** Outside Box (State kind) **12.00**

Place of Death **City Hosp** Grave Vault (State kind) **15.00**

Funeral Services at **2001 1/2 N. Olympia** Burial Robe **1.50**

Time of Funeral Service **9 AM** Burial Slippers and Hose **1.50**

Clergyman **Dr. Stev J. Brown** Engraving Plate **Moore** **15.00**

Certifying Physician **Dr. Stev J. Brown** Embalming Body (with Washing and Dressing) **1.50**

His Residence **City Hosp** Shaving **1.50**

Number of Burial Certificate **1** Keeping Body on Ice (Extra) **5.00**

Cause of Death **Carbolic acid Poisoning** Disinfecting Rooms (Extra) **2.00**

Date of Death **Dec 24/14** " Folding Chairs **Advanced** **20.00**

Date of Birth **Nov 1878** " Candelabrum and Candles **2.00**

Occupation of the Deceased **HW** Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....

Single or Married ..... Religion ..... Hearse **1 (Extra)** **5.00**

Aged ..... Years, ..... Months, ..... Days. Carriages to Cemetery **1** **5.00**

Date of Birth **Nov 1878** Automobiles to Cemetery @ \$ ..... **5.00**

Name of Father **Andrew Anderson** Wagon Deliveries **2** **5.00**

His Birthplace **Tenn** City Calls (Coaches) **2** **2.00**

Name of Mother **Julia Anderson** Death Notices in Newspapers **Commercial** **2.00**

Her Birthplace **Tenn** Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....

Mother's Maiden Name **Tenn** Vault Rental .....  
 Body to be shipped to **Tome Tenn** Shipping Charges, prepaid **1** **1.00**

Size and Style of Casket or Coffin **Lang's Skin** Removal Charges .....  
 Manufactured by **Tome Tenn** Cremation Charges .....

Interment at **Tome Tenn** Porters .....  
 Lot or Grave No. ..... Cemetery. Watchers .....

Section No. **210** Personal Services .....  
 1. **Maple St** Music .....  
 2. **Maple St** Church Charges .....

Diagram of Lot or Vault. Total Footing of Bill **129.00**

By Amount Paid in Advance ..... Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges. Total, \$ **Dec 23/14 - Dec 24/14**  
**Carbolic acid**  
**Poisoning**  
**Dr. Stev J. Brown**

Names of Pall Bearers .....  
 Names of Near Relatives .....





RECORD OF FUNERAL.

No. (Total Number) Infant Cox No. (Yearly Number) Date July 27<sup>th</sup> 1914

Name of Deceased Infant Cox Charge to Anna & Jessie Cox (Wife - Race) (Where Born) Address 212 Rayburn

Order Given by Anna & Jessie Cox

How Secured Date of Funeral 7/27/14

Residence Place of Death 212 Rayburn

Funeral Services at Rest Time of Funeral Service 11:00

Clergyman Certifying Physician Dr. W. S. Webb

His Residence Shelby St

Number of Burial Certificate Cause of Death Chord of umbilicus

Date of Death 7/27/14 Date of Birth

Occupation of Deceased none Single or Married Single

Age 2 yrs 7 mos 2 wks Date of Birth

Name of Father Jack Cox His Birthplace

Name of Mother Jessie Cox Her Birthplace Miss

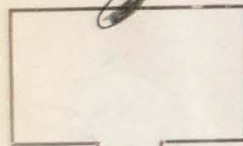
Mother's Maiden Name Body to be shipped to

Size and Style of Casket or Coffin Glass white

Manufactured by Zion mfg

Interment at Zion Cemetery

Lot or Grave Section No. People of Zion Buried June 15/14



Designate all Graves in Lot with Numbers 1, 2, 3, 4, etc., and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table listing funeral expenses: Price of Casket or Coffin \$7.00, Outside Box \$2.50, Grave Vault \$2.50, Burial Slippers and Hose, Embalming Body, Washing and Dressing, Shaving, Keeping Body on Ice, Disinfecting Rooms, Use of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Door Crape, Canopy, Hearse, Carriages to Cemetery, Automobiles to Cemetery, Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers, Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, Removal Charges, Cremation Charges, Porters, Undertaker's Services, Church Charges. Total Footing of Bill \$13.50.

By Amount Paid in Advance Balance Entered into Ledger, page or below

Table for payment: To Funeral Charges Total \$ By Cash \$ Dr. W. S. Webb 521 Shelby St Hemorrhage of the umbilical chord

Names of Pall Bearers Names of Near Relatives

# RECORD OF FUNERAL.

487

No. *Turner Mosely* (Total Number) No. *27* (Yearly Number) Date *Dec 27* 19*14*

Name of Deceased *Turner Mosely*

Wife-Widow *Widow* Son-Daughter of *Widow* Charge to *Mrs. J. P. Johnson* (What Race) (Place of Birth)

Order Given by *Mrs. J. P. Johnson* Address *73 Jones Ave*

How Secured *met 1/14* Price of Casket or Coffin *40.00*

Date of Funeral *Dec 27/14* Metallic Lining (State kind) *5.00*

Residence *73 Jones Ave* Outside Box (State kind) *15.00*

Place of Death *73 Jones Ave* Grave Vault (State kind) *3.50*

Funeral Services at *10 a.m.* Burial Robe *3.50*

Time of Funeral Service *10 a.m.* Burial Slippers and Hose *3.50*

Clergyman *Dr. J. P. Johnson* Engraving Plate *(none)* *15.00*

Certifying Physician *Dr. J. P. Johnson* Embalming Body (with washing and dressing) *(none)*

His Residence *Jones Ave* Shaving *(none)*

Number of Burial Certificate *1* Keeping Body on Ice *(none)*

Cause of Death *Lobar Pneumonia* Disinfecting Rooms *P.B.C.* *6.00*

Date of Death *Dec 25/14* Folding Chairs *(none)*

Date of Birth *(none)* Candelabrum and Candles *(none)*

Occupation of the Deceased *Laborer* Gloves \$ *(none)* Crape \$ *(none)*

Single or Married *Widower* Door Crape \$ *(none)* Canopy \$ *(none)*

Aged *65* Years, *(none)* Months, *(none)* Days. Hearse *(none)*

Date of Birth *(none)* Carriages to Cemetery @ \$ *20.00*

Name of Father *(none)* Automobiles to Cemetery @ \$ *(none)*

His Birthplace *(none)* Wagon Deliveries *(none)*

Name of Mother *(none)* City Calls (Coaches) *(none)*

Her Birthplace *(none)* Death Notices in Newspapers *Columbian* *2.00*

Mother's Maiden Name *(none)* Flowers *(none)*

Body to be shipped to *(none)* Outlay for Lot *(none)*

Size and Size of Casket or Coffin *Black Crepe* Opening Grave *(none)*

Manufactured by *Zion* Lining Grave *Stockings* *50*

Interment at *Zion* Vault Rental *(none)*

Lot or Grave No. *(none)* Shipping Charges, prepaid *(none)*

Section No. *(none)* Removal Charges *(none)*

*(none)* Cremation Charges *(none)*

*(none)* Porters *(none)*

*(none)* Watchers *(none)*

*(none)* Personal Services *(none)*

*(none)* Music *(none)*

*(none)* Church Charges *(none)*

Total Footing of Bill *\$117.00*

By Amount Paid in Advance *(none)*

Balance *(none)*

Entered into Ledger, page *(none)* or below *(none)*

To Funeral Charges..... Total, \$ *(none)* By Cash..... \$ *(none)*

*Dr. J. P. Johnson*

*Lobar Pneumonia*

*abt Dec 18 to Dec 25/14*

Names of Pall Bearers.....

Names of Near Relatives.....

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date Dec 27 1914 Name of Deceased Joe Harris

Wife—Widow Charge to Rena Harris Son—Daughter of Mrs Lena Harris Address 57 So. Walden Blvd

Order Given by How Secured Price of Casket or Coffin 40 00

Date of Funeral Dec 27/14 Metallic Lining (State kind) 5 00

Residence Outside Box (State kind) 13 00

Place of Death Speedway & I.C.R.R. Grave Vault (State kind) 3 50

Funeral Services 10 a.m. Burial Robe (State kind) 15 00

Time of Funeral Service 10 a.m. Engraving Plate (Moore) 15 00

Clergyman N. J. Ingram Embalming Body (with fluid) Washing and Dressing

Certifying Physician His Residence N. J. Ingram

Number of Burial Cases Cause of Death Gun shot wound (Prime) (Secondary) Date of Death Dec 25/14

Date of Birth Occupation of the Deceased Laborer

Single or Married married

Aged 40 Years Months Days

Date of Birth Name of Father Joe Harris Sr

His Birthplace His Birthplace Yonkers N.Y. Name of Mother Mary A. Harris

Her Birthplace Her Birthplace Yonkers N.Y. Mother's Maiden Name

Body to be shipped to Size and Style of Casket or Coffin Black Crepe

Manufactured by Zion Cemetery

Interment at Zion Cemetery Lot or Grave No. Section No.

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges Total, \$ By Cash \$

The deceased Joe Harris came to his death from a gun shot wound. This is murder. N. J. Ingram

Names of Pall Bearers Coroner

Names of Near Relatives

# RECORD OF FUNERAL.

489

No. (Total Number) ..... No. (Index Number) ..... Date December 27/14

Name of Deceased Rebecca Riley (What Name) Isaac Riley

Wife-Widow }  
 Son-Daughter of } Order Given by Isaac Riley Address 138 Tennessee St

How Secured (met) Price of Casket or Coffin 40.00

Date of Funeral Dec 27/14 Metallic Lining (State kind) 5.00

Residence 138 Tennessee St Outside Box (State kind) 15.00

Place of Death St. Jude Chh Grave Vault (State kind) 3.50

Funeral Services at St. Jude Chh Burial Robe (none)

Time of Funeral Service 2 P.M. Burial Slippers and Hose 15.00

Clergyman Dr. C. M. Beck Engraving Plate (none)

Certifying Physician Dr. C. M. Beck Embalming Body (with) (none)

His Residence Memphis Shaving (none)

Number of Burial Certificates 1 Keeping Body on Ice (none)

Cause of Death Pellagra Disinfecting Rooms (none)

Date of Death Dec 12/14 Use of Catafalque and Drapery (none)

Date of Birth (none) Folding Chairs (none)

Occupation of the Deceased Domestic Candelabrum and Candles (none)

Single or Married married Gloves \$ ..... Crape \$ .....  
 Aged 43 Years, ..... Months, ..... Days. Hearse 12.00

Date of Birth (none) Carriages to Cemetery @ \$ .....  
 Name of Father Mr. Hill Automobiles to Cemetery @ \$ .....  
 His Birthplace Tenn Wagon Deliveries (none)

Name of Mother Mrs. Hill City Calls (Coaches) (none)

Her Birthplace Tenn Death Notices in Commercial Newspapers 1.00

Mother's Maiden Name (none) Flowers (none)

Body to be shipped to (none) Outlay for Lot (none)

Size and Style of Casket or Coffin Black Crepe Opening Grave or Vault (none)

Manufactured by Zion Lining Grave Stockings 25

Interment at Zion Cemetery. Vault Rental (none)

Lot or Grave No. ..... Section No. ..... Shipping Charges, prepaid (none)

1. ..... Removal Charges (none)

2. ..... Cremation Charges (none)

3. ..... Porters (none)

4. ..... Watchers (none)

5. ..... Personal Services (none)

6. ..... Music (none)

Church Charges (none)

Total Footing of Bill 101.75

By Amount Paid in Advance (none)

Balance (none)

Entered into Ledger, page ..... or below (none)

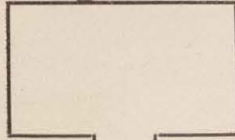


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (◻).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. C. M. Beck</u>	
<u>Pellagra</u>	
<u>Dec 27/14</u>	

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Dec 27 1914  
 Name of Deceased Annine Gibson

Wife—Widow } Charge to Walter Gibson  
 Son—Daughter of }  
 Address 422 Sewellington

Order Given by Walter Gibson  
 How Secured Rate Price of Casket or Coffin \$40.00  
 Date of Funeral Dec 27/14 Metallic Lining \_\_\_\_\_

Residence 422 Sewellington Outside Box (State kind) 5.00  
 Place of Death Woodstock Tenn Vault (State kind) \_\_\_\_\_  
 Funeral Services at Woodstock Tenn Burial Robe 8.00  
 Time of Funeral Service am Burial Shippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate (none) 15.00  
 Certifying Physician Dr. J. W. Winchester Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
 His Residence Memphis Shaving \_\_\_\_\_

Number of Burial Certificates \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_  
 Cause of Death Pellagra Disinfecting Rooms \_\_\_\_\_  
 Date of Death Dec 26/14 Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased Domestic Candelabrum and Candles \_\_\_\_\_

Single or Married widow Crape \$ \_\_\_\_\_  
 Aged 39 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Father Geo. Lee Carriages to Cemetery @ \$ \_\_\_\_\_  
 His Birthplace W. Va Automobiles to Cemetery @ \$ \_\_\_\_\_

Name of Mother Mattie Lee Wagon Deliveries 5.00  
 Her Birthplace W. Va City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_  
 Body to be shipped to Woodstock Tenn Newspapers Cultural 1.00  
 Size and Color of Casket or Coffin Black Crepe (Names of Newspapers)

Manufactured by \_\_\_\_\_ Flowers \_\_\_\_\_  
 Interment at Woodstock Tenn Outlay for Lot \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave on Vault \_\_\_\_\_  
 \_\_\_\_\_ Lining Grave Stockburgs 25  
 \_\_\_\_\_ Vault Rental \_\_\_\_\_  
 \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_  
 \_\_\_\_\_ Removal Charges \_\_\_\_\_  
 \_\_\_\_\_ Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill \$74.25  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total, \$ \_\_\_\_\_ By Cash \_\_\_\_\_ \$ \_\_\_\_\_

Dr. J. W. Winchester  
June 16/14 to Sept 1st/14  
Pellagra

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

491

No. (Total Number) ..... No. (Yearly Number) ..... Date Dec 28/14  
 Name of Deceased Mary Jane McAllister (Where Born) Mrs. Annie Douney

Wife-Widow }  
 Son-Daughter of }  
 Order Given by Mrs. Annie Douney Address 392 Ayers St - 0

How Secured (Lodges) Price of Casket or Coffin \$100.00  
 Date of Funeral Dec 25/14 Metallic Lining (State kind) .....

Residence 392 Ayers St Outside Box (State kind) .....

Place of Death 392 Ayers St Grave Vault (State kind) 15.00  
 Funeral Services at Calvary Chapel Burial Robe 10.00  
 Time of Funeral Service 10:30 AM Burial Slippers and Hose .....

Clergyman Rev. R. Kent Engraving Plate (none) 15.00  
 Certifying Physician E. C. Craigen Embalming Body (with) .....

His Residence Memphis Washing and Dressing .....

Number of Burial Certificate .....

Cause of Death Mitral insufficiency of heart Disinfecting Rooms P.B.C 6.00  
 Date of Death Dec 25/14 Use of Catafalque and Drapery .....

Date of Birth .....

Occupation of the Deceased Domestic Candelabrum and Candles .....

Single or Married Widow Gloves \$ ..... Crape \$ .....

Aged 79 Years, ..... Months, ..... Days. Door Crape \$ ..... Canopy \$ .....

Date of Birth .....

Name of Father .....

His Birthplace unknown Hearse 20.00  
 Name of Mother .....

Her Birthplace .....

Mother's Maiden Name .....

Body to be shipped to .....

Size and Style of Casket or Coffin B. Broad Cloth drape Carriages to Cemetery 2 Exchanges 8.00  
 Manufactured by Elmwood Wagon Deliveries .....

Internment at Elmwood City Calls (Coaches) .....

Lot or Grave No. .... Section No. .... Death Notices in Newspapers Commercial 1.00  
 Diagram of Lot or Vault .....

Flowers .....

Outlay for Lot .....

Opening Grave of Vault .....

Lining Grave Lodge notice Vault Rental .....

Shipping Charges, prepaid .....

Removal Charges 2 Exchanges 8.00 Cremation Charges .....

Porters .....

Watchers .....

Funeral Service .....

Music .....

Church Charges .....

Total Footing of Bill 186.00

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

	Total, \$	By Cash, \$
Dr. E. C. Craigen Mitral insufficiency of heart. (Cause)		

Names of Pall Bearers .....

Names of Near Relatives .....



RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ (Yearly Number) \_\_\_\_\_ Date. Dec 31<sup>st</sup> 1914

Name of Deceased. Stacy Gray Charge to Mrs. Wm P M Tarland

Wife—Widow } (What Race) \_\_\_\_\_ (What Religion) \_\_\_\_\_  
 Son—Daughter of }  
 Order Given by Mrs. Wm P M Tarland Address 817 Mosby St.

How Secured (Met) Price of Casket or Coffin \$ 25 00  
 Date of Funeral Dec 31/14 Metallic Lining \_\_\_\_\_  
 Residence \_\_\_\_\_ Outside Box \_\_\_\_\_ (State kind)  
 Place of Death 817 Mosby St Grave Vault \_\_\_\_\_ (State kind) 5 00  
 Funeral Services at Parlors Burial Robe \_\_\_\_\_  
 Time of Funeral Service 2 P M Burial Slippers and Hose \_\_\_\_\_  
 Clergyman Rev. R Kent Davis Engraving Plate \_\_\_\_\_  
 Certifying Physician Dr. E. C. Craiger Embalming Body (with \_\_\_\_\_ Fluid)  
 His Residence Memphis Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_  
 Cause of Death Bronchitis Keeping Body on Ice P.B.C. 6 00  
 Date of Death Dec 30/14 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_  
 Occupation of the Deceased Labourer Folding Chairs \_\_\_\_\_  
 Single or Married Single Candelabrum and Candles \_\_\_\_\_  
 Aged 21 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Name of Father Ambrose Gray Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 His Birthplace Ark Hearse 19 00  
 Name of Mother Bulah Wilson Carriages to Cemetery @ \$ \_\_\_\_\_  
 Her Birthplace Miss Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Size and Style of Casket or Coffin Raised Top Death Notices in \_\_\_\_\_ Newspapers 1 00  
 Manufactured by \_\_\_\_\_ (Names of Newspapers)  
 Internment at Int. Cornel Cemetery. Flowers \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave \_\_\_\_\_  
 Vault Rental Shirt 1 00  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$ 53 00  
 By Amount Paid in Advance 53 00  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. E. C. Craiger</u>			
<u>Bronchitis</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL.

493

No. (Total Number) ..... No. (Early Number) ..... Date Dec 30/14  
 Name of Deceased Isiah Jarrett

Wife-Widow }  
 Son-Daughter of } Samuel Jarrett and  
 Order Given by Samuel Jarrett and Charge to Mrs. Lawrence Jarrett  
Lawrence Jarrett Address 174 So. 3rd Street

How Secured Fun. Cas. Ins. Price of Casket or Coffin \$ 13 00  
 Date of Funeral Dec 30/14

Residence .....  
 Place of Death Tut. Hosp. " Metallic Lining (State kind) .....  
 Funeral Services at Parlors " Outside Box (State kind) .....  
 Time of Funeral Service 10 A.M. " Grave Vault (State kind) 12 00  
 Clergyman Rev. C. W. Graham " Burial Robe .....  
 Certifying Physician Dr. Norman Taylor " Burial Slippers and Hose .....

His Residence .....  
 Number of Burial Cases .....  
 Cause of Death Phthisis Pulmonalis Engraving Plate .....  
 Date of Death Dec 27/14 Embalming Body (with Fluid) .....  
 Date of Birth ..... Washing and Dressing .....

Occupation of the Deceased Labourer Shaving .....  
 Single or Married Single Keeping Body on Ice .....

Aged 29 Years, Months, Days .....  
 Date of Birth .....  
 Name of Father Nelson Jarrett Disinfecting Rooms .....  
 His Birthplace Tenn. Use of Catafalque and Drapery .....

Name of Mother Ellen Reid " Folding Chairs .....  
 Her Birthplace Tenn. " Candelabrum and Candles .....  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin A casket Gloves \$ .....  
 Manufactured by from wife Door Crape \$ .....  
 Interment at from Cemetery. Hearse .....  
 Lot or Grave No. ..... Section No. ....

1. ....  
 2. ....  
 3. ....  
 4. ....  
 5. ....  
 6. ....

Diagram of Lot or Vault. ....  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Death Notices in Newspapers Commercial 1 00  
 (Names of Newspapers) .....  
 Total Footing of Bill 35 00

By Amount Paid in Advance 16 50  
 Balance Due 18 50

Entered into Ledger, page ..... or below .....

To Funeral Charges ..... Total, \$ .....  
 By Cash ..... \$ .....

May 5/14 To Dec 27/14  
Phthisis Pulmonalis  
Dr. Norman Taylor

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) *Wollie Lewis* No. (Early Numbers) *Lucy Austin* Date *Dec 30/14*

Name of Deceased *Wollie Lewis* (What Place) *Lucy Austin* (Where Borne)

Wife—Widow *Lucy Austin* Son—Daughter of Charge to *209 Barrett St*

Order Given by *Phin Part* Address *209 Barrett St*

How Secured *Phin Part* Price of Casket or Coffin \$ *13 00*

Date of Funeral *Dec 30/14* Metallic Lining (State kind) *5 00*

Residence *209 Barrett St* Outside Box (State kind)

Place of Death *Cordova Tenn* Grave Vault (State kind)

Funeral Services at *Cordova Tenn* Burial Robe

Time of Funeral Service *11 AM* Burial Slippers and Hose

Clergyman *Dr. H. R. Williams* Engraving Plate

Certifying Physician *H. 2nd St* Embalming Body (with Fluid)

His Residence *H. 2nd St* Washing and Dressing

Number of Burial Certificate *1* Shaving

Cause of Death *Dysentery with complicated nephritis* Keeping Body on Ice

Date of Death *Dec 29/14* Disinfecting Rooms

Occupation of the Deceased *Domestic* Use of Catafalque and Drapery

Single or Married *Widow* Folding Chairs

Aged *54* Years Months Days *1* Candelabrum and Candles

Date of Birth *Dec 29/14* Gloves \$ Crape \$

Name of Father *Commercial* Door Crape \$ Canopy \$

His Birthplace *Commercial* Hearse

Name of Mother *Commercial* Carriages to Cemetery @ \$

Her Birthplace *Commercial* Automobiles to Cemetery @ \$

Mother's Maiden Name *Commercial* Wagon Deliveries *5 00*

Body to be shipped to *Cordova Tenn* City Calls (Coaches)

Size and Style of Casket or Coffin *A coffin* Death Notices in Newspapers *Commercial*

Manufactured by *Cordova Tenn* Flowers

Interment at *Cordova Tenn* Outlay for Lot

Lot or Grave No. Section No. Opening Grave or Vault

1.  Lining Grave

2.  Vault Rental

3.  Shipping Charges, prepaid

4.  Removal Charges

5.  Cremation Charges

6.  Carters

Watches

Personal Services

Music

Church Charges

Total Footing of Bill *23 00*

By Amount Paid in Advance *20 00*

Balance *3 00*

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<i>Dr. H. R. Williams</i>			
<i>H. 2nd St</i>			
<i>Dysentery with complicated nephritis</i>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_



January - 1915 - RECORD OF FUNERAL - January 497

No. (Total Number) No. (Yearly Number) Date Jan. 1st 1915

Name of Deceased James Robinson (What Race) Mrs. Bell Robinson (What Color)

Wife - Widow Son - Daughter of Order Given by Miss Sallie Robinson Charge to Mrs. Bell Robinson Address C. H. Countee 3000

How Secured Club Lodge Price of Casket or Coffin Metallic Lining (State kind) Outside Box (State kind) Grave Vault (State kind) Burial Robe (State kind) Burial Slippers and Hose

Date of Funeral Jan 1st 1914 Engraving Plate -1271- Fluid

Residence Kansas City, Mo. Washing and Dressing

Place of Death Kansas City, Mo. Keeping Body on Ice Hearse 15.00

Funeral Services at Mt. Joyner Use of Catafalque and Drapery Folding Chairs Wreath 1.38

Time of Funeral Service 9 a.m. Candelabrum and Candles

Clergyman Rev. Morris Glove S. Door Crape S. Hearse P. B. C. 8.00

Certifying Physician J. E. Dibble Embalming Body (with Fluid) Washing and Dressing

His Residence Kansas City, Mo. Automobiles to Cemetery @ \$.

Number of Burial Certificate Cardiac Hypertrophy Wagon Deliveries City Calls (Coaches) Death Notices in Commercial 1.00

Cause of Death Cardiac Hypertrophy Flowers

Date of Death Dec 28 1914 Outlay for Lot Opening Grave or Vault Lining Grave Vault Rental Shipping Charges, prepaid Removal Charges Cremation Charges Porters Watchers Personal Services Music Church Charges

Date of Birth Occupation of the Deceased Laborer

Single or Married Single

Aged 28 Years, Months, Days

Date of Birth Name of Father John Robinson

Name of Mother Bell Robinson

Her Birthplace

Mother's Maiden Name

Body to be shipped to from Kansas City, Mo.

Size and Style of Casket or Coffin Black P. C. Kansas City, Mo.

Manufactured by Mt. Joyner Cemetery

Interment at Mt. Joyner Cemetery

Lot or Grave No. Section No.

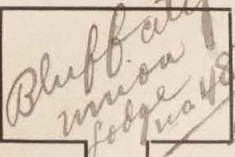


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill Bluff City Union Lodge 68.58  
By Amount Paid in Advance 50.00  
Balance 18.58

To Funeral Charges	Total, \$	By Cash	\$
Cardiac Hypertrophy			
Dr. J. E. Dibble			
W. S. Wheeler, Registrar			

Names of Pall Bearers Permit no. 4376  
Names of Near Relatives Reg. Dist. no. 389

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date Jan 3rd 1915  
 Name of Deceased Charley Bowers Charge to Ely Bowers (Where Born) Whiteville Tenn

Wife—Widow (What Race) ..... (Where Born) .....  
 Son—Daughter of) .....  
 Order Given by Ely Bowers Address Whiteville Tenn

How Secured Life & Cash Casket or Coffin ..... \$ 75.00

Date of Funeral Jan 31/14 Metallic Lining (State kind) .....  
 Residence 579 mass ave Outside Box (State kind) ..... \$ 5.00

Place of Death Whiteville Tenn Grave Vault (State kind) .....  
 Burial Robe .....  
 Burial Slippers and Hose .....

Time of Funeral Service 11 AM Engraving Plate .....  
 Clergyman ..... Embalming Body (with moore fluid) ..... \$ 15.00

Certifying Physician Dr. O. C. Fluener Washing and Dressing .....  
 His Residence Board of Health Keeping Body on Ice .....

Number of Burial Certificate ..... Disinfecting Rooms .....  
 Cause of Death Stomach & Liver of Catafalque and Drapery .....

Date of Death Jan 1/15 " Folding Chairs .....  
 " Candelabrum and Candles .....

Date of Birth ..... Gloves \$ ..... Crape \$ .....  
 Occupation of the Deceased Labourer Door Crape \$ ..... Canopy \$ .....

Single or Married Married Hearse .....  
 Aged 59 Years ..... Months ..... Days .....  
 Date of Birth ..... Carriages to Cemetery ..... @ \$ .....  
 Automobiles to Cemetery ..... @ \$ .....

Name of Father ..... Wagon Deliveries ..... \$ 5.00  
 His Birthplace Whitson City Calls (Coaches) .....  
 Name of Mother ..... Death Notices in ..... Newspapers .....

Her Birthplace ..... (Names of Newspapers) .....  
 Mother's Maiden Name ..... Flowers .....  
 Body to be shipped to Whiteville Tenn Outlay for Lot .....

Size and Style of Casket Black Broad Cloth Opening Grave or Vault .....  
 Manufactured by Whiteville Tenn Lining Grave .....

Interment at Whiteville Tenn Vault Rental .....  
 Lot or Grave No. .... Section No. .... Shipping Charges, prepaid .....

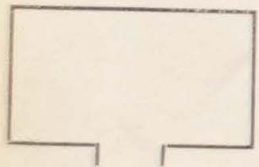
Removal Charges .....  
 Cremation Charges .....  
 Watchers .....  
 Personal Services .....

Church Charges .....  
 Music .....

Total Footing of Bill ..... \$ 100.00

By Amount Paid in Advance ..... \$ 55.00

Balance Due ..... \$ 45.00  
 Entered into Ledger page Life & Cash of below



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges ..... Total, \$ ..... By Cash ..... \$ .....

No Doctor  
Stomach & Liver Troubles  
Informant  
Sallie Bowers  
wife Dr. O. C. Fluener

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Year's Number) ..... Date Jan 5<sup>th</sup> 1915  
 Name of Deceased George A. James

Wife—Widow  
 Son—Daughter of } Charge to Mrs. Lillie James (Here Born)  
 Address 157 Commerce St

Order Given by Lillie James  
 How Secured cash

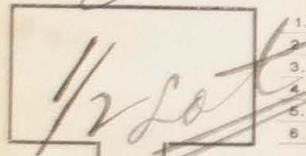
Date of Funeral Jan 5/14 Price of Casket or Coffin \$65.00  
 Residence 157 Commerce St Metallic Lining (state kind) .....  
 Place of Death 157 Commerce St Outside Box (state kind) 5.00  
 Grave Vault on lot (state kind) 3.00

Funeral Services at res Burial Robe .....  
 Time of Funeral Service 2 P.M. Burial Slippers and Hose .....  
 Clergyman Rev. Lindsey Engraving Plate .....  
 Certifying Physician Dr. H. S. Wolff Embalming Body (with fluid) 15.00  
 Washing and Dressing .....

His Residence Southern Express Shaving .....  
 Number of Burial Certificate ..... Keeping Body on Ice .....  
 Cause of Death acute tuberculosis Disinfecting Rooms .....  
 Date of Death Jan 4/14 (Primary) (Secondary) " Folding Chairs P.B.C. 6.00  
 Date of Birth ..... " Candelabrum and Candles .....

Occupation of the Deceased porter Gloves \$ ..... Crape \$ .....  
 Single or Married single Door Crape \$ ..... Canopy \$ .....  
 Aged 19 Years ..... Months ..... Days .....  
 Date of Birth ..... Hearse 10.00  
 Name of Father Wilson James Carriages to Cemetery @ \$ .....  
 His Birthplace Tenn Automobiles to Cemetery @ \$ .....  
 Name of Mother Lillie Scott Wagon Deliveries .....  
 Her Birthplace Ky City Calls (Coaches) .....  
 Mother's Maiden Name Ky Death Notices in Newspapers 1.00  
 Body to be shipped to ..... (Names of Newspapers)

Size and Style of Casket or Coffin Lamb King Flowers .....  
 Manufactured by Mrs Outlay for Lot .....  
 Interment at Zion Cemetery. Watchers 4.00  
 Lot or Grave No. .... Section No. ....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (◻).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$65.00  
 Metallic Lining (state kind) .....  
 Outside Box (state kind) 5.00  
 Grave Vault on lot (state kind) 3.00  
 Burial Robe .....  
 Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with fluid) 15.00  
 Washing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 " Folding Chairs P.B.C. 6.00  
 " Candelabrum and Candles .....  
 Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse 10.00  
 Carriages to Cemetery @ \$ .....  
 Automobiles to Cemetery @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Death Notices in Newspapers 1.00  
 (Names of Newspapers)  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave or Vault .....  
 Lining Grave 1/2 lot 41.65  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charge .....  
 Porters 4.00  
 Watchers 4.00  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill 162.65  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	\$
<u>Nov-15/14 to Jan 4/15</u>			
<u>acute tuberculosis</u>			
<u>H. S. Wolff</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) Date Jan 6<sup>th</sup> 19 15  
Name of Deceased Estella Miller (Yearly Number)

Wife-Widow Charge to J. A. Miller (Yearly Number) (State kind) (Where Born)  
Son-Daughter of Address 809 Alston Ave.

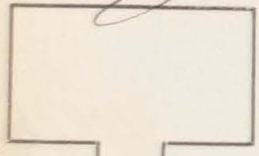
Order Given by J. A. Miller How Secured (State kind) of Casket or Coffin \$25.00  
Date of Funeral Jan 6 - 15 Metallic Lining (State kind)  
Residence 809 Alston Ave. Outside Box (State kind)

Place of Death 809 Alston Ave. Grave Vault (State kind) \$12.00  
Funeral Services at Res. Burial Robe (State kind)  
Time of Funeral Service 5:00 P.M. Burial Slippers and Hose  
Clergyman Rev. J. A. Searey Engraving Plate (State kind) \$15.00  
Certifying Physician Dr. Jno. G. Taylor Embalming Body (State kind) (Fluid)  
His Residence 20 1/2 E. 11th St. Washing and Dressing (State kind)

Number of Burial Certificate Shaving  
Cause of Death Lobar Pneumonia Keeping Body on Ice  
Date of Death Jan 2 - 15 Disinfecting Rooms  
Date of Birth (Primary) (Secondary) Use of Catafalque and Drapery  
Occupation of the Deceased Domestic Folding Chairs  
Single or Married Single Candelabrum and Candles

Aged 19 Years Months Days Gloves \$ Crape \$  
Date of Birth Hearse Door Crape \$ Canopy \$  
Name of Father Thos. Miller Carriages to Cemetery @ (2) \$18.00  
His Birthplace Tenn. Automobiles to Cemetery @ (2) \$18.00  
Name of Mother Amie Lane Wagon Deliveries  
Her Birthplace Tenn. City Calls (Coaches)

Mother's Maiden Name Death Notices in Newspapers \$1.00  
Body to be shipped to X (Names of Newspapers)  
Size and Style of Casket or Coffin Raised Top Flowers  
Manufactured by Zion Temp. Outlay for Lot  
Interment at Zion Cemetery. Watchers  
Lot or Grave No. Section No. Personal Services  
Music  
Church Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

1 2 3 4 5 6  
C. B.  
Rice \$30

Total Footing of Bill \$73.00  
By Amount Paid in Advance \$42.00  
Balance (Due) \$31.00  
Entered into Ledger, page or below.

To Funeral Charges	Total, \$	By Cash	Total, \$
Lobar Pneumonia			
(Contrib)			
Dysphoid Fever			
Dr. Jno. G. Taylor			

Names of Pall Bearers  
Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date Jan 7 / 15

Name of Deceased Emma H. Childres

Wife-Widow Son-Daughter of Charge to (What Race) (Where Born) Mrs. Ella Williams & Mary Greenlaw

Order Given by Mary Greenlaw Address

How Secured (met) Lodge Price of Casket or Coffin 40 00

Date of Funeral Jan 15 Metallic Lining

Residence 36 5 ayers st Outside Box (State kind) 5 00

Place of Death 36 5 ayers st Grave Vault (State kind) 15 00

Funeral Services at Collins Chapel Burial Robe

Time of Funeral Service 2 PM Burial Slippers and Hose

Clergyman Rev. R. Kent Harris Engraving Plate

Certifying Physician Dr. L. P. Dixon Embalming Body (with fluid) 15 00

His Residence Lane Dr Washing and Dressing

Number of Burial Certificates Keeping Body on Ice

Cause of Death Lobar Pneumonia Disinfecting Rooms

Date of Death Jan 5th / 15 (Primary) (Secondary) Folding Chairs Telephone 26

Date of Birth Occupation of the Deceased Domestic Door Crape \$ Canopy \$

Single or Married Widowed Religion Hearse

Aged 38 Years Months Days Carriages to Cemetery @ \$ 12 00

Date of Birth Name of Father unknown City Calls (Coaches)

His Birthplace His Birthplace Death Notices in Newspapers 2 00

Name of Mother Mary Jones Commercial (Names of Newspapers)

Her Birthplace Flowers

Mother's Maiden Name X Outlay for Lot

Body to be shipped to X Opening Grave or Vault

Size and Style of Casket or Coffin Black Crepe Lining Grave

Manufactured by Elmwood Vault Rental P.B.C. 6 00

Interment at Elmwood Cemetery Shipping Charges, prepaid

Lot or Grave No. Section & Removal Charges

Diagram of Lot or Vault. Lodge Reapers 507

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill \$109 27

By Amount Paid in Advance Lodge 50 00

Balance \$59 27

Entered into Ledger, page or below.

Table with columns: To Funeral Charges, Total, \$, By Cash, \$, and a large handwritten entry: Lobar Pneumonia Dr. L. P. Dixon

Names of Pall Bearers

Names of Near Relatives





# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date Jan 9 / 1915

Name of Deceased Will Fisher

Wife—Widow } Charge to Mrs Lizzie Price (Who born)  
 Son—Daughter of } Address St. Louis mo

Order Given by Mrs Lizzie Price

How Secured Writ

Date of Funeral Jan. 9 / 15

Residence St. Louis mo

Place of Death St. Louis mo

Funeral Services at Res.

Time of Funeral Service 2 P.M.

Clergyman H. W. Fath

Certifying Physician St. Louis

His Residence St. Louis

Number of Burial Certificate 1

Cause of Death Aortic stenosis

Date of Death Jan 4 / 15

Date of Birth Jan 4 / 15

Occupation of the Deceased Laborer

Single or Married married

Aged 40 Years, Months, Days

Date of Birth

Name of Father Unknown

His Birthplace Unknown

Name of Mother Unknown

Her Birthplace Unknown

Mother's Maiden Name Unknown

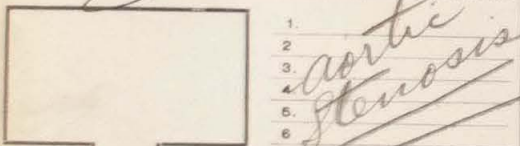
Body to be shipped to +

Size and Style of Casket or Coffin Purple Polish

Manufactured by Zion St. Louis

Interment at Zion St. Louis Cemetery.

Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	<u>St. Louis mo</u>	
“ Metallic Lining	(State kind)	
“ Outside Box	(State kind)	
“ Grave Vault	(State kind)	<u>15.00</u>
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate	<u>(72)</u>	
Embalming Body (with Fluid)		
Washing and Dressing	<u>St. Louis</u>	
Shaving		
Keeping Body on Ice		
Disinfecting Rooms		
Use of Catafalque and Drapery	<u>P.B.C.</u>	<u>6.00</u>
“ Folding Chairs		
“ Candelabrum and Candles		
Gloves \$.	Crape \$.	
Door Crape \$.	Canopy \$.	
Hearse		<u>10.00</u>
Carriages to Cemetery	@ \$.	<u>15.00</u>
Automobiles to Cemetery		
Wagon Deliveries	<u>to station</u>	<u>5.00</u>
City Calls (Coaches)		
Death Notices in Newspapers	<u>Commercial</u>	<u>1.00</u>
(Names of Newspapers)		
Flowers		
Outlay for Lot		
Opening Grave or Vault		
Lining Grave	<u>Telegrams</u>	<u>36</u>
Vault Rental		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Watchers		
Personal Services		
Music		
Church Charges		
Total Footing of Bill		<u>52.36</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page		or below

To Funeral Charges..... Total \$  
A. Russell, undertaker  
2732 Pine St  
St. Louis

Names of Pall Bearers May C Starkloff  
 Names of Near Relatives Registrar

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Serial Number) \_\_\_\_\_ Date Jan 11 1915

Name of Deceased Wesley Martin Charge to Mary Martin (Where Born) \_\_\_\_\_

Wife—Widow }  
 Son—Daughter of }  
 Order Given by Mary Martin Address Porter St

How Secured Life & Cas Ins Co Price of Casket or Coffin \$ 12 00

Date of Funeral Jan 11/15 Metallic Lining (State kind) \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box (State kind) \_\_\_\_\_

Place of Death Porter St Grave Vault (State kind) 5 00

Funeral Services at Parlors Burial Robe \_\_\_\_\_

Time of Funeral Service 3 P.M. Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_

Certifying Physician Dr. W. H. Bolton Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

His Residence Shelby Co Poor Shaving \_\_\_\_\_

Number of Burial Certificate 4 Keeping Body on Ice \_\_\_\_\_

Cause of Death acute mania Disinfecting Rooms \_\_\_\_\_

Date of Death Jan 9/15 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_

Occupation of the Deceased laborer Candelabrum and Candles \_\_\_\_\_

Single or Married married Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 35 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \_\_\_\_\_

His Birthplace unknown Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Mother \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries 5 00

Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Body to be shipped to X Death Notices in \_\_\_\_\_ Newspapers 1 00

Size and Style of Casket or Coffin a coffin Flowers \_\_\_\_\_

Manufactured by \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Interment at St. Camell Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_

Price of Casket or Coffin	\$ 12 00
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	5 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	
Carriages to Cemetery @ \$ _____	
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	5 00
City Calls (Coaches)	
Death Notices in _____ Newspapers	1 00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	23 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. W. H. Bolton</u> <u>Shelby County Poor &amp; Insane Asylum</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date Jan 13<sup>th</sup> 1915

Name of Deceased Angelina Green

Wife-Widow } Charge to James Gray  
 Son-Daughter of } (Where Born)

Order Given by James Gray Address 361 Turley St

How Secured in Hill Sect 28 Page of Casket or Coffin 300.00

Date of Funeral Jan 13-15 Metallic Lining (State kind) 5.00

Residence 316 So. Turley St Outside Box (State kind) 12.00

Place of Death 316 So. Turley St Grave Vault (State kind) 12.00

Funeral Services at Res Burial Robe .....

Time of Funeral Service 3 PM Burial Slippers and Hose .....

Clergyman .....

Certifying Physician Dr. S.A. Settles Engraving Plate .....

His Residence So. Orleans Embalming Body (with Fluid) .....

Number of Burial Certificate 1 Washing and Dressing .....

Cause of Death apoplexy Shaving .....

Date of Death Jan 12/15 Keeping Body on Ice .....

Date of Birth .....

Occupation of the Deceased Domestic Disinfecting Rooms .....

Single or Married Widow Use of Catafalque and Drapery .....

Aged 74 Years Months Days .....

Date of Birth .....

Name of Father Unknown Folding Chairs .....

His Birthplace .....

Name of Mother .....

Her Birthplace .....

Mother's Maiden Name .....

Body to be shipped to .....

Size and Style of Casket or Coffin Raised Top Crape \$ .....

Manufactured by Zion Door Crape \$ .....

Interment at Zion Hearse 19.00

Lot or Grave No. Section No. 11 Carriages to Cemetery @ \$ 12.00

Porters .....

Watches .....

Personal Services .....

Music .....

Church Charges .....

Total Footing of Bill 69.00

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges Total \$ .....

By Cash .....

Oct. 10/14 to Jan 8/15

"apoplexy"

Dr. S.A. Settles

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Jan 18/15 1915

Name of Deceased Lucy C. Keeling (Wife) John Keeling (Where Born)

Charge to John Keeling Address 607 Woodward St

Order Given by John Keeling

How Secured (met) Price of Casket or Coffin \$ 75 00

Date of Funeral Jan 18/15 Metallic Lining (State kind) \_\_\_\_\_ \$ 5 00

Residence 607 Woodward St Outside Box (State kind) \_\_\_\_\_ \$ 15 00

Place of Death 607 Woodward St Grave Vault (State kind) \_\_\_\_\_ \$ 15 00

Funeral Services at (met) Baptch Burial Robe \_\_\_\_\_ \$ 15 00

Time of Funeral Service 2 PM Burial Slippers and Hose \_\_\_\_\_

Clergyman Rev. J. Searcy Engraving Plate \_\_\_\_\_ \$ 15 00

Certifying Physician Dr. Thos. N. Coppedge Embalming Body (with Fluid) \_\_\_\_\_ \$ 12 90

His Residence Memphis Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_

Cause of Death Pul. Tuberculosis Keeping Body on Ice \_\_\_\_\_

Date of Death Jan 16/15 Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased domestic Folding Chairs \_\_\_\_\_

Single or Married married Candelabrum and Candles \_\_\_\_\_

Aged 22 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Name of Father Charley Thompson Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

His Birthplace Ala Hearse \_\_\_\_\_ \$ 10 00

Name of Mother Nellie Tyler Carriages to Cemetery @ \$ \_\_\_\_\_ \$ 24 00

Her Birthplace Ala Automobiles to Cemetery @ \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

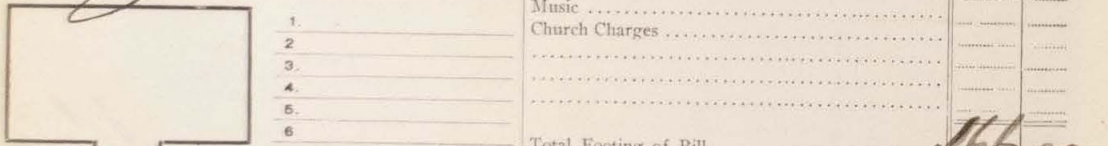
Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Size and Style of Casket or Coffin Silver Gray crepe draps Death Notices in Newspapers \_\_\_\_\_ \$ 1 00

Manufactured by Zion (Names of Newspapers) \_\_\_\_\_

Interment at Zion Cemetery \_\_\_\_\_ \$ 6 00

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 75 00
Metallic Lining (State kind)	
Outside Box (State kind)	5 00
Grave Vault (State kind)	15 00
Burial Robe	15 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	10 00
Carriages to Cemetery @ \$	24 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers (Names of Newspapers)	1 00
Flowers	
Outlay for Lot	6 00
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 166 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. Thos. N. Coppedge</u>			
<u>Memphis Tenn</u>			
<u>Pul. Tuberculosis</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Feb 21 1915

Name of Deceased Hiram Clayton Jr. Charge to Hiram Clayton  
(Wife) (Here Born)

Order Given by Hiram Clayton Address 599 Georgia Ave

How Secured Miss Price of Casket or Coffin 30 00  
 Date of Funeral 2/21/15 Metallic Lining \_\_\_\_\_  
(State kind)

Residence \_\_\_\_\_ Outside Box \_\_\_\_\_  
(State kind)

Place of Death Petros Tenn Grave Vault \_\_\_\_\_  
(State kind)

Funeral Services at Lakeview Miss Burial Robe \_\_\_\_\_  
 Time of Funeral Service a m Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_  
 Certifying Physician W. H. Duncan Embalming Body (with \_\_\_\_\_ Fluid)  
(Primary) (Secondary) Washing and Dressing \_\_\_\_\_

His Residence Registrar Petros Shaving \_\_\_\_\_  
 Number of Burial Participants 3 Keeping Body on Ice \_\_\_\_\_  
 Cause of Death Chronic Endocarditis Disinfecting Rooms \_\_\_\_\_

Date of Death Jan 27 1915 Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_  
(Primary) (Secondary) " Candelabrum and Candles \_\_\_\_\_

Occupation of the Deceased Laborer Gloves \$ under taker  
 Single or Married Single Door Crape \$ Chattanooga Tenn  
 Aged 19 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hearse J. W. Franklin 53 56

Date of Birth \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_  
 Name of Father Hiram Clayton Automobiles to Cemetery @ \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_ 5 00

Name of Mother \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_ 1 00  
(Names of Newspapers)

Mother's Maiden Name \_\_\_\_\_ Flowers \_\_\_\_\_  
 Body to be Shipped from Petros Outlay for Lot \_\_\_\_\_  
 Size and Style of Casket or Coffin Raised Top Opening Grave or Vault \_\_\_\_\_  
 Manufactured by Lakeview Lining Grave Telepans 1 56  
 Interment at Lakeview Vault Rental \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. Miss Shipping Charges, Preparation \_\_\_\_\_  
 Removal Charges Telepans 1 76  
 Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_ Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_ 5 00  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Fording of Bill 97 88  
 By Amount Paid in Advance (Discount) 5 00  
 Balance Due 92 88

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$
<u>Petros Tenn</u>	
<u>Chronic Endocarditis</u>	
<u>J. W. Franklin, undertaker</u>	

Names of Pall Bearers Chattanooga Tenn

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

537

No. \_\_\_\_\_ (Total Number)      No. \_\_\_\_\_ (Yearly Number)      Date Feb-2/15

Name of Deceased Callie Williams      Charge to John Williams      (Wife or Son-Daughter of)      (Wife or Son-Daughter of)      (Wife or Son-Daughter of)

Order Given by John Williams      Address 67 Monroest

How Secured In dependent his      Price of Casket or Coffin \$65.00

Date of Funeral 2/2/1915      Metallic Lining \_\_\_\_\_      (State kind)

Residence Commerce St      Outside Box \_\_\_\_\_      (State kind)

Place of Death R. 11 St near 3rd      Grave Vault \_\_\_\_\_      (State kind)

Funeral Services at Paducah Ky      Burial Robe 3.50      Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_      Engraving Plate \_\_\_\_\_      Embalming Body (with \_\_\_\_\_ Fluid) 15.00

Clergyman \_\_\_\_\_      Shaving and Dressing \_\_\_\_\_

Certifying Physician Dr. J. L. Beauchamp      Keeping Body on Ice \_\_\_\_\_      Disinfecting Rooms \_\_\_\_\_

His Residence Chelsea St      Use of Catafalque and Drapery \_\_\_\_\_      Folding Chairs \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_      Candelabrum and Candles \_\_\_\_\_

Cause of Death Lobar Pneumonia      Gloves \$ \_\_\_\_\_      Crape \$ \_\_\_\_\_

Date of Death Jan 31st 1915      Door Crape \_\_\_\_\_      Hearse Express Corpse 9.95

Date of Birth \_\_\_\_\_      Carriages to Cemetery @ \$ \_\_\_\_\_      Automobiles to Cemetery @ \$ \_\_\_\_\_

Occupation of the Deceased Domestic      Wagon Deliveries \_\_\_\_\_      City Calls (Coaches) \_\_\_\_\_

Single or Married married      Death Notices in \_\_\_\_\_ Newspapers 1.00

Aged 24 Years \_\_\_\_\_ Months \_\_\_\_\_ Days      Flowers \_\_\_\_\_

Date of Birth \_\_\_\_\_      Outlay for Lot \_\_\_\_\_      Opening Grave or Vault \_\_\_\_\_

Name of Father Wm. Williams      Lining Grave \_\_\_\_\_      Vault Rental \_\_\_\_\_

His Birthplace \_\_\_\_\_      Shipping Charges, prepaid \_\_\_\_\_      Removal Charges \_\_\_\_\_

Name of Mother \_\_\_\_\_      Cremation Charges \_\_\_\_\_      Porters \_\_\_\_\_

Her Birthplace \_\_\_\_\_      Watchers \_\_\_\_\_      Personal Services \_\_\_\_\_

Mother's Maiden Name Paducah Ky      Music \_\_\_\_\_      Church Charges \_\_\_\_\_

Body to be shipped to Paducah Ky      Total Footing of Bill 109.45

Size and Style of Casket or Case Silver Tray      By Amount Paid in Advance \_\_\_\_\_

Manufactured by Paducah Ky      Balance \_\_\_\_\_

Interment at Paducah Ky      Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Diagram of Lot or Vault. J.C.R.R.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges . . . . . Total, \$	By Cash . . . . . \$
<u>Lobar Pneumonia</u>	
<u>Dr. J. L. Beauchamp</u>	

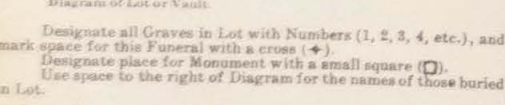
Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. \_\_\_\_\_ (Total Number)      No. \_\_\_\_\_ (Yearly Number)      Date Feb-2<sup>nd</sup>/15  
 Name of Deceased Joe Watkins  
 Charge to B. A. Reid  
 Address Memphis Tenn

Order Given by B. A. Reid  
 How Secured Monetary Bank  
 Date of Funeral 2/15  
 Residence Cypress Street  
 Place of Death " " near 2nd  
 Funeral Services at Parlors  
 Time of Funeral Service 10 a.m.  
 Clergyman W. R. Williams  
 Certifying Physician H. R. Williams  
 His Residence n. 2nd St.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Influenza  
 Date of Death Jan 31/15  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Laborer  
 Single or Married Widower  
 Aged 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Date of Birth \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin a coffin  
 Manufactured by McCannell  
 Interment at \_\_\_\_\_ Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 13.00
Metallic Lining	(State kind)
Outside Box	(State kind)
Grave Vault	(State kind) 8.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	
Carriages to Cemetery <u>(Carriage)</u>	5.00
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in _____ Newspapers	1.00
<u>Commercial</u>	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 32.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below.	

To Funeral Charges	Total, \$
<u>"Influenza"</u>	
<u>(Contrib) Slight Bronchitis</u>	
<u>Dr. H. R. Williams</u>	
By Cash	\$

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

539

No. (Total Number) \_\_\_\_\_ Date Feb-5<sup>th</sup> 1915  
 Name of Deceased Julia Malone (Yearly Number) \_\_\_\_\_

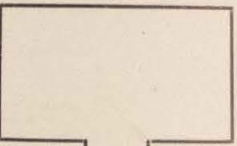
Wife-Widow \_\_\_\_\_ Charge to Rev. Wm. J. McMichael  
 Son-Daughter of \_\_\_\_\_ Address Memphis Tenn  
 Order Given by Rev. Wm. J. McMichael

How Secured (ret) Price of Casket or Coffin \$15.00  
 Date of Funeral 2-5-1915 Metallic Lining \_\_\_\_\_  
 Residence R. 326 Poplar Ave Outside Box \_\_\_\_\_  
 Place of Death R. 326 Poplar Ave Grave Vault 8.00  
 Funeral Services at Parlors Burial Robe \_\_\_\_\_  
 Time of Funeral Service 1 p.m. Burial Slippers and Hose \_\_\_\_\_

Clergyman Rev. Wm. J. McMichael Engraving Plate \_\_\_\_\_  
 Certifying Physician Dr. G. W. Watkins Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_  
 His Residence 200 So. 4th St Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_  
 Cause of Death La Grippe Keeping Body on Ice \_\_\_\_\_  
 Date of Death Feb 4 1915 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_  
 Occupation of the Deceased Domestic Folding Chairs \_\_\_\_\_  
 Single or Married Widow Candelabrum and Candles \_\_\_\_\_

Aged 64 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Coffin  
 Manufactured by ret. Carnel  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Hearse \_\_\_\_\_  
 Carriages to Cemetery 1 @ \$ 10.00  
 Automobiles to Cemetery \_\_\_\_\_ @ \$ 3.00  
 Wagon Deliveries \_\_\_\_\_ @ \$ \_\_\_\_\_  
 City Calls (Coaches) \_\_\_\_\_  
 Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_  
 Flowers \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave or Vault \_\_\_\_\_  
 Lining Grave By Carriage  
 Vault Rental \_\_\_\_\_  
 Shipping Charges, prepaid 6.00  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill 44.50  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges ..... Total, \$ <u>Dr. G. W. Watkins</u> <u>La Grippe</u>	By Cash ..... \$ _____ _____
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Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Feb-5<sup>th</sup> 1915

Name of Deceased Eliza Cater

Wife-Widow } Charge to Aura Thompson  
Non-Daughter of }  
Order Given by Aura Thompson Address Crawfordsville Ark

How Secured met Price of Casket or Coffin \$ 75 00

Date of Funeral 2-5-15 Metallic Lining (State kind) 5 00

Residence 1162 Lamar Blvd Outside Box (State kind) \_\_\_\_\_

Place of Death 1162 " Grave Vault (State kind) 7 00

Funeral Services at Crawfordsville Ark Burial Robe \_\_\_\_\_

Time of Funeral Service A.M. Burial Slippers and Hose \_\_\_\_\_

Clergyman \_\_\_\_\_ Engraving Plate (Moore) 15 00

Certifying Physician Dr. S.D. Terrell Embalming Body with \_\_\_\_\_ fluid \_\_\_\_\_

His Residence Memphis Washing and Dressing \_\_\_\_\_

Number of Burial Certificate 2 Shaving \_\_\_\_\_

Cause of Death Organic Heart Keeping Body on Ice \_\_\_\_\_

(Disease) \_\_\_\_\_ Disinfecting Rooms \_\_\_\_\_

Date of Death Feb 1st 15 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased Domestic " Candelabrum and Candles \_\_\_\_\_

Single or Married widow Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 34 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father Henry Cater Hearse \_\_\_\_\_

His Birthplace Ark Carriages to Cemetery @ \$ \_\_\_\_\_

Name of Mother Louise Cater Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace Ark Wagon Deliveries 5 00

Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_

Body to be shipped to Crawfordsville Ark Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Size and Style of Casket or Coffin Black Broadcloth Flowers R.A. Fare Corpse 1 65

Manufactured by Crawfordsville Ark Outlay for Lot \_\_\_\_\_

Interment at Crawfordsville Ark Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. Ark Lining Grave \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 109 65

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total, \$ \_\_\_\_\_

By Cash \_\_\_\_\_ \$ \_\_\_\_\_

Dr. S.D. Terrell  
Organic Heart Disease  
mitral Regurgitation

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL.

543

No. (Total Number) *Lillie Boyce* No. (Yearly Number) *Feb-7<sup>th</sup> 15* Date *Feb-7<sup>th</sup> 15*

Name of Deceased *Lillie Boyce* Charge to *Wiley Boyce* (Wife, Son, Daughter of) *Wiley Boyce* (Wife, Son, Daughter of)

Order Given by *Wiley Boyce* Address *Randall Ave*

How Secured *"* Price of Casket or Coffin *40.00*

Date of Funeral *Feb 7/15* Metallic Lining *"* Outside Box *5.00*

Residence *Daines Station* Grave Vault *"* Burial Robe *3.50*

Place of Death *regro Batt St* Burial Slippers and Hose *"* Engraving Plate *15.00*

Funeral Services at *nonconnal ch* Balm Body *(moore)* Washing and Dressing *"*

Time of Funeral Service *10:20* Shaving *"* Keeping Body on Ice *"* Disinfecting Rooms *"*

Clergyman *"* Use of Catafalque and Drapery *"* Folding Chairs *"* Candelabrum and Candles *"*

Certifying Physician *Dr. C. A. Terrell* Gloves \$ *"* Crape \$ *"* Door Crape \$ *"* Canopy \$ *10.00*

His Residence *Memphis* Hearse *"* Carriages to Cemetery @ \$ *"* Automobiles to Cemetery @ \$ *"*

Number of Burial Certificate *1* Wagon Deliveries *"* City Calls (Coaches) *"* Death Notices in Newspapers *1.00*

Cause of Death *Cystic Tumor* Flowers *(paid for 300)* Outlay for Lot *"* Opening Grave or Vault *"*

Date of Death *Feb-4/15* Lining Grave *"* Vault Rental *"* Shipping Charges, prepaid *"*

Date of Birth *"* Removal Charges *P.B.C.* Cremation Charge *6.00* Porters *(extra)* Watchers *"*

Occupation of the Deceased *Domestic* Personal Services *"* Music *"* Church Charges *"*

Single or Married *married* Personal Services *"* Music *"* Church Charges *"*

Aged *44* Years, Months, Days *"* Personal Services *"* Music *"* Church Charges *"*

Date of Birth *"* Personal Services *"* Music *"* Church Charges *"*

Name of Father *Pete English* Personal Services *"* Music *"* Church Charges *"*

His Birthplace *ga* Personal Services *"* Music *"* Church Charges *"*

Name of Mother *Bettie English* Personal Services *"* Music *"* Church Charges *"*

Her Birthplace *miss* Personal Services *"* Music *"* Church Charges *"*

Mother's Maiden Name *"* Personal Services *"* Music *"* Church Charges *"*

Body to be shipped to *"* Personal Services *"* Music *"* Church Charges *"*

Size and Style of Casket or Coffin *Black Crepe* Personal Services *"* Music *"* Church Charges *"*

Manufactured by *nonconnal* Personal Services *"* Music *"* Church Charges *"*

Interment at *nonconnal* Personal Services *"* Music *"* Church Charges *"*

Lot or Grave No. Section No. *"* Personal Services *"* Music *"* Church Charges *"*

*"* Personal Services *"* Music *"* Church Charges *"*

Price of Casket or Coffin	40.00
Metallic Lining	"
Outside Box	5.00
Grave Vault	"
Burial Robe	3.50
Burial Slippers and Hose	"
Engraving Plate	15.00
Balm Body	(moore)
Washing and Dressing	"
Shaving	"
Keeping Body on Ice	"
Disinfecting Rooms	"
Use of Catafalque and Drapery	"
Folding Chairs	"
Candelabrum and Candles	"
Gloves	"
Crape	"
Door Crape	"
Canopy	10.00
Hearse	"
Carriages to Cemetery	@ \$
Automobiles to Cemetery	@ \$
Wagon Deliveries	"
City Calls (Coaches)	"
Death Notices in Newspapers	1.00
Flowers	(paid for 300)
Outlay for Lot	"
Opening Grave or Vault	"
Lining Grave	"
Vault Rental	"
Shipping Charges, prepaid	"
Removal Charges	P.B.C.
Cremation Charge	6.00
Porters	(extra)
Watchers	"
Personal Services	"
Music	"
Church Charges	"
Total Footing of Bill	74.50
By Amount Paid in Advance	15.00
Balance Due	59.50
Entered into Ledger, page	P.B.C. 6.00

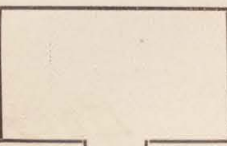


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	on P.B.C. 3.00 paid
<i>Dr. C. A. Terrell</i>	<i>6.25</i>		
<i>Memphis Sun</i>			
<i>Cystic Tumor</i>			
<i>4 days</i>			

Names of Pall Bearers *"*

Names of Near Relatives *"*

# RECORD OF FUNERAL.

No. (Total Number) Joe Robery No. (Yearly Number) Feb 7th Date 1915  
 Name of Deceased Joe Robery

Wife-Widow Mrs. Maggie Robery Charge to Mrs. Maggie Robery  
 Son-Daughter of Mrs. Maggie Robery Address 455 N. Madison St.

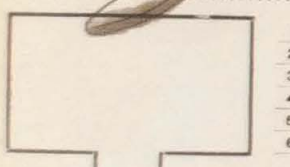
Order Given by Mrs. Maggie Robery  
 How Secured C. W. Robery  
 Date of Funeral 2/7/15  
 Residence Memphis  
 Place of Death City Hospital  
 Funeral Services at Parlors  
 Time of Funeral Service 10 a.m.

Clergyman Dr. W. G. Alfred  
 Certifying Physician Dr. W. G. Alfred  
 His Residence City Hospital  
 Number of Burial Certificate 1  
 Cause of Death Fracture of Ribs  
 Date of Death Feb 5/15

Date of Birth Feb 5/15  
 Occupation of the Deceased Laborer  
 Single or Married Married  
 Aged 80 Years 0 Months 0 Days

Date of Birth Unknown  
 Name of Father Unknown  
 His Birthplace Unknown  
 Name of Mother Unknown  
 Her Birthplace Unknown  
 Mother's Maiden Name Unknown

Body to be shipped to None  
 Size and Style of Casket or Coffin Raised Top  
 Manufactured by Zion  
 Interment at Zion Cemetery  
 Lot or Grave No. 1 Section No. 1



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	25 00
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	12 00
Burial Robe (State kind)	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	10 00
Carriages to Cemetery @ \$	8 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 56 00

By Amount Paid in Advance 56 00  
 Balance 00 00  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$	By Cash
Fracture 3rd, 4th, 5th, 6th + 7th Ribs also fracture of Clavical		
Extreme Shock		
Senility		
Dr. W. G. Alfred		

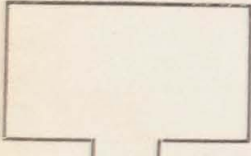
Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) *Forrest* No. (Serial Number) *Baldwin* Date *Feb 8/15* 1915

Name of Deceased *Forrest Baldwin* Charge to *Mrs. J. E. J. Parker* (Wife, Race, Where Born) Address *508 So 2nd St*

Order Given by *Mrs. J. E. J. Parker*  
How Secured \_\_\_\_\_  
Date of Funeral *2/8/15*  
Residence \_\_\_\_\_  
Place of Death *508 So 2nd St*  
Funeral Services at *Parlors*  
Time of Funeral Service *2:30 Pm*  
Clergyman \_\_\_\_\_  
Certifying Physician *Dr. J. Clint Mobley*  
His Residence *Memphis Tenn*  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death *Pul. Tuberculosis*  
Date of Death *2/7/15*  
Date of Birth \_\_\_\_\_  
Occupation of the Deceased *Glover*  
Single or Married *Single* Religion \_\_\_\_\_  
Aged *24* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Name of Father *J. Baldwin*  
His Birthplace \_\_\_\_\_  
Name of Mother *G. Johnson*  
Her Birthplace \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Shape of Casket or Coffin *Laurel Skin*  
Manufactured by *Mt Carmel*  
Interment at *Mt Carmel* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$50.00
Metallc Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	8.00
Burial Robe	3.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	10.00
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
<i>Commercial</i> (Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$71.50
By Amount Paid in Advance	
Balance	

Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges	Total, \$	By Cash	\$
<i>Dr. J. Clint Mobley</i>		<i>Memphis Tenn</i>	
<i>Pul. Tuberculosis</i>			

Names of Pall Bearers \_\_\_\_\_  
Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

547

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Feb 8th 1915

Name of Deceased John Chambers

Wife-Widow  Son-Daughter of  Charge to St Paul Bapt Ch Address Memphis Tenn

Order Given by St Paul Bapt Ch

How Secured Mr Pamphlet

Date of Funeral 2/8/15

Residence Memphis Tenn

Place of Death 752 Lore Ave

Funeral Services at Parlors

Time of Funeral Service 3:30 P.M.

Clergyman \_\_\_\_\_

Certifying Physician Dr. N. H. C. Henderson

His Residence N. 2nd St

Number of Burial Certificate \_\_\_\_\_

Cause of Death Perniciosa anemia

Date of Death 2/6/15

Date of Birth \_\_\_\_\_

Occupation of the Deceased Laborer

Single or Married Widower

Aged 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Date of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

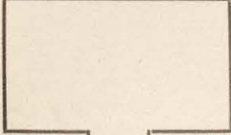
Body to be shipped to X

Size and Style of Casket or Coffin A Coffin

Manufactured by M. J. Camell

Interment at \_\_\_\_\_ Cemetery.

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin \$ 13 00

Metallie Lining (State kind) \_\_\_\_\_

Outside Box (State kind) \_\_\_\_\_

Grave Vault (State kind) 8 00

Burial Robe 3 50

Burial Slippers and Hose \_\_\_\_\_

Engraving Plate \_\_\_\_\_

Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Shaving \_\_\_\_\_

Keeping Body on Ice \_\_\_\_\_

Disinfecting Rooms \_\_\_\_\_

Use of Catafalque and Drapery \_\_\_\_\_

Folding Chairs \_\_\_\_\_

Candelabrum and Candles \_\_\_\_\_

Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Hearse \_\_\_\_\_

Carriages to Cemetery @ \$ \_\_\_\_\_

Automobiles to Cemetery @ \$ \_\_\_\_\_

Wagon Deliveries \_\_\_\_\_

City Calls (Coaches) \_\_\_\_\_

Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Flowers \_\_\_\_\_

Outlay for Lot \_\_\_\_\_

Opening Grave or Vault \_\_\_\_\_

Lining Grave \_\_\_\_\_

Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 29 50

By Amount Paid in Advance 28 70

Balance 2 080

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges . . . . . Total, \$	By Cash . . . . . \$
<u>Dr. N. H. C. Henderson</u>	
<u>N. 2nd St</u>	
<u>Perniciosa anemia</u>	

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb 9<sup>th</sup> 1915  
 Name of Deceased: Sam Crawley

Wife—Widow  
 Son—Daughter of } Charge to Martha Crawley (Where Born)  
 Order Given by Martha Crawley Address 1003 Louise St

How Secured met Price of Casket or Coffin 25.00  
 Date of Funeral 2-9-15 Metallic Lining (State kind) .....  
 Residence 1003 Louise St Outside Box (State kind) .....  
 Place of Death 1003 " " Grave Vault (State kind) 12.00  
 Funeral Services at Res- Burial Robe 3.50  
 Time of Funeral Service 2:30 PM Burial Slippers and Hose .....

Clergyman ..... Engraving Plate .....  
 Certifying Physician Dr. E. C. Gillespie Embalming Body (with ..... Fluid)  
 His Residence Memphis Washing and Dressing .....  
 Number of Burial Certificates ..... Shaving .....  
 Cause of Death Pul. Tuberculosis Keeping Body on Ice .....  
 Date of Death Feb 8<sup>th</sup> 1915 Disinfecting Rooms .....  
 Date of Birth ..... " of Catafalque and Drapery .....  
 Occupation of the Deceased Labourer " Folding Chairs .....  
 Single or Married married " Candelabrum and Candles .....

Aged 27 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Sam Crawley Gloves \$ ..... Crape \$ .....  
 His Birthplace unknown Door Crape \$ ..... Canopy \$ .....  
 Name of Mother Lillie Watson Hearse ..... 19.00  
 Her Birthplace Tenn Carriages to Cemetery 2 @ \$ ..... 18.00  
 Mother's Maiden Name ..... Automobiles to Cemetery ..... @ \$ .....  
 Body to be shipped to X Wagon Deliveries .....  
 Size and Style of Casket or Coffin Raised Top City Calls (Coaches) 1 .....  
 Manufactured by Glasgow White Death Notices in Commercial 1.00  
 Interment at Zion Cemetery. (Names of Newspapers)  
 Lot or Grave No. Section No. Flowers .....

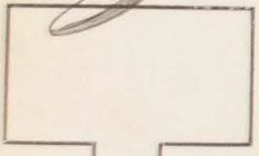


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill 59.50  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges . . . . . Total, \$	By Cash . . . . . \$
<u>Dr. E. C. Gillespie</u>	
<u>Memphis Tenn</u>	
<u>Pul. Tuberculosis</u>	

Names of Pall Bearers .....  
 Names of Near Relatives .....



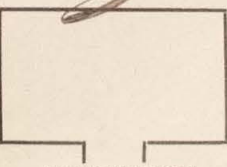
# RECORD OF FUNERAL.

549

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb-10/15 1915  
 Name of Deceased Birdie Rees Addison

Wife-Widow (or) Son-Daughter of ..... Charge to Matthew Addison (What Race) (Where Born)  
 Order Given by Matthew Addison Address 1452 Irene St.

How Secured Paid in part Price of Casket or Coffin 12 00  
 Date of Funeral 2-10-15 " Metallic Lining (State kind) 2 50  
 Residence 1452 Irene St " Outside Box (State kind) 7 00  
 Place of Death 1452 " " " Grave Vault (State kind) 7 00  
 Funeral Services at Res. 2 P.M. " Burial Robe .....  
 Time of Funeral Service 2 P.M. " Burial Slippers and Hose .....  
 Clergyman Rev. R. Kent Harris Engraving Plate .....  
 Certifying Physician Dr. Thos. N. Coppedge Embalming Body (with ..... Fluid)  
 His Residence Memphis Tenn Waiting and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death Broncho Pneumonia Keeping Body on Ice .....  
 Date of Death Feb 8/15 (Primary) (Secondary) Disinfecting Rooms .....  
 Date of Birth ..... Use of Catafalque and Drapery .....  
 Occupation of the Deceased None " Folding Chairs .....  
 Single or Married Single " Candelabrum and Candles .....  
 Aged 2 Years, ..... Months, ..... Days. Gloves \$ ..... Crape \$ .....  
 Date of Birth ..... Door Crape \$ ..... Canopy \$ .....  
 Name of Father Matthew Addison Hearse .....  
 His Birthplace Miss Carriages to Cemetery @ \$ .....  
 Name of Mother Christine Moore Automobiles to Cemetery @ \$ .....  
 Her Birthplace Miss Wagon Deliveries .....  
 Mother's Maiden Name ..... City Calls (Coaches) .....  
 Body to be shipped to X Death Notices in ..... Newspapers .....  
 Size and Style of Casket or Coffin Gloss white (Names of Newspapers) Commercial 1 00  
 Manufactured by ..... Flowers .....  
 Interment at Zion Cemetery. Outlay for Lot .....  
 Lot or Grave No. .... Section No. .... Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 40 50  
 By Amount Paid in Advance 20 00  
 Balance Due 20 50  
 Entered into Ledger, page ..... or below .....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. Thos. N. Coppedge</u>	
<u>Memphis Tenn</u>	
<u>Broncho Pneumonia</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....



# RECORD OF FUNERAL.

551

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb 12 / 15

Name of Deceased Henrietta Saunders Charge to Mrs. Ida Saunders  
(What Race) (Where Born)

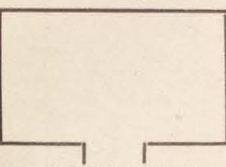
Wife-Widow } Order Given by Mrs. Ida Saunders  
 Son-Daughter of } Address Bunker Hill

How Secured (Native Case) Price of Casket or Coffin 65.00  
 Date of Funeral 2-12-15 Metallic Lining .....  
 Residence Memphis Outside Box ..... 5.00  
 Place of Death St. Louis St. Bunker Hill Grave Vault ..... 14.00 note  
 Funeral Services at Cave Creek Ch. Burial Robe .....  
 Time of Funeral Service 2 P.M. Burial Shippers and Hose .....

Clergyman ..... Engraving Plate .....  
 Certifying Physician Dr. C. A. Terrell Embalming Body (with ..... Fluid)  
 His Residence Memphis Washing and Dressing .....  
 Number of Burial Certificates ..... Shaving .....  
 Cause of Death Pellagra Keeping Body on Ice .....  
 Date of Death Feb 11 / 15 Disinfecting Rooms .....  
 Date of Birth ..... Use of Catafalque and Drapery .....

Occupation of the Deceased Domestic Folding Chairs .....  
 Single or Married Single Candelabrum and Candles .....  
 Aged 25 Years, Months, Days. Gloves \$ .....  
 Date of Birth ..... Door Crape \$ .....  
 Name of Father James Saunders Hearse ..... 15.00  
 His Birthplace Miss Carriages to Cemetery @ \$ .....  
 Name of Mother Ida Saunders Automobiles to Cemetery @ \$ .....  
 Her Birthplace Tenn Wagon Deliveries @ \$ .....  
 Mother's Maiden Name ..... City Calls (Coaches) .....  
 Body to be shipped to X Death Notices in ..... Newspapers

Size and Style of Casket or Coffin Lamb Skin Flowers .....  
 Manufactured by Wm. Camel Outlay for Lot .....  
 Interment at Wm. Camel Cemetery Opening Grave or Vault .....  
 Lot or Grave No. .... Section No. .... Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 109.00  
 By Amount Paid in Advance (on Grave) 6.00  
 Balance Due \$103.00  
 Entered into Ledger, page ..... or below .....

To Funeral Charges. Total, \$	By Cash
<u>Dr. C. A. Terrell</u>	
<u>Memphis Tenn</u>	
<u>Pellagra</u>	

Names of Pall Bearers .....  
 Names of Near Relatives .....



# RECORD OF FUNERAL.

553

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb 13/15

Name of Deceased Evaline Brodie

Wife—Widow } Charge to Mrs Sarah Scott  
 Son—Daughter of } (What Race) (Widow Born)

Order Given by Mrs Sarah Scott Address 715 Myers Street

How Secured 1st Price of Casket or Coffin \$ 65.00

Date of Funeral 2-13/15 " Metallic Lining (State kind) 5.00

Residence 715 Myers St " Outside Box (State kind) 5.00

Place of Death Memphis Tenn " Grave Vault (State kind) 12.50

Funeral Services at Ripley Tenn Burial Robe 12.50

Time of Funeral Service 11 AM Burial Slippers and Hose

Clergyman Dr. W. G. Raby Engraving Plate (more) 15.00

Certifying Physician Dr. W. G. Raby Embalming Body (with fluid)

His Residence Jackson Ar Washing and Dressing

Number of Burial Certificate 1 Shaving

Cause of Death Chronic interstitial nephritis Keeping Body on Ice

Date of Death 2-11/15 (Primary) (Secondary) Disinfecting Rooms

Date of Birth ..... " Folding Chairs

Occupation of the Deceased Domestic " Candelabrum and Candles

Single or Married Single Gloves \$ ..... Cape \$ .....

Aged 35 Years ..... Months ..... Days Door Crape \$ ..... Canopy \$ .....

Date of Birth ..... Hearse

Name of Father Leardsey Brodie Carriages to Cemetery @ \$ .....

His Birthplace Tenn Automobiles to Cemetery @ \$ .....

Name of Mother Junnie Brodie Wagon Deliveries ..... 5.00

Her Birthplace Tenn City Calls (Coaches) .....

Mother's Maiden Name Tenn Death Notices in ..... Newspapers

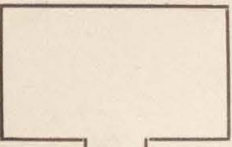
Body to be shipped to Ripley Tenn Courier 1.00

Size and Style of Casket or Coffin Silver Gray Crepe Flowers .....

Manufactured by Ripley Tenn Outlay for Lot .....

Interment at Ripley Tenn Opening Grave or Vault advanced money 10.00

Lot or Grave No. .... Section No. .... Lining Grave .....

Diagram of Lot or Vault: 

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Vault Rental .....  
 Shipping Charges, prepaid adv money 6.00  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill 119.50

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges ..... Total, \$	By Cash ..... \$
<p><u>Dr. W. G. Raby</u>  <u>Memphis Tenn</u>  <u>(Chronic Interstitial</u>  <u>Nephritis</u></p>	

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb 14/15 1915  
 Name of Deceased James Blair

Wife—Widow  
 Son—Daughter of } Charge to Luora Blair (Whole Born)  
 Order Given by Luora Blair Address Caplan & Highland

How Secured rate Price of Casket or Coffin \$14.00  
 Date of Funeral 2-14/15 Metallic Lining .....  
 Residence Caplan & Highland Outside Box .....  
 Place of Death City Hosp Grave Vault .....  
 Funeral Services at Collegeville Tenn Burial Robe .....  
 Time of Funeral Service a.m. Burial Slippers and Hose .....

Clergyman ..... Engraving Plate (Moore) 15.00  
 Certifying Physician Dr. A. G. Quinn Embalming Body (with fluid) .....  
 His Residence City Hosp Washing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death Pul Tuberculosis Keeping Body on Ice .....

Date of Death 2-11/15 Disinfecting Rooms .....  
 Date of Birth ..... " Folding Chairs .....  
 Occupation of the Deceased laborer " Candelabrum and Candles .....  
 Single or Married married Gloves \$..... Crape \$.....  
 Aged 26 Years..... Months..... Days..... Door Crape \$..... Canopy \$.....

Date of Birth ..... Hearse .....  
 Name of Father Jack Blair Carriages to Cemetery @ \$.....  
 His Birthplace Tenn Automobiles to Cemetery @ \$.....  
 Name of Mother Lucy Blair Wagon Deliveries .....  
 Her Birthplace Miss City Calls (Coaches) .....  
 Mother's Maiden Name Collierville Death Notices in Newspapers .....  
 Body to be shipped to Collierville (Names of Newspapers) 1.00

Size and Style of Casket or Coffin A coffin Flowers .....  
 Manufactured by Collierville Outlay for Lot .....  
 Internment at Collierville Opening Grave or Vault .....  
 Lot or Grave No. .... Section No. Tenn Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....

Music .....  
 Church Charges .....  
 Total Footing of Bill 40.00

By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. A. G. Quinn</u>			
<u>Pul Tuberculosis</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

555

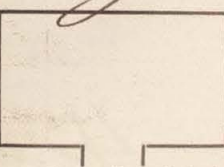
No. (Total Number) ..... No. (Yearly Number) ..... Date. Feb 14/15  
 Name of Deceased. Amanda Stiggers

Wife—Widow } Charge to Wm Stiggers (Where Born) .....  
 Son—Daughter of }  
 Order Given by Wm Stiggers Address 168 Barr St St

How Secured 2 Metro Lodge Price of Casket or Coffin 85.00  
 Date of Funeral 2-14-15 Metallic Lining .....  
 Residence 168 Barr St St Outside Box (State kind) 5.00  
 Place of Death 168 Barr St St Grave Vault (State kind) 15.00  
 Funeral Services at 1st Baptist Ch Burial Robe 7.50  
 Time of Funeral Service 2 P.M. Burial Slippers and Hose .....  
 Clergyman Rev Wm Young Engraving Plate .....  
 Certifying Physician Dr. C. A. White Embalming Body (with Fluid) 15.00  
 His Residence Memphis Washing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death Lobar Pneumonia Keeping Body on Ice P.B.C. 6.00  
 Date of Death 2-11-15 (Primary) (Secondary) Disinfecting Rooms .....  
 Date of Birth ..... " Folding Chairs .....  
 Occupation of the Deceased Domestic " Candelabrum and Candles .....  
 Single or Married Married Gloves \$ ..... Crape \$ .....  
 Aged 32 Years ..... Months ..... Days Door Crape \$ ..... Canopy \$ .....

Hearse ..... 10.00  
 Carriages to Cemetery 6 @ \$ ..... 24.00  
 Automobiles to Cemetery ..... @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Name of Father Andrew Green Death Notice in Commercial 1.00  
 His Birthplace va (Names of Newspapers) .....  
 Name of Mother Katie Smith Flowers .....  
 Her Birthplace Tenn Outlay for Lot .....  
 Mother's Maiden Name ..... Opening Grave or Vault .....

Body to be shipped to ..... Lining Grave .....  
 Size and Style of Casket or Coffin Steel Gray Plush Vault Rental .....  
 Manufactured by Wm Stiggers Shipping Charges, prepaid .....  
 Interment at Zion Cemetery. Removal Charges .....  
 Lot or Grave No. ..... Section No. ..... Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....



gleamer  
of Antioch  
of O.F.

Total Footing of Bill 168.50  
 By Amount Paid in Advance gleamer W.H.F. Lodge 50.00  
 Balance Family 118.50  
 Entered into Ledger, page ..... or below .....

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. C. A. White</u>	
<u>Memphis</u>	
<u>Tenn</u>	
<u>Lobar Pneumonia</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) *5* No. (Serial Number) *1* Date *Feb 14/15*  
 Name of Deceased *Matt Shepard*

Wife-Widow or Son-Daughter of *Mrs. Cora Shepard* Charge to *Mrs. Cora Shepard*  
 Address *250 Caldwell St*

Order Given by *Mrs. Cora Shepard*  
 How Secured *Lodge method* Price of Casket or Coffin *90.00*  
 Date of Funeral *2-14-15* Metallic Lining (State kind) *5.00*

Residence *City Hosp* Outside Box (State kind) *12.00*  
 Place of Death *250 Caldwell St* Grave Vault (State kind) *7.00*

Funeral Services at *2 PM* Burial Robe *15.00*  
 Time of Funeral Service *2 PM* Burial Slippers and Hose *15.00*

Clergyman *Dr. A. G. Quinn* Engraving Plate *15.00*  
 Certifying Physician *Dr. A. G. Quinn* Embalming Body (with Fluid) *15.00*  
 His Residence *City Hosp* Washing and Dressing *15.00*

Number of Burial Certificate *1* Shaving *15.00*  
 Cause of Death *Tuberculosis of Stomach* Keeping Body on Ice *15.00*  
 Date of Death *Feb 11/15* Disinfecting Rooms *15.00*

Date of Birth *Feb 11/15* Catafalque and Drapery *6.00*  
 Occupation of the Deceased *Laborer* Folding Chairs *6.00*  
 Single or Married *married* Candelabrum and Candles *6.00*

Aged *35* Years Months Days *0 0 0* Gloves \$ *1.00* Crape \$ *1.00*  
 Date of Birth *Feb 11/15* Door Crape \$ *1.00* Canopy \$ *1.00*

Name of Father *unknown* Hearse *12.00*  
 His Birthplace *unknown* Carriages to Cemetery *2 @ \$ 12.00*  
 Name of Mother *unknown* Automobiles to Cemetery *2 @ \$ 12.00*

Her Birthplace *unknown* Wagon Deliveries *1.00*  
 Mother's Maiden Name *unknown* City Calls (Coaches) *1.00*  
 Body to be shipped to *unknown* Death Notices in Newspapers *1.00*

Size and Style of Casket or Coffin *Silver Gray Plys* Flowers *1.00*  
 Manufactured by *unknown* Outlay for Lot *1.00*  
 Interment at *Zion* Opening Grave or Vault *1.00*

Lot or Grave No. *1* Lining Grave *1.00*  
 Section No. *1* Vault Rental *1.00*  
*J.P.B.#117* Shipping Charges, prepaid *1.00*  
*male Assoc #117* Removal Charges *1.00*

Porters *1.00*  
 Watchers *1.00*  
 Personal Services *1.00*  
 Music *1.00*  
 Church Charges *1.00*

Total Footing of Bill *151.00*  
 By Amount Paid in Advance *9.00 - Lodge #117*

Balance *Family 107.00*  
 Entered into Ledger, page *107* of below *7*

Diagram of Lot or Vault  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	<i>City Hospital</i>
		<i>Dr. A. G. Quinn</i>
		<i>Tuberculosis of Stomach</i>

Names of Pall Bearers  
 Names of Near Relatives



# RECORD OF FUNERAL.

557

No. (Total Number) No. (Yearly Number) Date Feb 14 / 1915

Name of Deceased Infant Naomi Helms

Wife - Widow } Charge to Mollie Helms  
 Son - Daughter of } (What Base)

Order Given by Mollie Helms Address 797 1/2 Frank St

How Secured (CK) on solvent bank Casket or Coffin Coffin 7 00

Date of Funeral 2-14-15 Metallic Lining (State kind)

Residence 797 1/2 Frank St Outside Box (State kind)

Place of Death 797 1/2 " " Grave Vault (State kind) 3 00

Funeral Services at Res - Burial Robe (State kind)

Time of Funeral Service 9 a.m. Burial Slippers and Hose

Clergyman Dr. C. H. Shelby Engraving Plate

Certifying Physician Dr. C. H. Shelby Embalming Body (with Fluid)

His Residence Memphis Washing and Dressing

Number of Burial Certificate 1 Shaving

Cause of Death La Grippe & Dobar Keeping Body on Ice

Date of Death 2/12/15 Disinfecting Rooms

Date of Birth 2/12/15 Use of Catafalque and Drapery

Occupation of the Deceased None Folding Chairs

Single or Married Single Candelabrum and Candles

Aged 1 Years 3 Months 2 Weeks 2 Days

Date of Birth 2/12/15 Gloves \$      Crape \$     

Name of Father Will Helms Door Crape \$      Canopy \$     

His Birthplace Tenn Hearse     

Name of Mother Mollie Helms Carriages to Cemetery @ \$     

Her Birthplace Tenn Automobiles to Cemetery @ \$     

Mother's Maiden Name      Wagon Deliveries

Body to be shipped to      City Calls (Coaches)

Size and Style of Casket or Coffin Gloss white Death Notices in      Newspapers

Manufactured by      (Names of Newspapers)

Interment at      Flowers

Lot or Grave No.      Section No.     

Outlay for Lot     

Opening Grave or Vault     

Lining Grave     

Vault Rental     

Shipping Charges, prepaid     

Removal Charges     

Cremation Charges     

Porters     

Watchers     

Personal Services     

Music     

Church Charges     

Total Footing of Bill 14 00

By Amount Paid in Advance By (CK) 14 00

Balance     

Entered into Ledger, page      or below     

To Funeral Charges Total \$     

By Cash \$     

Dr. C. H. Shelby

La Grippe & Dobar Pneumonia

Names of Pall Bearers     

Names of Near Relatives

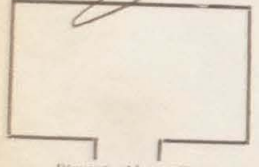
# RECORD OF FUNERAL.

No. *101* (Total Number) No. *101* (Daily Number) Date *Feb 17/1915*  
 Name of Deceased *Robt. Johnson* (What Name) Charge to *Dora Johnson* (Where Born)  
 Wife - Widow *Yes* Address *932 Porter St*  
 Son - Daughter *No* Order Given by *Mrs. Dora Johnson*

Flow Secured *Pratt*  
 Date of Funeral *2/17/15*  
 Residence *932 Porter St*  
 Place of Death *City Hospital*  
 Funeral Services at *Central Baptist*  
 Time of Funeral Service *10 a.m.*  
 Clergyman *Rev. Wm. Thomas*  
 Certifying Physician *Dr. E. L. Anderson*  
 His Residence *City Hosp.*  
 Number of Burial Certificate *1*  
 Cause of Death *Rupture aeurism*  
 Date of Death *Feb 2 - 15/15*  
 Date of Birth *2 - 15/15*

Price of Casket or Coffin \$  
 Metallic Lining (State kind)  
 Outside Box (State kind)  
 Grave Vault (State kind)  
 Burial Robe  
 Burial Slippers and Hose  
 Engraving Plate  
 Embalming Body (with Fluid)  
 Washing and Dressing  
 Shaving  
 Keeping Body on Ice  
 Disinfecting Rooms  
 Catafalque and Drapery  
 Folding Chairs  
 Candelabrum and Candles  
 Gloves \$ Crape \$  
 Door Crape \$ Canopy \$  
 Hearse  
 Carriages to Cemetery @ \$  
 Automobiles to Cemetery @ \$  
 Wagon Deliveries @ \$  
 City Calls (Coaches)  
 Death Notices in Newspapers  
 (Name of Newspapers)

Occupation of the Deceased *Laborer*  
 Single or Married *Married* Religion  
 Aged *35* Years Months Days  
 Date of Birth  
 Name of Father  
 His Birthplace  
 Name of Mother  
 Her Birthplace  
 Mother's Maiden Name  
 Body to be shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Interment at *Zion* Cemetery  
 Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges Total, \$ By Cash, \$

*Rupture aeurism*  
*arch of aorta*  
*Dr. E. L. Anderson*  
*City Hospital*

Names of Pall Bearers  
 Names of Year *Scott, Wikerson Co*

# RECORD OF FUNERAL

559

No. (Total Number) No. (Yearly Number) Date Feb 17/15

Name of Deceased Rev. C. P. Powell

Wife—Widow  Charge to Rev. M. J. Cooper  
 Son—Daughter  (Where Born)

Order taken by Rev. M. J. Cooper Address Rev. J. A. Lindsey

How Secured 2"-17 1/2" 1915 Price of Casket or Coffin 30.00

Residence Greenwood St Metallic Lining

Place of Death 1340 Greenwood St Outside Box

Funeral Services at ward chapel m e e h Grave Vault 12.00

Time of Funeral Service 3 P M Burial Robe

Clergyman Rev. M. J. Cooper Burial Slippers and Hose

Certifying Physician Dr. R. L. Flagg Engraving Plate (more) 15.00

His Residence Memphis Embalming Body (with)

Number of Burial Certificate 1 Washing and Dressing

Cause of Death Pul. Tuberculosis Shaving

Date of Death Feb 15/15 Keeping Body on Ice

Date of Birth Preacher Disinfecting Rooms

Occupation of the Deceased Preacher Use of Catafalque and Drapery

Single or Married Single Folding Chairs

Aged 36 Years Candelabrum and Candles

Date of Birth Essex Gloves \$ 19.00

Name of Father Essex Door Crape \$ 7.00

His Birthplace unknown Canopy \$

Name of Mother unknown Hearse

Her Birthplace unknown Carriages to Cemetery @ \$ 14.00

Mother's Maiden Name unknown Automobiles to Cemetery @ \$

Body to be shipped to unknown Wagon Deliveries

Size and Style of Casket or Coffin Raised Top City Calls (Coaches)

Manufactured by Zion Death Notices in Newspapers 1.00

Interment at Zion Cemetery (Names of Newspapers)

Lot or Grave No. 1 Section No. 1 Flowers

1 Outlay for Lot

2 Opening Grave or Vault

3 Lining Grave

4 Vault Rental

5 Shipping Charges, prepaid

6 Removal Charges

Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill \$ 72.00

By Amount Paid in Advance Balance

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total, \$ \_\_\_\_\_

By Cash \$ \_\_\_\_\_

Dr. R. L. Flagg

Pul. Tuberculosis

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL

561

No. (Total Number) .....  
 Name of Deceased Eliza Bell No. (Yearly Number) ..... Date Feb 20<sup>th</sup> / 15

Wife—Widow }  
 Son—Daughter of } Charge to Mrs. Rachel Schuler (What Race) Mitilda Thomas (Where Born)  
 Order Given by Mrs. Rachel Schuler Address 262 Rayburn Extd

How Secured met Price of Casket or Coffin 30 00  
 Date of Funeral 2-20<sup>th</sup> / 15 Metallic Lining (State kind) .....  
 Residence 262 Rayburn Extd Outside Box (State kind) .....  
 Place of Death 262 Rayburn Extd Grave Vault (State kind) 12 00  
 Funeral Services at Reson Burial Robe (State kind) .....  
 Time of Funeral Service 3:30 pm Burial Slippers and Hose.....

Clergyman ..... Engraving Plate .....  
 Certifying Physician Dr. C. A. Terrell Embalming Body (with fluid) .....  
 His Residence Memphis Washing and Dressing.....  
 Number of Burial Certificate ..... Shaving.....  
 Cause of Death La Grippe Keeping Body on Ice.....  
 Date of Death 2-19 / 15 (Primary) (Secondary) Disinfecting Rooms.....  
 Date of Birth ..... Use of Catafalque and Drapery.....  
 Occupation of the Deceased Domestic " Folding Chairs.....  
 Single or Married widow " Candelabrum and Candles.....

Aged 79 Years, Months, Days. Gloves \$..... Crape \$.....  
 Date of Birth ..... Hearse 19 00  
 Name of Father Jim Trotter Carriages to Cemetery @ \$.....  
 His Birthplace W. Va. Automobiles to Cemetery @ \$.....  
 Name of Mother Rachel Trotter Wagon Deliveries.....  
 Her Birthplace W. Va. City Calls (Coaches).....  
 Mother's Maiden Name Rachel Trotter Death Notices in Commercial Newspapers.....  
 Body to be shipped to ..... (Names of Newspapers).....

Size and style of Casket or Coffin Raised Top Flowers.....  
 Manufactured by Zion Outlay for Lot.....  
 Interment at Zion Cemetery. Opening Grave or Vault.....  
 Lot or Grave No. .... Section No. .... Lining Grave.....  
 Vault Rental.....  
 Shipping Charges, prepaid.....  
 Removal Charges.....  
 Cremation Charges.....  
 Porters.....  
 Watchers.....  
 Personal Services.....  
 Music.....  
 Church Charges.....

Diagram of Lot or Vault. met this rate 2<sup>00</sup> per week  
 Designate all Graves in Lot with Numbers (1, 2, 3, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 56 00  
 By Amount Paid in Advance.....  
 Balance.....  
 Entered into Ledger, page..... or below.....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. C. A. Terrell</u>	
<u>Memphis</u>	
<u>La Grippe "old age"</u>	
<u>contact</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Serial Number) ..... Date Feb 21<sup>st</sup> / 1915

Name of Deceased Beatrice Neal

Wife - Widow (What Race) ..... Charge to Mrs. Sophia Jackson (Where Born) .....  
Order Given by Mrs. Sophia Jackson Address R. 1443 McDemore St

How Secured (S.O.) Ins. Co. Price of Casket or Coffin 25.00

Date of Funeral 2-21st-15 Metallic Lining (State kind) 5.00

Residence R. 1443 McDemore St Outside Box (State kind) 10.00

Place of Death R. 1443 " " " Grave Vault (State kind) 10.00

Funeral Services at Olive Branch Miss Burial Robe 10.00

Time of Funeral Service 11 AM Burial Slippers and Hose 15.00

Clergyman Rev. J. G. Strong Engraving Plate (Moore)

Certifying Physician Dr. J. G. Duncan Embalming Body (with Fluid) 15.00

His Residence Memphis Washing and Dressing

Number of Burial Certificate 1 Shaving

Cause of Death William Tuberculosis Keeping Body on Ice

Date of Death Feb 18 / 15 Disinfecting Rooms

Date of Birth Feb 18 / 15 " Folding Chairs

Occupation of the Deceased School Girl " Candelabrum and Candles

Single or Married Single Gloves \$ ..... Crape \$ .....

Aged 13 Years ..... Months ..... Days ..... Door Crape \$ ..... Canopy \$ .....

Date of Birth Feb 18 / 15 Hearse .....

Name of Father Geo. Neal Carriages to Cemetery @ \$ .....

His Birthplace Tenn Automobiles to Cemetery @ \$ .....

Name of Mother Soph. Jackson Wagon Deliveries 5.00

Her Birthplace Miss City Calls (Coaches) 2.00

Mother's Maiden Name Miss Death Notices in Commercial Newspapers 2.00

Body to be shipped to Olive Branch Miss Flowers .....

Size and Style of Casket or Coffin Raised Top Outlay for Lot .....

Manufactured by Olive Branch Miss Opening Grave or Vault .....

Interment at Olive Branch Miss Lining Grave .....

Lot or Grave No. .... Section No. .... Vault Rental .....

Shipping Charges, prepaid .....

Removal Charges .....

Cremation Charges .....

Porters .....

Watchers .....

Personal Services .....

Music .....

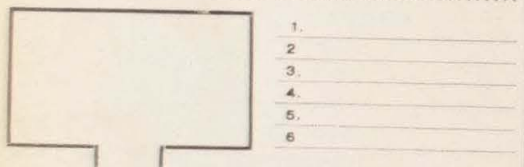
Church Charges .....

Total Footing of Bill 62.00

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. J. G. Duncan</u>			
<u>Memphis Tenn</u>			
<u>William Tuberculosis</u>			
<u>beginning in lungs</u>			

Names of Pall Bearers .....

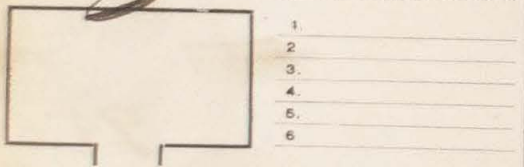
Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date Feb 21<sup>st</sup> 1915  
 Name of Deceased James Thompson Charge to J. H. Thompson (Where Burial)  
 Wife—Widow }  
 Son—Daughter of } Address 591 Alston Ave

Order Given by J. H. Thompson  
 How Secured " " "  
 Date of Funeral 2-21st 1915  
 Residence St. Louis mo  
 Place of Death " " "  
 Funeral Services at 637 Polk St  
 Time of Funeral Service 1:30 pm  
 Clergyman .....  
 Certifying Physician Dr. D. E. Newman  
 His Residence St. Louis mo  
 Number of Burial Certificate .....  
 Cause of Death Pleurisy  
 Date of Death Feb 16/15  
 Date of Birth .....  
 Occupation of the Deceased Laborer  
 Single or Married married  
 Aged 30 Years 9 Months 19 Days  
 Date of Birth .....  
 Name of Father unknown  
 His Birthplace .....  
 Name of Mother .....  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Silver Gray Plush  
 Manufactured by St. Louis  
 Interment at Zion Cemetery  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	12.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate <u>no 63</u>	
Embalming Body (with Fluid)	
Washing and Dressing <u>wash</u>	
Shaving <u>shave</u>	
Keeping Body on Ice <u>St. Louis</u>	
Disinfecting Rooms <u>mo</u>	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	Crape \$
Door Crape \$	Canopy \$
Hearse	
Carriages to Cemetery <u>(4)</u>	19.00
Automobiles to Cemetery	16.00
Wagon Deliveries	
City Calls (Coaches)	
Death notices in <u>Commercial</u> Newspapers	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	5.00
Music	
Church Charges	
Total Footing of Bill	43.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page.....or below	



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<u>Harrison &amp; McKoin</u>			
<u>undertakers,</u>			
<u>2906 Lantou Ave</u>			
<u>St. Louis mo</u>			

Names of Pall Bearers May C. Starkloff  
 Names of Near Relatives St. Louis Registrar

# RECORD OF FUNERAL.

563

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Feb 25 1915

Name of Deceased James Miller Charge to Oliver Miller

Wife-Widow Son-Daughter of Oliver Miller Address 738ayers St

Order Given by Oliver Miller How Secured (met) Price of Casket or Coffin 65.00

Date of Funeral 2-25-15 Metallic Lining \_\_\_\_\_ Outside Box \_\_\_\_\_

Residence 738ayers St Place of Death 738 " Grave Vault 12.00

Funeral Services at Res- Burial Robe \_\_\_\_\_ Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service 10 a.m. Shaving Plate \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Clergyman Rev. Allen Bartlett Certifying Physician Dr. J. H. Jenkins Washing and Dressing \_\_\_\_\_

His Residence Memphis Tenn Shaving \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Disinfecting Rooms \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_

Cause of Death Pul. Tuberculosis Folding Chairs \_\_\_\_\_ Candelabrum and Candles \_\_\_\_\_

Date of Death Feb 24/15 Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Occupation of the Deceased Laborer Hearse 19.00

Single or Married Single Carriages to Cemetery @ \$ \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Aged 23 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Date of Birth \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Name of Father Oliver Miller Her Birthplace Miss Flowers \_\_\_\_\_

Name of Mother Francis Miller Her Birthplace Miss Outfit for Lot \_\_\_\_\_

Mother's Maiden Name Francis Washburn Lining Grave \_\_\_\_\_ Vault Rental \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_ Removal Charges \_\_\_\_\_

Size and Style of Casket or Coffin Larch Skin Cremation Charges \_\_\_\_\_

Manufactured by Miss Porters \_\_\_\_\_ Watchers \_\_\_\_\_

Interment at Zion Cemetery Personal Services \_\_\_\_\_ Music \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Church Charges \_\_\_\_\_

Total Footing of Bill 95.00

By Amount Paid in Advance Act) 5.00

Balance Due 90.00

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges, Total, \$ \_\_\_\_\_ By Cash, \$ \_\_\_\_\_

Dr. J. H. Jenkins  
Memphis Tenn  
Pul. Tuberculosis

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date. March 9 1915

Name of Deceased Laura Lowe

Wife-Widow Son-Daughter of Charge to Marion Henry Address 525 E Iowa St

Order Given by Marion Henry Price of Casket or Coffin 40 00

How Secured 2 1/2 x 4 1/2 x 6 1/2 Metallic Lining (State kind) 5 00

Date of Funeral March 9/15 Outside Box (State kind) 5 00

Residence 525 E Iowa St Grave Vault (State kind)

Place of Death Grand Junction Tenn Burial Robe (State kind)

Funeral Services at Grand Junction Tenn Burial Slippers and Hose

Time of Funeral Service 11 A.M. Engraving Plate 15 00

Clergyman Dr. S. W. Thorne Embalming Body (with Fluid)

Certifying Physician Memphis Washing and Dressing

His Residence Memphis Shaving

Number of Burial Certificate undetermined Keeping Body on Ice

Cause of Death undetermined Disinfecting Rooms

Date of Death March 7/15 Use of Catafalque and Drapery

Date of Birth March 7/15 Folding Chairs

Occupation of the Deceased Domestic " Candelabrum and Candles

Single or Married Widow Gloves \$..... Crape \$.....

Aged 31 Years..... Months..... Days..... Door Crape \$..... Canopy \$.....

Date of Birth March 7/15 Hearse

Name of Father Henry Henry Carriages to Cemetery..... @ \$.....

His Birthplace Alabama Automobiles to Cemetery..... @ \$.....

Name of Mother Mary Ann Henry Wagon Deliveries 5 00

Her Birthplace Mississippi City Calls (Coaches)

Mother's Maiden Name Grand Junction Death Notices in Newspapers 1 00

Body to be shipped to Grand Junction (Names of Newspapers)

Size and Style of Casket or Coffin Black Crepe Flowers

Manufactured by Grand Junction Outlay for Lot

Interment at Grand Junction Opening Grave or Vault

Lot or Grave No. Section No. Lining Grave

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin 40 00
Metallic Lining (State kind) 5 00
Outside Box (State kind) 5 00
Grave Vault (State kind)
Burial Robe (State kind)
Burial Slippers and Hose
Engraving Plate 15 00
Embalming Body (with Fluid)
Washing and Dressing
Shaving
Keeping Body on Ice
Disinfecting Rooms
Use of Catafalque and Drapery
Folding Chairs
Candelabrum and Candles
Gloves \$..... Crape \$.....
Door Crape \$..... Canopy \$.....
Hearse
Carriages to Cemetery..... @ \$.....
Automobiles to Cemetery..... @ \$.....
Wagon Deliveries 5 00
City Calls (Coaches)
Death Notices in Newspapers 1 00
(Names of Newspapers)
Flowers
Outlay for Lot
Opening Grave or Vault
Lining Grave
Vault Rental
Shipping Charges, prepaid
Removal Charges
Cremation Charges
Porters
Watchers
Personal Services
Music
Church Charges
Total Footing of Bill 69 50
By Amount Paid in Advance 30 00
Balance Due 39 50
Entered into Ledger, page..... or below.

Table with columns: To Funeral Charges, Total, \$, By Cash, \$.

Names of Pall Bearers

Names of Near Relatives



RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date *mch 10/15* 19*15*  
Name of Deceased *Maggie Curry*

Wife-Widow } Charge to *Miss Willie Curry*  
Soc-Daughter of }  
Address *6730 Perry Ave Chicago Ill*

Order Given by *Miss Willie Curry*  
How Secured *met*  
Date of Funeral *mch 10/15*

Residence *1355 Jackson Ave*  
Place of Death *mt. Olive m. chl*  
Funeral Services at *2 P.m.*

Clergyman *Rev. E. B. James*  
Certifying Physician *Dr. R. G. Martin*  
His Residence *Memphis*

Number of Burial Certificate *1*  
Cause of Death *Cancer of the Stomach*  
Date of Death *mch 8/15*

Date of Birth *39*  
Occupation of the Deceased *Domestic*  
Single or Married *widow*

Aged *39* Years, Months, Days  
Date of Birth  
Name of Father *Calvin Richardson*

His Birthplace *unknown*  
Name of Mother *Easter Ester*  
Her Birthplace *unknown*

Mother's Maiden Name  
Body to be shipped  
Size and Style of Casket or Coffin *Black Crepe*

Manufactured by *Zion*  
Interment at *Zion Cemetery*

Lot or Grave No. Section No.  
1  
2  
3  
4  
5  
6

Diagram of Lot or Vault  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of the Diagram for the names of those buried in Lot.

Price of Casket or Coffin *140.00*  
Metallic Lining (State kind) *5.00*  
Outside Box (State kind) *72.00*  
Grave Vault (State kind)  
Burial Robe  
Burial Slippers and Hose  
Engraving Plate  
Embalming Body (with Fluid) *15.00*  
Washing and Dressing  
Shaving  
Keeping Body on Ice  
Disinfecting Rooms  
Use of Catafalque and Drapery  
Folding Chairs  
Candelabrum and Candles  
Gloves \$ Crape \$  
Door Crape \$ Canopy \$  
Hearse *12.00*  
Carriages to Cemetery @ \$ *12.00*  
Automobiles to Cemetery @ \$  
Wagon Deliveries  
City Calls (Coaches)  
Death Notices in Newspapers *Continental 2.00*  
Flowers  
Outlay for Lot  
Opening Grave or Vault  
Lining Grave  
Vault Rental  
Shipping Charges, prepaid  
Removal Charges  
Cremation Charges  
Porters  
Watchers  
Personal Services  
Music  
Church Charges  
Total Footing of Bill *96.00*  
By Amount Paid in Advance *66.19*  
Balance *Due 29.81*

To Funeral Charges Total \$  
By Cash \$  
*Dr. R. G. Martin*  
*Memphis*  
*Cancer of Stomach*

Names of Pall Bearers  
Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number)

No. (Yearly Number)

Date *March 13/15*

Name of Deceased

*Bertha Wynne*

Wife-Widow  
Son-Daughter

Charge to

*A. Wynne*

Order Given by

*A. Wynne*

Address

*Memphis Tenn*

How Secured

*Asset (Wynne)*

of Casket or Coffin

\$ *35.00*

Date of Funeral

*March 13-15*

Metallic Lining

(State kind)

\$ *5.00*

Residence

*Memphis Tenn*

Outside Box

(State kind)

Place of Death

*Tuberculosis Hosp*

Grave Vault

(State kind)

Funeral Services at

*Yazoo City Miss*

Burial Robe

Burial Slippers and Hose

Time of Funeral Service

*11 AM*

Clergyman

*Dr. Neuman Taylor*

Engraving Plate

*(None)*

\$ *15.00*

Certifying Physician

*Dr. Neuman Taylor*

Embalming Body (with Fluid)

His Residence

*Memphis*

Washing and Dressing

Number of Burial Coplicate

*1*

Keeping Body on Ice

Cause of Death

*Phthisis Pulmonalis*

Disinfecting Rooms

Date of Death

*March 11/15*

Use of Catafalque and Drapery

Date of Birth

Occupation of the Deceased

*School Girl*

" Folding Chairs

" Candelabrum and Candles

Single or Married

*Single*

Gloves \$

Crape \$

Door Crape \$

Canopy \$

Aged

*12* Years, *0* Months, *0* Days

Hearse

Carriages to Cemetery @ \$

Automobiles to Cemetery @ \$

Date of Birth

*A. Wynne*

Wagon Deliveries

\$ *5.00*

Name of Father

*A. Wynne*

City Calls (Coaches)

His Birthplace

*Memphis*

Death Notices in Newspapers

\$ *1.00*

Name of Mother

*Lucy Wynne*

(Names of Newspapers)

Her Birthplace

Mother's Maiden Name

*Wynne*

Flowers

Outlay for Lot

Opening Grave or Vault

Body to be shipped to

*Yazoo City Miss*

Lining Grave

Vault Rental

Size and Style of Casket or Coffin

*Lamb Skin*

Shipping Charges, prepaid

*Adv. money* \$ *10.00*

Manufactured by

*Yazoo City Miss*

Removal Charges

Interment at

*Yazoo City Miss*

Cremation Charges

Lot or Grave

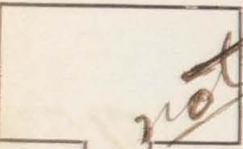
*Section No.*

Watchers

Personal Services

Music

Church Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill

\$ *71.77*

By Amount Paid in Advance

Balance

Entered into Ledger, page.....or below

Funeral Charges Total, \$

By Cash \$

*Tuberculosis Hosp*  
*Dr. Neuman Taylor*  
*"Phthisis Pulmonalis"*

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date March 17/15  
 Name of Deceased Quiller Glover  
 (What Race) ..... Charge to Mary Glover  
 (Where Born) ..... Address 955 McDowell St

Order Given by Mary Glover  
 How Secured Free  
 Date of Funeral March 17-15  
 Residence 955 McDowell St  
 Place of Death 955 " "  
 Funeral Services at New Prospect Ch  
 Time of Funeral Service 10 AM  
 Clergyman Rev. G. J. Perkins  
 Certifying Physician L. G. Patterson  
 His Residence Memphis  
 Number of Burial Certificate 1  
 Cause of Death Cardiac Insufficiency  
 (Primary) (Secondary)  
 Date of Death March 14/15  
 Date of Birth .....  
 Occupation of the Deceased Expressman  
 Single or Married Married  
 Aged 39 Years ..... Months ..... Days  
 Date of Birth .....  
 Name of Father Thos. Rankins  
 His Birthplace Miss  
 Name of Mother Laura Rankins  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Steel Gray Push  
 Manufactured by Zion  
 Interment at Zion Cemetery  
 Lot or Grave No. ..... Section No. ....  
 Diagram of Lot or Vault.

Price of Casket or Coffin	\$ 15 00
Metallic Lining (State kind)	
Outside Box (State kind)	5 00
Grave Vault (State kind)	12 00
Burial Robe	3 50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Crape \$	
Canopy \$	
Hearse	10 00
Carriages to Cemetery @ \$	16 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 137 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page ..... or below	

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. L. G. Patterson</u>		<u>Memphis Tenn</u>	
<u>"Cardiac Insufficiency"</u>			

Names of Pall Bearers .....  
 Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Year's Number) ..... Date March 21<sup>st</sup> 1915  
 Name of Deceased Ardella Hightower  
 Charge to Mary Dedmon (What Race) ..... (Where Born) .....  
 Order Given by Mary Dedmon Address 136 Utah St.

How Secured Prep. Price of Casket or Coffin \$85.00  
 Date of Funeral March 21/15 Metallic Lining .....  
 Residence 136 Utah Street Outside Box (State kind) 5.00  
 Place of Death 136 " Grave Vault (State kind) 12.00  
 Funeral Services at mt. Zion Baptist Burial Robe .....  
 Time of Funeral Service 11 a.m. Burial Slippers and Hose 10.00  
 Clergyman Rev. M. S. House Engraving Plate .....  
 Certifying Physician Dr. C. M. Rouhlac Embalming Body (with Fluid) 15.00  
 His Residence Memphis Shaving .....  
 Number of Burial Certificate Seven Keeping Body on Ice .....  
 Cause of Death Tuberculosis Disinfecting Rooms .....  
 Date of Death March 18/15 Use of Catafalque and Drapery .....  
 Date of Birth ..... " Folding Chairs .....  
 Occupation of the Deceased Domestic " Candelabrum and Candles .....  
 Single or Married Married Gloves \$ ..... Crape \$ .....  
 Aged 21 Years ..... Months ..... Days ..... Door Crape \$ ..... Canopy \$ .....  
 Date of Birth ..... Hearse .....  
 Name of Father Dock Bouders Carriages to Cemetery 5 @ \$ 10.00  
 His Birthplace Arkansas Automobiles to Cemetery ..... @ \$ 25.00  
 Name of Mother Ledona Bouders Wagon Deliveries .....  
 Her Birthplace Ark City Calls (Coaches) .....  
 Mother's Maiden Name ..... Death Notices in ..... Newspapers 1.00  
 Body to be shipped to ..... (National Newspapers) .....  
 Size and Style of Casket or Coffin Silver Gray Plush Flowers Almond  
 Manufactured by Zion Outlay for Lot Greenhouse Co 3.00  
 Interment at Zion Cemetery. Opening Grave or Vault .....  
 Lot or Grave No. .... Section No. .... Lining Grave .....  
 Diagram of Lot or Vault ..... Vault Rental .....  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and Shipping Charges, prepaid .....  
 mark space for this Graves with a cross (+). Removal Charges .....  
 Designate place for Monument with a small square (□). Cremation Charges .....  
 Use space to the right of Diagram for the names of those buried in Lot. Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill \$166.00  
 By Amount Paid in Advance Lodge 50.00  
 Balance (Family) 116.00  
 Entered into Ledger, page ..... or below.

To Funeral Charges.....	Total, \$	By Cash.....	\$
	<u>Dr. C. M. Rouhlac</u>		
	<u>Memphis Tenn</u>		
	<u>Tuberculosis</u>		

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_

Date March 27 1915

Name of Deceased Repsay Pugh

(What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_

Thomas  
Son-Daughter of \_\_\_\_\_

Charge to Will Pugh  
Address 592 Railroad

How Secured met

Price of Casket or Coffin 16 00

Date of Funeral March 27/15

“ Metallic Lining \_\_\_\_\_

Residence Memphis

“ Outside Box \_\_\_\_\_

Place of Death 592 Railroad

“ Grave Vault \_\_\_\_\_

Funeral Services at Central Baptist Church

“ Burial Robe \_\_\_\_\_

Time of Funeral Service 10 am

“ Burial Slippers and Hose \_\_\_\_\_

Clergyman Rev. J. M. Thomas

Engraving Plate \_\_\_\_\_

Certifying Physician Dr. J. S. Deloney

Embalming Body (with \_\_\_\_\_) \_\_\_\_\_

His Residence Memphis

Washing and Dressing \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Shaving \_\_\_\_\_

Cause of Death acute endocarditis

Keeping Body on Ice \_\_\_\_\_

Date of Death March 19/15

Disinfecting Rooms \_\_\_\_\_

Date of Birth \_\_\_\_\_

Use of Catafalque and Drapery \_\_\_\_\_

Occupation of the Deceased Domestic

“ Folding Chairs \_\_\_\_\_

Single or Married widow

Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 61 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hearse \_\_\_\_\_

Name of Father unknown

Carriages to Cemetery @ \$ \_\_\_\_\_

His Birthplace unknown

Automobiles to Cemetery @ \$ \_\_\_\_\_

Name of Mother unknown

Wagon Deliveries \_\_\_\_\_

Her Birthplace unknown

City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Flowers \_\_\_\_\_

Size and Style of Casket or Coffin Black

Outlay for Lot \_\_\_\_\_

Manufactured by Zion

Opening Grave or Vault \_\_\_\_\_

Interment at Zion Cemetery.

Lining Grave \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Vault Rental \_\_\_\_\_

Diagram of Lot or Vault

Shipping Charges, prepaid \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Removal Charges \_\_\_\_\_

Designate place for Monument with a small square (□).

Cremation Charges \_\_\_\_\_

Use space to the right of Diagram for the names of those buried in Lot.

Porters \_\_\_\_\_

By Central Baptist Church

Watchers \_\_\_\_\_

By Rev. J. M. Thomas

Personal Services \_\_\_\_\_

By Rev. J. M. Thomas

Music \_\_\_\_\_

By Rev. J. M. Thomas

Church Charges \_\_\_\_\_

By Rev. J. M. Thomas

Total Footing of Bill 73 50

By Amount Paid in Advance \_\_\_\_\_

Balance (Family) 4 00

By \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ of below.

To Funeral Charges \_\_\_\_\_ Total, \$ \_\_\_\_\_

By Cash \_\_\_\_\_ \$ \_\_\_\_\_

By Dr. J. S. Deloney

\_\_\_\_\_

By Memphis

\_\_\_\_\_

By Tenn

\_\_\_\_\_

By acute endocarditis

\_\_\_\_\_

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL.

Date March 23/15 1915

No. 15 (Total Number) No. 15 (Year Number)

Name of Deceased Alice Madison (Wife) Augusta Durham (Where Born)  
Charge to Augusta Durham  
Address R. 36 Walnut St

Order given by <u>Augusta Durham</u>	Price of Casket or Coffin.....	<u>45 00</u>
How Secured <u>Soft</u>	Metallc Lining (State kind).....	
Date of Funeral <u>3/23/15</u>	Outside Box (State kind).....	
Residence <u>R. 36 Walnut St</u>	Grave Vault (State kind).....	<u>12 00</u>
Place of Death <u>R. 36 Walnut St</u>	Burial Robe.....	<u>3 50</u>
Funeral Services at <u>Res</u>	Burial Slippers and Hose.....	
Time of Funeral Service <u>10 a.m.</u>	Engraving Plate.....	
Clergyman <u>Rev. J. A. Linds</u>	Embalming Body (with Fluid).....	
Certifying Physician <u>Dr. S. L. Edwards</u>	Washing and Dressing.....	
His Residence <u>Memphis</u>	Shaving.....	
Number of Burial Certificate.....	Keeping Body on Ice.....	
Cause of Death <u>mitral Regurg</u>	Disinfecting Rooms.....	
Date of Death <u>March 21/15</u>	Use of Catafalque and Embery.....	
Date of Birth.....	Folding Chairs.....	<u>6 00</u>
Occupation of the Deceased <u>Domestic</u>	Candelabrum and Candles.....	
Single or Married <u>Widow</u>	Gloves \$..... Crape \$.....	
Aged <u>45</u> Years..... Months..... Days.....	Door Crape \$..... Canopy \$.....	
Date of Birth.....	Hearse.....	<u>18 00</u>
Name of Father.....	Carriages to Cemetery..... @ \$.....	<u>8 00</u>
His Birthplace.....	Automobiles to Cemetery..... @ \$.....	
Name of Mother.....	Wagon Deliveries.....	
Her Birthplace.....	City Calls (Coaches).....	
Mother's Maiden Name.....	Death Notices in Newspapers.....	<u>1 00</u>
Body to be shipped to.....	(Names of Newspapers)	
Size and Style of Casket or Coffin.....	Flowers.....	
Manufactured by <u>Black Crepe</u>	Outlay for Lot.....	
Interment at <u>Graves</u> Cemetery.....	Opening Grave or Vault.....	
Lot or Grave No. <u>3</u> Section No. <u>1</u>	Lining Grave.....	
	Vault Rental <u>Telephone</u>	<u>1 18</u>
	Shipping Charges, prepaid.....	
	Removal Charges.....	
	Cremation Charges.....	
	Porters.....	
	Watchers.....	
	Personal Services.....	
	Music.....	
	Church Charges.....	
	Total Footing of Bill.....	<u>86 68</u>
	By Amount Paid in Advance.....	
	Balance.....	
	Entered into Ledger, page..... or below.....	

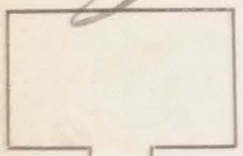


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges.....	Total, \$	By Cash.....
<u>Dr. S. L. Edwards</u>		
<u>(Cause) Memphis Tery</u>		
<u>mitral Regurgitation</u>		

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date March 24/15  
 Name of Deceased Statura Wright (Wife or Daughter of) Mrs. M. Payne

Charge to Mrs. M. Payne  
 Address 414 Leath St

Order given by Mrs. M. Payne Price of Casket or Coffin \$40.00

How Secured " " " " Metallic Lining (state kind) "

Date of Funeral March 24/15 Outside Box (state kind) 5.00

Residence 414 Leath St Grave Vault (state kind) 3.00

Place of Death Memphis Burial Robe "

Funeral Services at Immanuel Ch. Burial Slippers and Hose "

Time of Funeral Service 10 a.m. Engraving Plate "

Clergyman Father Lynch Embalming Body (with Fluid) "

Certifying Physician Dr. W. T. Braun Washing and Dressing "

His Residence Memphis Shaving "

Number of Burial Certificates 1 Keeping Body on Ice "

Cause of Death (Chr.) Bronchitis Disinfecting Rooms "

Date of Death March 23/15 Use of Catafalque and Drapery "

Date of Birth " Folding Chairs "

Occupation of the Deceased domestic Candelabrum and Candles "

Single or Married widow Gloves \$ " Crape \$ "

Aged 87 Years Months " Days " Door Crape \$ " Canopy \$ "

Date of Birth " Hearse 3 P. B. C. 18.00

Name of Father " Carriages to Cemetery @ \$

His Birthplace " Automobiles to Cemetery @ \$

Name of Mother " Wagon Deliveries "

Her Birthplace " City Calls (Coaches) "

Mother's Maiden Name " Dead Notices in Newspapers 1.00

Body to be shipped to " Flowers (notes in sub.)

Size and Style of Casket or Coffin Black Crepe

Manufactured by mfg. Outlay for Lot "

Interment at Zion Cemetery Opening Grave or Vault "

Lot or Grave No. " Lining Grave "

Section No. " Vault Rental "

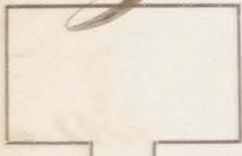


Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$40.00
Metallic Lining	"
Outside Box	5.00
Grave Vault	3.00
Burial Robe	"
Burial Slippers and Hose	"
Engraving Plate	"
Embalming Body (with Fluid)	"
Washing and Dressing	"
Shaving	"
Keeping Body on Ice	"
Disinfecting Rooms	"
Use of Catafalque and Drapery	"
Folding Chairs	"
Candelabrum and Candles	"
Gloves	\$
Crape	\$
Door Crape	\$
Canopy	\$
Hearse	18.00
Carriages to Cemetery	@ \$
Automobiles to Cemetery	@ \$
Wagon Deliveries	"
City Calls (Coaches)	"
Dead Notices in Newspapers	1.00
Flowers	(notes in sub.)
Outlay for Lot	"
Opening Grave or Vault	"
Lining Grave	"
Vault Rental	"
Shipping Charges, prepaid	4.00
Removal Charges	"
Cremation Charges	"
Porters	"
Watchers	"
Personal Services	"
Music	"
Church Charges	"
Total Footing of Bill	\$81.00
By Amount Paid in Advance	"
Balance	"
Entered into Ledger, page	..... or below

To Funeral Charges	Total, \$	By Cash	Total, \$
<u>Dr. W. T. Braun</u> <u>Memphis Tenn</u> <u>"Chr - Bronchitis"</u>			

Names of Pall Bearers Bron. Ashura

Names of Near Relatives "



RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date mch 26/15

Name of Deceased Alexander Nagam (What Race) (What Religion)

Wife-Widow Son-Daughter of Charge to Mrs. Alice Robinson (What Race) (What Religion)

Order Given by Mrs. Alice Robinson Address 655 Maple St

How Secured Person Paper Price of Casket or Coffin 45 00

Date of Funeral mch 15 Metallic Lining (State kind)

Residence 655 Maple St Outside Box (State kind)

Place of Death 655 Maple St Grave Vault Nat Cem (State kind)

Funeral Services at Providence Ch Burial Robe 3 50

Time of Funeral Service 10 a m Burial Slippers and Hose

Clergyman Dr. J. C. Hairston Engraving Plate (State kind)

Certifying Physician Dr. J. C. Hairston Embalming Body (with Fluid) 15 00

His Residence Memphis Washing and Dressing

Number of Burial Certificate 1 Shaving

Cause of Death Auricular Regurgitation Keeping Body on Ice

Date of Death mch 23/15 (Primary) (Secondary) Inspecting Rooms

Date of Birth Laborer Use of Catafalque and Drapery

Occupation of the Deceased Laborer Folding Chairs

Single or Married Widower Candelabrum and Candles

Aged 69 Years Months Days Gloves \$ Crape \$

Date of Birth City Calls (Coaches) Door Crape \$ Canopy \$

Name of Father Unknown Hearse 12 00

His Birthplace Unknown Carriages to Cemetery 2 @ \$ 10 00

Name of Mother Unknown Automobiles to Cemetery @ \$

Her Birthplace Unknown Wagon Deliveries

Mother's Maiden Name Unknown City Calls (Coaches)

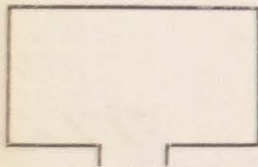
Body to be shipped to + Death Notices in Newspapers Commercial 1 00

Size and Style of Casket or Coffin Black Crepe (Names of Newspapers)

Manufactured by National Flowers

Interment at National Cemetery Outlay for Lot

Lot or Grave No. Section No. Opening Grave or Vault



Designate all Graves in Lot with Numbers (1, 2, 3, 4, 5, 6) and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 97 75

By Amount Paid in Advance 3 50

Balance 94 25

Entered into Ledger, page \_\_\_\_\_ or below.

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. J. C. Hairston</u>			
<u>Memphis Tenn</u>			
<u>Auricular Regurgitation</u>			

Names of Pall Bearers

Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date mch 26/15  
 Name of Deceased Earl Jordan

Wife—Widow ( )  
 Son—Daughter of ( )  
 Charge to J. H. Jordan (Where Born)  
 Address 486 Alston av

Order Given J. H. Jordan  
 How Secured cash  
 Date of Funeral mch 26/15

Residence 486 Alston av  
 Place of Death 486 Alston av  
 Funeral Services at Corinth miss

Time of Funeral Service am  
 Clergyman .....  
 Certifying Physician Dr. E. W. Irving

His Residence Memphis  
 Number of Burial Certificate .....  
 Cause of Death Tuberculosis

Date of Death mch 24/15  
 Date of Birth .....  
 Occupation of the Deceased laborer

Single or Married single  
 Aged 19 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father J. H. Jordan

His Birthplace Miss  
 Name of Mother Nellie Jordan  
 Her Birthplace Miss

Mother's Maiden Name Corinth miss  
 Body to be shipped to Corinth miss  
 Size and style of Casket or Coffin Gloss white

Manufactured by Corinth miss  
 Interment at Corinth miss Cemetery.  
 Lot or Grave No. .... Section No. ....

Diagram of Lot or Vault  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin 8 Box \$35.00  
 " Metallic Lining (State kind) .....  
 " Outside Box (State kind) .....  
 " Grave Vault (State kind) .....  
 Burial Robe .....  
 Burial Slippers and Hose .....  
 Engraving Plate secret 15.00  
 Embalming Body (with fluid) .....  
 Washing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 Use of Catafalque and Drapery .....  
 " Folding Chairs .....  
 " Candelabrum and Candles .....  
 Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse .....  
 Carriages to Cemetery @ \$ .....  
 Automobiles to Cemetery @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Death Notices in Newspapers .....  
 (Names of Newspapers) .....  
 Flowers .....  
 Other (adv) money 10.00  
 Opening Grave or Vault .....  
 Lining Grave .....  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....

Total Footing of Bill 67.00

By Amount Paid in Advance .....  
 Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charge ..... Total \$ .....  
 By Cash ..... \$ .....  
Dr. E. W. Irving  
Paul Tuberculosis

Names of Pall Bearers .....

Names of Near Relatives .....

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date. *mch 29/15*

Name of Deceased. *E. D. Simon* (What Race) (Where Born) Charge to *Mrs. Callie Morgan*

Order Given by *Mrs. Callie Morgan* Address *Memphis Tenn*  
How Secured *Independent* Price of Casket or Coffin. \$ *30.00*

Date of Funeral. *mch 29-15* Metallic Lining (State kind) *5.00*  
Residence *R. 480 Williams St* Outside Box (State kind) *7.00*

Place of Death. *R. 480 Williams St* Grave Vault (State kind) *12.00*  
Funeral Services at. *3 P.M.* Burial Robe *3.50*  
Time of Funeral Service. *3 P.M.* Burial Slippers and Hose

Clergyman *Dr. Jas. W. Hose* Engraving Plate *15.00*  
Certifying Physician *Dr. Jas. W. Hose* Embalming Body (with Fluid) *15.00*  
His Residence *Memphis Tenn* Washing and Dressing

Number of Burial Certificate *Acute Phthisis* Shaving  
Cause of Death. *Acute Phthisis* Keeping Body on Ice  
Date of Death. *mch 28/15* Disinfecting Rooms  
Date of Birth. *mch 28/15* Use of Catafalque and Drapery

Occupation of the Deceased. *Laborer* Folding Chairs  
Single or Married. *widow* Candelabrum and Candles  
Aged. *18* Years. Months. Days. Gloves \$ Crape \$  
Date of Birth. *18* Door Crape \$ Canopy \$

Name of Father. *Will Simon* Hearse  
His Birthplace *Tenn* Carriages to Cemetery. *2* @ \$ *8.00*  
Name of Mother. *Pearl Carter* Automobiles to Cemetery. @ \$  
Her Birthplace *Tenn* Wagon Deliveries

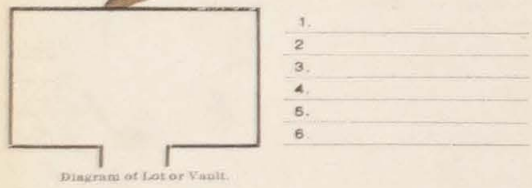
Mother's Maiden Name. *Carter* City Calls (Coaches)  
Body to be shipped to. *Tenn* Death Notices in *Commercial* *1.00*  
Size and Style of Casket or Coffin. *Raised Top* (Names of Newspapers)

Manufactured by *Zion* Flowers  
Interment at. *Zion* Cemetery. Outlay for Lot  
Lot or Grave. Section No. Lining Grave *4.00*  
1. Vault Rental  
2. Shipping Charges, prepaid  
3. Removal Charges  
4. Cremation Charges  
5. Porters  
6. Watchers

Personal Services  
Music  
Church Charges

Total Footing of Bill. *88.50*  
By Amount Paid in Advance

Balance  
Entered into Ledger, page or below



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table with columns: To Funeral Charges, Total, \$, By Cash, Total, \$, and a large signature area for Dr. Jas. W. Hose, Memphis Tenn, Acute Phthisis.

Names of Pall Bearers  
Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) No. (Yearly Number) Date March 30/15 1915  
Name of Deceased Maria Wade

Wife-Widow Son-Daughter of Charge to Mrs. Ollie Farmer (What Race) (Where Born)  
Order given by Mrs. Ollie Farmer Address 324 St Paul St

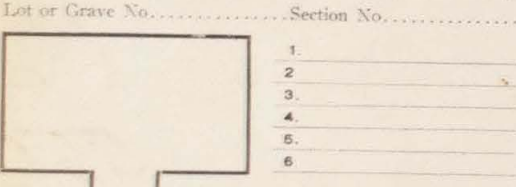
How Secured (Ins)  
Date of Funeral March 30/15  
Residence 324 St Paul St  
Place of Death Nashville Tenn  
Funeral Services at Nashville Tenn  
Time of Funeral Service 11 AM

Clergyman Dr. E. W. Irving  
Certifying Physician Memphis Tenn  
His Residence Memphis Tenn  
Number of Burial Certificate 1  
Cause of Death Gastric Ulcer (Primary) (Secondary)

Date of Death March 27/15 (Primary) (Secondary)  
Date of Birth John Keefe  
Occupation of the Deceased Domestic  
Single or Married Widow

Aged Years Months Days  
Date of Birth John Keefe  
Name of Father John Keefe  
His Birthplace Unknown  
Name of Mother Unknown  
Her Birthplace La

Mother's Maiden Name Nashville Tenn  
Body to be shipped to Silver Gray Crepe  
Size and Style of Casket or Coffin Nashville Tenn  
Manufactured by Nashville Tenn  
Interment at Nashville Tenn



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	55.00
Metallic Lining (State Kind)	
Outside Box (State Kind)	5.00
Grave Vault (State Kind)	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabra and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in Newspapers	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	26
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	101.26
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. E. W. Irving</u>			
<u>cause</u>			
<u>Gastric Ulcer</u>			

Names of Pall Bearers  
Names of Near Relatives

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date March 31<sup>st</sup> 1915  
 Name of Deceased Charney Gardner Charge to Alex & Henry Gardner (Where Buried)  
 Order Given by Alex & Henry Gardner Address Raines Tenn

Wife—Widow \_\_\_\_\_  
 Daughter of \_\_\_\_\_  
 How Secured Lodge, note  
 Date of Funeral March 31/15  
 Residence Raines Tenn  
 Place of Death Raines Tenn  
 Funeral Services at Mt. Joyner  
 Time of Funeral Service 10 a.m.  
 Clergyman Rev. S. P. Rains  
 Certifying Physician Dr. W. F. Rains  
 His Residence Raines Tenn  
 Cause of Death Cardiac Rheumatism  
 Date of Death March 27/15  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Domestic  
 Single or Married widow  
 Aged 83 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Kushion Bailey  
 His Birthplace Miss  
 Name of Mother Phelie Bailey  
 Her Birthplace Miss  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Black Cope  
 Manufactured by \_\_\_\_\_  
 Interment at Mt. Joyner Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
#407 Lincoln #52  
Chap Eastern  
White Haven Tenn

Price of Casket or Coffin	\$35.00
Metallc Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$.	Crape \$.
Door Crape \$.	Canopy \$.
Hearse	
Carriages to Cemetery @ \$.	176.00
Automobiles to Cemetery @ \$.	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	

Total Footing of Bill 64.00  
 By Amount Paid in Advance Lodge 40.00  
 Balance (note) 24.00  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Diagram of Lot or Vault  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

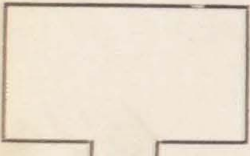
To Funeral Charges	Total, \$	By Cash	\$
<u>Doctor W. F. Rains</u>			
<u>cause Rains Tenn</u>			
<u>Cardiac Rheumatism</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Mich 31<sup>st</sup> 1915  
 Name of Deceased Lizzie Cosby  
 (What Relation) \_\_\_\_\_ (Where Born) Henry Cosby  
 Order Given by Henry Cosby Charge to \_\_\_\_\_  
 Address Euclid Miss

How Secured Per for Price of Casket or Coffin 16.00  
 Date of Funeral Mich 31st 1915 Metallic Lining (State Kind) \_\_\_\_\_  
 Residence Euclid Miss Outside Box (State Kind) 5.00  
 Place of Death negro Bapt Hosp Grave Vault (State Kind) \_\_\_\_\_  
 Funeral Services at Euclid Miss Burial Robe \_\_\_\_\_  
 Time of Funeral Service Per Burial Slippers and Hose 3.50  
 Clergyman \_\_\_\_\_ Engraving Plate \_\_\_\_\_  
 Certifying Physician Dr. C. A. Terrell Embalming Body (with \_\_\_\_\_) 15.00  
 His Residence Memphis Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Shaving \_\_\_\_\_  
 Cause of Death Shock Keeping Body on Ice \_\_\_\_\_  
 Date of Death Mich 31st 1915 Disinfecting Rooms \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery \_\_\_\_\_  
 Occupation of the Deceased domestic Folding Chairs \_\_\_\_\_  
 Single or Married Widow Candelabrum and Candles \_\_\_\_\_  
 Aged 52 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Name of Father \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Hearse \_\_\_\_\_  
 Name of Mother \_\_\_\_\_ Carriages to Cemetery @ \$ \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Wagon Deliveries 5.00  
 Body to be shipped to \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_ Death Notices in \_\_\_\_\_  
 Manufactured by B. Coffin (Names of Newspapers) 1.00  
 Interment at Euclid Miss Cemetery. \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 145.50  
 By Amount Paid in Advance (Oct) 2.00  
 Balance 43.50  
 Entered into Ledger, page Paid 1350

To Funeral Charges	Total, \$	By Cash	\$
<u>Shock foll. Oper for Demous Cyst.</u>			
<u>Dr. C. A. Terrell</u>			
<u>negro B. Hosp</u>			

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

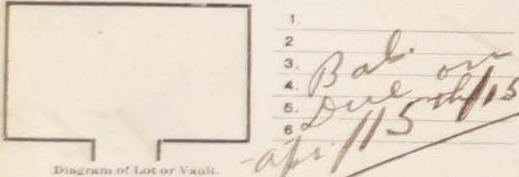
# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date Apr 3/15  
 Name of Deceased Infant Glover

Wife—Widow ..... Son—Daughter of ..... Charge to Will Glover (What Race) ..... (Where Born)  
 Address 620 Walker Ave

Order Given by Will Glover  
 How Secured Ad in Gar. T  
 Date of Funeral Apr 3/15  
 Residence 620 Walker Ave  
 Place of Death 620 Walker Ave  
 Funeral Services at 9 Res  
 Time of Funeral Service 9 a.m.  
 Clergyman .....  
 Certifying Physician No Doctor  
 His Residence Man Jones  
 Number of Burial Certificate 1 mid-wife  
 Cause of Death S.B. - mid-wife  
 Date of Death Apr 2nd/15 (Primary) (Secondary)  
 Date of Birth .....  
 Occupation of the Deceased Nurse  
 Single or Married Single  
 Aged ..... Years ..... Months 5m  
 Date of Birth .....  
 Name of Father Will Glover  
 His Birthplace Miss  
 Name of Mother Reannah Mcghee  
 Her Birthplace Ark  
 Mother's Maiden Name .....  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin Gloss white  
 Manufactured by Wm. Cannon  
 Interment at .....  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$ 6 00
“ Metallic Lining (State kind)	
“ Outside Box (State kind)	
“ Grave Vault (State kind)	3 00
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	
Carriages to Cemetery @ \$.....	5 00
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	14 00
By Amount Paid in Advance	10 00
Balance	4 00
Entered into Ledger, page..... or below.....	



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>No. Doctor</u>	
<u>(Cause) Still Born</u>	
<u>Dr. O. C. Themer</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Apr 8th 1915

Name of Deceased John Henry Fizer (What Race) \_\_\_\_\_ (What Age) \_\_\_\_\_

Wife—Widow } my wife Charge to Memphis Coffin Co  
 Son—Daughter of } \_\_\_\_\_ Address Memphis Tenn

Order Given by Memphis Coffin Co Price of Casket or Coffin \$13.00

How Secured " Metallic Lining \_\_\_\_\_ (State kind) \_\_\_\_\_ 5.00

Date of Funeral Apr 8-15 Outside Box \_\_\_\_\_ (State kind) \_\_\_\_\_ 5.00

Residence \_\_\_\_\_ Grave Vault \_\_\_\_\_ (State kind) \_\_\_\_\_ 5.00

Place of Death 285 Calhoun St Burial Robe \_\_\_\_\_ 5.00

Funeral Services at Osceola Ark Burial Slippers and Hose \_\_\_\_\_

Time of Funeral Service pm Engraving Plate \_\_\_\_\_

Clergyman \_\_\_\_\_ Embalming Body (with moore Fluid) 15.00

Certifying Physician Dr. J. W. Winchester and Dressing \_\_\_\_\_ 3.00

His Residence Memphis Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death Lobar Pneumonia Disinfecting Rooms \_\_\_\_\_

Date of Death Apr 8/15 Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ Folding Chairs \_\_\_\_\_

Occupation of the Deceased laborer Candelabrum and Candles \_\_\_\_\_

Single or Married single Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Aged 26 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hearse \_\_\_\_\_

Name of Father Amos Fizer Carriages to Cemetery @ \$ \_\_\_\_\_

His Birthplace Miss Automobiles to Cemetery @ \$ \_\_\_\_\_

Name of Mother Suzora Fizer Wagon Deliveries \_\_\_\_\_ 5.00

Her Birthplace Miss City Calls (Coaches) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_ 1.00

Body to be shipped to Osceola Ark (Names of Newspapers) \_\_\_\_\_

Size and Style of Casket or Coffin A coffin Flowers \_\_\_\_\_

Manufactured by \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Interment at Osceola Ark Opening Grave or Vault \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Lining Grave \_\_\_\_\_

Diagram of Lot or Vault \_\_\_\_\_ Vault Rental \_\_\_\_\_

Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_

Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_

Watchers \_\_\_\_\_

Personal Services \_\_\_\_\_

Music \_\_\_\_\_

Church Charges \_\_\_\_\_

Total Footing of Bill 49.00

By Amount Paid in Advance \_\_\_\_\_

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. J. W. Winchester</u>		<u>Memphis Tenn</u>	
<u>Lobar Pneumonia</u>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Apr 10<sup>th</sup> 1925

Name of Deceased Morgan Lewis Charge to Victoria Lewis (What Name) (Where Born)

Wife—Widow }  
Son—Daughter of } Order Given by D. A. Beard Address Monroe La

How Secured D. A. Beard  
Date of Funeral Apr 10-15

Residence \_\_\_\_\_  
Place of Death City Hosp

Funeral Services at Monroe La  
Time of Funeral Service 12:15 am

Clergyman \_\_\_\_\_  
Certifying Physician Dr. C. A. Symons

His Residence City Hospital  
Number of Burial Certificate \_\_\_\_\_

Cause of Death Lobar Pneumonia  
Date of Death Apr 8th 115 (Primary) (Secondary)

Date of Birth \_\_\_\_\_  
Occupation of the Deceased Laborer

Single or Married Single  
Aged 22 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Name of Father Morgan Lewis

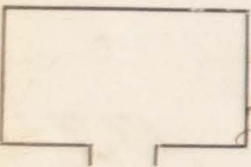
His Birthplace La  
Name of Mother Victoria Lewis

Her Birthplace La  
Mother's Maiden Name \_\_\_\_\_

Body to be shipped to Monroe La  
Size and Style of Casket or Coffin Raised Top

Manufactured by \_\_\_\_\_  
Interment at Monroe La Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (in a small square). Designate place for Monument (in a small square). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges Total, \$ \_\_\_\_\_

Price of Casket or Coffin	25 00
Metallie Lining (State kind)	5 00
Outside Box (State kind)	5 00
Grave Vault (State kind)	5 00
Burial Robe	5 00
Burial Slippers and Hose	
Engraving Plate (more)	15 00
Embalming Body (with fluid) and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Hearse <u>underwear</u>	75
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5 00
City Calls (Coaches)	
Death Notices in Newspapers	
(Names of Newspapers)	1 00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	69 93
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

Dr. C. A. Symons  
Lobar Pneumonia

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. (Total Number)

No. (Yearly Number)

Date Apr 16/15

Name of Deceased

Elsie watt

Wife-Widow  
Son-Daughter of

(What Race)

(When Born)

Charge to Mrs. Odea Walker

Order Given by

Mrs. Odea Walker

Address 1286 Thomas Ave

How Secured

met

Price of Casket or Coffin

65 00

Date of Funeral

Apr 16/15

Metallic Lining

(State kind)

Residence

1286 Thomas Ave

Outside Box

(State kind)

5 00

Place of Death

1286 Thomas Ave

Grave Vault

(State kind)

Funeral Services at

Humboldt 10

Burial Robe

Burial Slippers and Hose

Time of Funeral Service

11:00 AM

Engaving Plate

Embalming Body (with Fluid)

15 00

Clergyman

Rev. A. H. Hall

Certifying Physician

Dr. E. W. Irving

His Residence

Memphis 10

Number of Burial Certificate

Cause of Death

Carcinoma uteri

Date of Death

April 14/15

Date of Birth

Occupation of the Deceased

Domestic

Single or Married

married

Aged

59 Years

Date of Birth

Name of Father

Sam Blair

His Birthplace

unknown

Name of Mother

Parthura Williams

Her Birthplace

unknown

Mother's Maiden Name

Body to be shipped to

Humboldt 10

Size and Style of Casket or Coffin

Black Crepe

Manufactured by

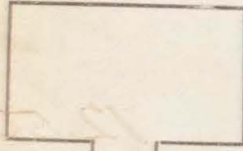
Humboldt 10

Interment at

Humboldt 10

Lot or Grave No.

Section No.



1  
2 Sht.  
3  
4  
5  
6  
7  
8  
9  
10  
Res. Humboldt 10

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Gloves \$

Crape \$

Door Crape \$

Canopy \$

Hearse

Carriages to Cemetery @ \$

Automobiles to Cemetery @ \$

Wagon Deliveries

City Calls (Coaches)

Death Notices in Newspapers

(Names of Newspapers)

Flowers

Outlay for Lot

Opening Grave or Vault

Lining Grave

Vault Rental

Shipping Charges, prepaid

Removal Charges

Cremation Charges

Porters

Watchers

Personal Services

Music

Church Charges

Total Footing of Bill

90 65

By Amount Paid in Advance

Balance

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges Total \$

By Cash \$

Dr. E. W. Irving  
"Cause" Memphis  
Carcinoma uteri

Names of Pall Bearers

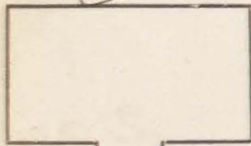
Names of Near Relatives

# RECORD OF FUNERAL

No. (Total Number) ..... No. (Yearly Number) ..... Date Apr 26 1915  
 Name of Deceased John H. McNeal  
 Charge to Mary McNeal  
 Address 951 So. Driver St

Wife—Widow  
 Son—Daughter of }  
 Order Given by Mrs. Mary McNeal  
 How Secured paid  
 Date of Funeral Apr 26/15  
 Residence 951 So. Driver St  
 Place of Death 915 " " "  
 Funeral Services at Old Salem  
 Time of Funeral Service 3 P.M.  
 Clergyman Rev. A. B. Roberts  
 Certifying Physician Dr. A. W. Rudizill  
 His Residence Patterson  
 Number of Burial Certificate  
 Cause of Death Septicemia  
 Date of Death Apr 25/15  
 Date of Birth  
 Occupation of the Deceased single  
 Single or Married single  
 Aged 21 Years ..... Months ..... Days  
 Date of Birth  
 Name of Father Jas. O'Neal  
 His Birthplace Sears  
 Name of Mother Mary O'Neal  
 Her Birthplace Sears  
 Mother's Maiden Name

Price of Casket or Coffin ..... 65 00  
 " Metallic Lining .....  
 " Outside Box ..... 5 00  
 " Grave Vault ..... 15 00  
 " Burial Robe .....  
 " Burial Slippers and Hose .....  
 Engraving Plate .....  
 Embalming Body (with) Moore ..... 15 00  
 Washing and Dressing .....  
 Shaving .....  
 Keeping Body on Ice .....  
 Disinfecting Rooms .....  
 Use of Catafalque and Drapery .....  
 " Folding Chairs .....  
 " Candelabrum and Candles .....  
 Gloves \$ ..... Crape \$ .....  
 Door Crape \$ ..... Canopy \$ .....  
 Hearse ..... 19 00  
 Carriages to Cemetery 4 @ \$ ..... 16 00  
 Automobiles to Cemetery ..... @ \$ .....  
 Wagon Deliveries .....  
 City Calls (Coaches) .....  
 Death Notices in ..... Newspapers ..... 1 00  
 (Names of Newspapers)  
 Flowers .....  
 Outlay for Lot .....  
 Opening Grave of Vault .....  
 Lining Grave ..... PBC ..... 6 00  
 Vault Rental .....  
 Shipping Charges, prepaid .....  
 Removal Charges .....  
 Cremation Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill ..... 133 00  
 By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below



1. Old Baptist  
 2. Salem  
 3. Church  
 4.  
 5.  
 6.

Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. A. W. Rudizill</u> <u>Memphis Tenn</u> <u>Cause "Septicemia"</u>	

Names of Pall Bearers.....  
 Names of Near Relatives.....

# RECORD OF FUNERAL.

639

No. (Total Number) ..... No. (Yearly Number) ..... Date April 28/15

Name of Deceased Wm Vick Charge to Mrs Gertrude Vick

Order Given by Gertrude Vick Address 39 E. Iowa Ave

How Secured Lodge #1027 MC Price of Casket or Coffin 150.00

Date of Funeral Apr 28/15 Metallic Lining .....  
Residence City Hosp Outside Box (State kind) 6.00

Place of Death City Hosp Grave Vault (State kind) .....  
Funeral Services at Osborne Miss Burial Robe 15.00

Time of Funeral Service a.m. Burial Slippers and Hose .....  
Clergyman ..... Engraving Plate (none) 15.00

Certifying Physician Dr. F. J. Mitchell Embalming Body (with) .....  
His Residence City Hosp Washing and Dressing .....  
Number of Burial Certificate ..... Shaving .....  
Cause of Death Edema Glottis Keeping Body on Ice .....

Date of Death Apr 26/15 Disinfecting Rooms .....  
Date of Birth ..... Use of Catafalque and Drapery .....  
Occupation of the Deceased Patrolman Folding Chairs .....  
Single or Married Married Candelabrum and Candles .....

Aged 22 Years ..... Gloves \$ ..... Crape \$ .....  
Date of Birth ..... Door Crape \$ .....  
Name of Father Thos Vick Hearse to station 10.00

His Birthplace Illinois Carriages to Cemetery " @ \$ 12.00

Name of Mother Leary Williams Automobiles to Cemetery @ \$ .....  
Her Birthplace Illinois Wagon Deliveries .....  
Mother's Maiden Name ..... City Calls (Coaches) .....

Body to be shipped to Osborne Miss Death Notices in Newspapers .....  
Size and Style of Casket or Coffin Hay Bush Drop Condolential 7.00

Manufactured by Osborne Miss Flowers .....  
Interment at Osborne Miss Outlay for Lining Grave 10.00

Lot or Grave No. R. Dept Opening Grave or Vault .....  
Diagram of Lot or Vault ..... Lining Grave .....

Designate all graves in lot with Numbers (1, 2, 3, etc.), and mark space for this funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Diagram of Lot or Vault .....  
Total Footing of Bill 220.00  
By Amount Paid in Advance Lodge #1027 MC Credit 80.00  
Balance due \$140.00

Entered into Ledger, page ..... of below .....

To Funeral Charges ..... Total, \$ ..... By Cash .....  
Dr. F. J. Mitchell  
City Hospital  
Edema Glottis  
cont'd fracture back crushed foot

# RECORD OF FUNERAL.

No. 188 No.          Date Apr 28 / 1915  
 (Total Number) (Yearly Number)  
 Name of Deceased Nancy Watson (What Race) (Where Born)  
 Charge to Sherman Watson  
 Address W. 2nd St.

Order given by Sherman Watson  
 How Secured (Cash)  
 Date of Funeral Apr 28 / 15  
 Residence N. 2nd St.  
 Place of Death N. 2nd St.  
 Funeral Services at Frazier St.  
 Time of Funeral Service 8 a.m.  
 Clergyman Dr.  
 Certifying Physician Dr.  
 His Residence Memphis Tenn.  
 Number of Burial Certificate           
 Cause of Death acute gastric dilatation  
 (Primary) (Secondary)  
 Date of Death April 27 / 15  
 Date of Birth           
 Occupation of the Deceased Domestic  
 Single or Married married  
 Aged          Years          Months          Days  
 Date of Birth           
 Name of Father Geo. Dickerson  
 His Birthplace Miss Occidental  
 Name of Mother Martha Dickerson  
 Her Birthplace Miss  
 Mother's Maiden Name (Cleary) Hayer  
 Body to be shipped to           
 Size and Style of Casket or Coffin B. Coffin  
 Manufactured by Frazier St.  
 Interment at Frazier St. Cemetery  
 Lot or Grave No.          Section No.         

Price of Casket or Coffin	\$16.00
Metallic Lining	
Outside Box <u>(scrubbed)</u>	\$5.00
Grave Vault	
Burial Robe	3.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>        </u> Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ <u>        </u> Crape \$ <u>        </u>	
Door Crape \$ <u>        </u> Canopy \$ <u>        </u>	
Hearse	15.00
Carriages to Cemetery @ \$ <u>        </u>	9.00
Automobiles to Cemetery @ \$ <u>        </u>	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in <u>Occidental</u> Newspapers	1.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	49.50
By Amount Paid in <u>Advance</u>	<u>5.00</u>
Balance Due	44.50
Entered into Ledger, page <u>        </u> or below <u>        </u>	

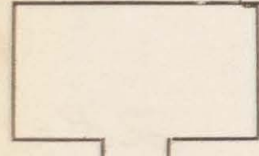


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	By Cash	\$
<u>Dr. Percy Wood</u>			
<u>Memphis Tenn</u>			
<u>acute gastric dilatation</u>			
<u>fol. abdominal oper.</u>			

Names of Pall Bearers           
 Names of Near Relatives

# RECORD OF FUNERAL.

641

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Apr 29/15  
 Name of Deceased George Sparks

Wife—Widow }  
 Son—Daughter of } Charge to Mrs Mary Sparks  
 Address near Mt. Car. Cem.

Order Given to Mrs Mary Sparks  
 How Secured \_\_\_\_\_  
 Date of Funeral Apr 29/15  
 Residence City Hosp  
 Place of Death City Hosp  
 Funeral Services at Stakville Tenn  
 Time of Funeral Service a.m.

Price of Casket or Coffin	\$ 12.00
Metallie Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	
Burial Robe	
Burial Shippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Shaving and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	Crape \$
Door Crape \$	Canopy \$
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	8.00
City Calls (Coaches)	
Death Notices in Newspapers	
" <u>Columbian</u>	
" <u>Commercial</u>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental <u>P.B.C.</u>	8.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	28.00

Clergyman \_\_\_\_\_  
 Certifying Physician Dr. C. A. Symons  
 His Residence City Hosp  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Hemorrhage in optic thalamus  
 Date of Death Apr 28/15

Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Laborer  
 Single or Married married  
 Aged 37 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Jasper Sparks  
 His Birthplace Miss  
 Name of Mother Mahala Sparks  
 Her Birthplace Miss  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped Cakville Tenn  
 Size and Style of Casket or Coffin a. coffin  
 Manufactured by Cakville Tenn  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

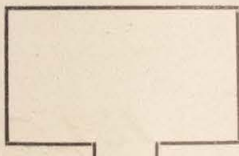


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total \$	By Cash..... \$
<u>Dr. C. A. Symons</u>	
<u>Hemorrhage in optic thalamus</u>	
<u>Secondary contracted kidney</u>	

Names of Pall Bearers: \_\_\_\_\_  
 Names of Near Relatives: \_\_\_\_\_

# RECORD OF FUNERAL.

643

No. (Total Number) *Enoch* No. (Yearly Number) *Stephens* Date *May I 1915*

Name of Deceased *Enoch Stephens* Charge to *Dr. J. W. McCullley* (What Role) *Funerary*

Wife—Widow *Dr. J. W. McCullley* (What Role) *Funerary*  
 Son—Daughter of *G. Mott* Address *Sarat Miss-*

Order Given *Dr. J. W. McCullley* Price of Casket or Coffin *15 00*  
 How Secured *" "* Metallic Lining (State kind) *5 00*  
 Date of Funeral *May 11 1915* Outside Box (State kind) *5 00*  
 Residence *City Hosp.* Grave Vault (State kind) *5 00*  
 Place of Death *Sarat Miss* Burial Robe *5 00*  
 Funeral Services at *Sarat Miss* Burial Shippers and Hosiery *5 00*  
 Time of Funeral Service *2 00* Engraving Plate

Clergyman *Dr.* Embalming Body (with Fluid) *Telephone 33*  
 Certifying Physician *Dr.* Washing and Dressing  
 His Residence *Memphis 10* Shaving  
 Number of Burial Certificate *Chronic Nephritis* Keeping Body on Ice

Cause of Death *Chronic Nephritis* Disinfecting Rooms  
 Date of Death *April 30 1915* Use of Catafalque and Drapery  
 Date of Birth *April 30 1915* Folding Chairs  
 Occupation of the Deceased *Laborer* Candelabrum and Candles

Single or Married *Married* Gloves \$ *1 00*  
 Aged *30* Years, Months, Days. Door Crape \$ *in underwear*  
 Date of Birth *April 30 1915* Hearse *in underwear*  
 Name of Father *Unknown* Carriages to Cemetery @ \$ *5 00*  
 His Birthplace *Unknown* Automobiles to Cemetery @ \$ *5 00*  
 Name of Mother *Unknown* Wagon Deliveries *5 00*  
 Her Birthplace *Unknown* City Calls (Coaches) *5 00*

Mother's Maiden Name *Unknown* Death Notices in Newspapers *1 00*  
 Body to be shipped to *Unknown* (Names of Newspapers)  
 Size and Style of Casket or Coffin *A Coffin* Flowers  
 Manufactured by *Sarat Miss* Outlay for Lot

Interment at *Sarat Miss* Cemetery. Opening Grave *R.R. Corpse 3 00*  
 Lot or Grave No. Section No. Living Grave  
 Vault Rental  
 Shipping Charges, prepaid  
 Removal Charges  
 Cremation Charges

Diagram of Lot or Vault. *would send for shipment*  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Personal Services  
 Music  
 Church Charges  
 Total Footing of Bill *35 33*

By Amount Paid in Advance *X*  
 Balance  
 Entered into Ledger, page or below

To Funeral Charges..... Total, \$	By Cash..... \$
<i>Dr. C. A. Symons</i> <i>Memphis Tenn</i> <i>(cause) Chronic Nephritis</i>	

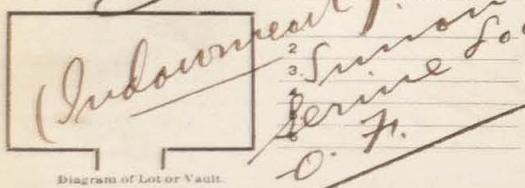
Names of Pall Bearers  
 Names of Near Relatives

RECORD OF FUNERAL. (2nd)

No. 1915 No. (Yearly Number) Date. May 11 1915
Name of Deceased J. A. Bennett
Wife—Widow } Charge to Mrs. Lula Bennett
Son—Daughter of } Address 911 N. Main St

Order Given Mrs. Lula Bennett
How Secured Indent 110.7
Date of Funeral May 27 1915
Residence City, N. Hos.
Place of Death City, N. Hos.
Funeral Services at St. James Ep.
Time of Funeral Service 2 P.M.
Clergyman Rev. E. M. Moore
Certifying Physician Dr. C. A. Symons
His Residence City, N. Hos.
Number of Burial Certificate
Cause of Death An Inter. Septic
Date of Death April 29 1915
Date of Birth
Occupation of the Deceased Barber
Single or Married Married
Aged 39 Years Months Days
Date of Birth
Name of Father Unknown
His Birthplace Tallevetha Hill
Name of Mother Tallevetha Hill
Her Birthplace Tenn.
Mother's Maiden Name
Body to be shipped to
Size and Style of Casket or Coffin Silver Ray Crepe
Manufactured by
Interment at Green Cemetery
Lot or Grave No. Section No.

Price of Casket or Coffin 65.00
Metallic Lining
Outside Box (State kind) 5.00
Grave Vault (State kind) 12.00
Burial Robe
Burial Slippers and Hose
Engraving Plate
Embalming Body (with fluid) 15.00
Washing and Dressing
Shaving 2.50
Keeping Body on Ice
Disinfecting Rooms
Use of Catafalque and Drapery
Folding Chairs
Candelabrum and Candles
Gloves \$ Crape \$
Door Crape \$ Canopy \$
Hearse 120.00
Carriages to Cemetery @ \$ 20.00
Automobiles to Cemetery @ \$
Wagon Deliveries
City Calls (Coaches)
Death Notices in Commercial 1.00
Newspapers
Flowers
Outlay for Lot
Opening Grave or Vault
Lining Grave
Vault Rental
Shipping Charges, prepaid
Removal Charges
Cremation Charges
Porters
Watchers
Personal Services
Church Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill 131.00
By Amount Paid in Advance Lodge 42.00
Balance (due) 89.00
Entered into Ledger, page or below.

Table with columns: To Funeral Charges, Total, \$, By Cash, \$
Chronic Inter. Septic
Merrillia
Dr. C. A. Symons

Names of Pall Bearers
Names of Near Relatives
May 15 1915



RECORD OF FUNERAL.

*May*

No. \_\_\_\_\_ Date *May 11 1915*  
 (Total Number) (Year's Number)  
 Name of Deceased *Adelena Friason*  
 Charge to *Mrs. Mattie Harris*  
What Race? Where Born?

Order Given by *Mrs. Mattie Harris* Address *715 Adams St*

How Secured \_\_\_\_\_ Price of Casket or Coffin *45 00*  
 Date of Funeral *May 11-15* Metallic Lining \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box \_\_\_\_\_  
 Place of Death *Jacksonville Fla* Grave Vault \_\_\_\_\_  
(State kind) (State kind)

Funeral Services at *Taylor's* Burial Robe *5 00*  
 Time of Funeral Service *3 PM* Burial Slippers and Hose \_\_\_\_\_

Clergyman *Rev. R. Kent Harris* Engraving Plate \_\_\_\_\_  
 Certifying Physician *Dr. at Jacksonville* Embalming Body (with \_\_\_\_\_ Fluid)  
(Primary) (Secondary) Washing and Dressing \_\_\_\_\_

His Residence *Jacksonville Fla* Shaving \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death *Chr. morphinism* Disinfecting Rooms \_\_\_\_\_  
 Date of Death *Apr 27 1915* Use of Catafalque and Drapery \_\_\_\_\_  
(Primary) (Secondary) " Folding Chairs \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Candelabrum and Candles \_\_\_\_\_  
 Occupation of the Deceased *domestic* Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Aged *35* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Hearse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Carriages to Cemetery @ \$ *12 00*  
 Name of Father \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_  
 His Birthplace \_\_\_\_\_ Wagon Deliveries \_\_\_\_\_

Name of Mother \_\_\_\_\_ City Calls (Coaches) \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers *Commercial 2 00*

Mother's Maiden Name \_\_\_\_\_ Flowers *3 50*  
 Body to be shipped to \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Size and Style of Casket or Coffin *Silver Gray* Opening Grave or Vault \_\_\_\_\_  
 Manufactured by *Gayles* Lining Grave \_\_\_\_\_

Interment at *St. Carmel* Vault Rental *4 Telegrams 2 10*  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Shipping Charges, prepaid \_\_\_\_\_

Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Porters *Expenses at Jacksonville Fla 96 00*  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

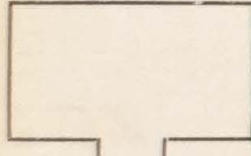


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Total Footing of Bill *180 60*  
 By Amount Paid in Advance *(Discount) coffin 15 00*  
 Balance Due *165 60*  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charge	Total, \$	By Cash	\$
<i>(Cause) Chr. morphinism</i>			
<i>Doctar at Jacksonville Fla</i>			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

645

No. (Total Number) ..... No. (Serial Number) ..... Date May 5/15

Name of Deceased Mollie Williams (What Race) Allie Williams  
 Charge to Allie Williams  
 Address (C. St.) East End Sub

Wife-Widow }  
 Son-Daughter of }  
 Order Given by Miss Allie Williams Address (C. St.) East End Sub  
 How Secured met Price of Casket or Coffin 45 00  
 Date of Funeral May 5/15 Metallic Lining (State kind) \_\_\_\_\_

Residence East End Sub Outside Box (State kind) \_\_\_\_\_  
 Place of Death (C. St.) East End Sub Grave Vault (State kind) 12 00  
 Funeral Services at mt. Zion Burial Robe 3 50  
 Time of Funeral Service 2 P.M. Burial Slippers and Hose \_\_\_\_\_

Clergyman Rev. D. J. Thomas Engraving Plate \_\_\_\_\_  
 Certifying Physician Dr. D. J. Thomas Embalming Body (with \_\_\_\_\_ Fluid) 15 00  
 His Residence Orange mound Washing and Dressing \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_

Cause of Death Pul. Tuberculosis Disinfecting Rooms \_\_\_\_\_  
 Date of Death May 4/15 Use of Catafalque and Drapery \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_  
 Occupation of the Deceased domestic " Candelabrum and Candles \_\_\_\_\_

Single or Married was dow Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_  
 Aged 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days. Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Hearse (3) 10 00  
 Name of Father Albert Dethenwood Carriages to Cemetery 15 00  
 His Birthplace \_\_\_\_\_ Automobiles to Cemetery @ \_\_\_\_\_

Name of Mother Emmaline Platt Wagon Deliveries \_\_\_\_\_  
 Her Birthplace (Miss) City Calls (Coaches) \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \_\_\_\_\_

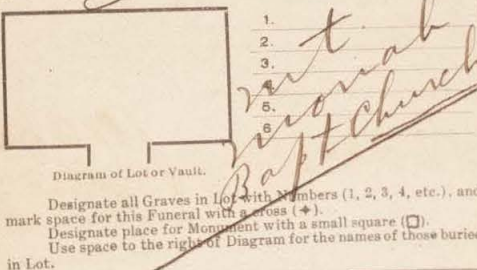
Body to be shipped to \_\_\_\_\_ Flowers \_\_\_\_\_  
 Size and State of Casket or Coffin Black trepe Outlay for Lot \_\_\_\_\_  
 Manufactured by Zion Opening Grave or Vault \_\_\_\_\_

Interment at Zion Cemetery. Lining Grave \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Vault Rental \_\_\_\_\_  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_

Porters \_\_\_\_\_  
 Watchers \_\_\_\_\_  
 Personal Services \_\_\_\_\_  
 Music \_\_\_\_\_  
 Church Charges \_\_\_\_\_

Total Footing of Bill 100 50  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_



To Funeral Charges Total, \$ \_\_\_\_\_ By Cash \_\_\_\_\_ \$ \_\_\_\_\_  
Dr. D. J. Thomas  
(cause) Orange mound  
Pul. Tuberculosis

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 7/15 1915

Name of Deceased Jerry J Lee (Where Born) Mrs. Emma Lee

Wife-Widow Son-Daughter of } Charge to Mrs. Emma Lee

Order Given by Mrs. Emma Lee Address 421 N. Dunlap St

How Secured Wret. Hgs. Price of Casket or Coffin 80 00

Date of Funeral May 7/15 Metallic Lining ..... 5 00

Residence 421 N. Dunlap St Outside Box ..... 12 00

Place of Death 421 N. Dunlap St Grave Vault ..... 15 00

Funeral Services at Mid. Baptist Burial Robe ..... 15 00

Time of Funeral Service 2 P.M. Burial Slippers and Hose ..... 15 00

Clergyman Rev. J. Clark Engraving Plate ..... 15 00

Certifying Physician Dr. W.A. Brewer Embalming Body ..... 15 00

His Residence Goodwin St. Memphis Washing and Dressing ..... 15 00

Number of Burial Certificate ..... Shaving ..... 15 00

Cause of Death Pul. Oedema Keeping Body on Ice ..... 15 00

Date of Death May 5/15 Disinfecting Rooms ..... 15 00

Date of Birth ..... Use of Catafalque and Drapery ..... 15 00

Occupation of the Deceased Laborer Folding Chairs ..... 15 00

Single or Married married Candelabrum and Candles ..... 15 00

Aged 40 Years ..... Months ..... Days ..... Gloves \$ ..... Crape \$ ..... 19 00

Date of Birth ..... Door Crape \$ ..... Canopy \$ ..... 18 00

Name of Father Jerry Lee Hearse ..... 18 00

His Birthplace unknown Carriages to Cemetery ..... @ \$ ..... 18 00

Name of Mother Mary Lee Automobiles to Cemetery ..... @ \$ ..... 18 00

Her Birthplace unknown Wagon Deliveries ..... 18 00

Mother's Maiden Name ..... City Calls (Coaches) ..... 18 00

Body to be shipped to ..... Death Notices in Commercial Newspapers ..... 2 00

Size and Style of Casket or Coffin Silver Gray Push Top Flowers ..... 2 00

Manufactured by Zion Outlay for Lot ..... 2 00

Interment at Zion Opening Grave or Vault ..... 2 00

Lat or Grav. No. ..... Section No. ..... Lining Grave ..... 2 00

Diagram of Lot or Vault ..... Vault Rental ..... 2 00

Designate all Graves in Lot with numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Shipping Charges, prepaid ..... 2 00

Designate place for Monument with a small square (□). Removal Charges ..... 2 00

Use space to the right of Diagram for the names of those buried in Lot. Cremation Charges ..... 2 00

Porters ..... 2 00

Watchers ..... 2 00

Personal Services ..... 2 00

Music ..... 2 00

Church Charges ..... 2 00

Total Footing of Bill 140 00

By Amount Paid in Advance ..... X

Balance ..... X

Entered into Ledger, page ..... or below .....

To Funeral Charges ..... Total, \$ Dr. W.A. Brewer

By Cash ..... \$ Memphis Tenn

Pul. Oedema

(Chr.) Parenchymatous Nephritis

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

545

No. (Total Number) ..... No. (Yearly Number) ..... Date *Feb 8/15*

Name of Deceased *Fannie Taylor*

Wife—Widow  
Son—Daughter of } Charge to *H. A. Mitchell* Address *174 Mitchell St*

Order Given by *H. A. Mitchell*

How Secured *paid for* Price of Casket or Coffin *13 00*

Date of Funeral *2/8/15* Metallic Lining (State kind) \_\_\_\_\_

Residence \_\_\_\_\_ Outside Box (State kind) \_\_\_\_\_

Place of Death *274 Zero St* Grave Vault (State kind) *8 00*

Funeral Services at *Parlors* Burial Robe *3 50*

Time of Funeral Service *10 a m* Burial Slippers and Hose \_\_\_\_\_

Clergyman *None* Engraving Plate \_\_\_\_\_

Certifying Physician *Dr. R. B. James* Embalming Body (with \_\_\_\_\_ Fluid) *5 00*

His Residence *50 n. w. 30* Shaving \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_ Keeping Body on Ice \_\_\_\_\_

Cause of Death *Cardiac Dropsy* Disinfecting Rooms \_\_\_\_\_

Date of Death *2/7/15* Use of Catafalque and Drapery \_\_\_\_\_

Date of Birth \_\_\_\_\_ " Folding Chairs \_\_\_\_\_

Occupation of the Deceased *Domestic* " Candelabrum and Candles \_\_\_\_\_

Single or Married *widower* Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Aged *40* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days. Hearse *1* @ \$ *13 00*

Date of Birth \_\_\_\_\_ Carriages to Cemetery \_\_\_\_\_ @ \$ *3 00*

Name of Father *Geo. Tankley* Wagon Deliveries \_\_\_\_\_

His Birthplace *Miss* City Calls (Coaches) \_\_\_\_\_

Name of Mother *Easter Tankley* Death Notice in \_\_\_\_\_ Newspapers *Commercial 1 00*

Her Birthplace *Miss* Flowers \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Outlay for Lot \_\_\_\_\_

Body to be shipped to \_\_\_\_\_ Opening Grave or Vault \_\_\_\_\_

Size and Style of Casket or Coffin *A - Coffin* Lining Grave \_\_\_\_\_

Manufactured by *W. C. Campbell* Vault Rental \_\_\_\_\_

Interment at *W. C. Campbell* Shipping Charges, prepaid \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Removal Charges \_\_\_\_\_

\_\_\_\_\_ Cremation Charges \_\_\_\_\_

\_\_\_\_\_ Porters \_\_\_\_\_

\_\_\_\_\_ Watchers \_\_\_\_\_

\_\_\_\_\_ Personal Services \_\_\_\_\_

\_\_\_\_\_ Music \_\_\_\_\_

\_\_\_\_\_ Church Charges \_\_\_\_\_

Total Footing of Bill *45 50*

By Amount Paid in Advance *(Ck) - 45 50*

Balance \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

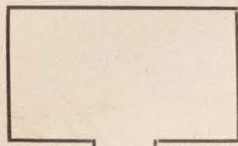


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

To Funeral Charges, Total, \$	By Cash, Total, \$
<i>Dr. R. B. James</i>	
<i>Memphis Tenn</i>	
<i>Cardiac Dropsy</i>	

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

647

No. (Total Number) ..... No. (Yearly Number) ..... Date May 8/15  
 Name of Deceased Agnes Lanier Charge to Isiah Lanier  
 Order Given by Isiah Lanier Address 851 McComb

Wife—Widow  
 Son—Daughter of  
 How Secured  
 Date of Funeral May 8/15  
 Residence 851 McComb St.  
 Place of Death Res.  
 Funeral Services at 10 a.m.  
 Clergyman  
 Certifying Physician Dr. D. N. Westbrook  
 His Residence Marble St.  
 Number of Burial Certificate  
 Cause of Death Spasmodic Croup  
 Date of Death May 7/15  
 Date of Birth  
 Occupation of the Deceased  
 Single or Married single  
 Aged 1 Years, 6 Months,  Days  
 Date of Birth  
 Name of Father Isiah Lanier  
 His Birthplace Tenn.  
 Name of Mother Wattie Lane  
 Her Birthplace Tenn.  
 Mother's Maiden Name  
 Body to be shipped to  
 Size and Style of Casket or Coffin Gloss white  
 Manufactured by Wm. S.  
 Interment at Wm. S. Cemetery  
 Lot or Grave 117 McComb (Cenr)

Price of Casket or Coffin	\$ 6 00
Metallie Lining	
Outside Box	
Grave Vault <u>(Mt. Car)</u>	3 00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	Crape \$
Door Crape \$	Canopy \$
Hearse	
Carriages to Cemetery @ \$	4 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	14 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	or below

Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. D. N. Westbrook</u>	
<u>(Cause) Marble St.</u>	
<u>Spasmodic Croup</u>	

Names of Pall Bearers  
 Names of Near Relatives

RECORD OF FUNERAL.

No. (Total Number) *1* Yearly Number *1* Date *May 8/15*

Name of Deceased *Octavia Suttles* (What Rank) *Henry A. Suttles* (Where Born)

Wife—Widow } Charge to *Henry A. Suttles*  
Son—Daughter of } Address *916 West Ave*

Order Given by *Henry A. Suttles* Price of Casket or Coffin *65.00*  
How Secured *(Pd. in Part)* Metallic Lining

Date of Funeral *May 8/15* Outside Box *5.00*  
Residence *West Capt Hoop* (State kind)

Place of Death *Lafayette La* Grave Vault  
Funeral Services at *Lafayette La* Burial Robe  
Time of Funeral Service *11 AM* Burial Slippers and Hose

Clergyman *Dr Chas K. Summers* Engraving Plate *15.00*  
Certifying Physician *Memphis* Embalming Body (with Fluid)

His Residence *Memphis* Washing and Dressing  
Number of Burial Certificate Keeping Body on Ice

Cause of Death *Septicemia* Disinfecting Rooms  
*follo. child birth* (Secondary) Use of Catafalque and Drapery

Date of Death *May 7/15* " Folding Chairs  
Date of Birth *May 7/15* " Candelabrum and Candles

Occupation of the Deceased *Domestic* Gloves \$ Crape \$  
Single or Married *married* Door Crape \$ Canopy \$

Aged *23* Years Months Days Wagon Deliveries *5.00*  
Date of Birth *May 7/15* City Calls (Coaches)

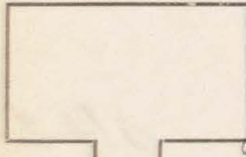
Name of Father *Eugene Miller* Death Notices in Newspapers *1.00*  
His Birthplace *La* (Names of Newspapers)

Name of Mother *Suzette Miller* Flowers  
Her Birthplace *La* Outlay for Lot

Mother's Maiden Name *Laplace La* Opening Grave or Vault  
Body to be shipped to *Laplace La* Lining Grave

Size and Style of Casket or Coffin *Lamb Skin* Vault Rental  
Manufactured by *Laplace La* Shipping Charges, prepaid

Interment at *Laplace La* Cemetery. Removal Charges  
Lot or Grave No. Section No. Cremation Charges



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

*440 collect*  
*By Mr*  
*Wagon Factor Co*

Total Footing of Bill *91.00*  
By Amount Paid in Advance *45.00*  
Balance *Due 46.00*  
Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Funeral Charges	Total \$	By Cash	Total \$
<i>Dr. Chas. K. Summers</i>			
<i>Exchange Bldg</i>			
<i>(Cause) Septicemia follow child birth</i>			

Names of Pall Bearers  
Names of Near Relatives

# RECORD OF FUNERAL.

649

No. (Total Number) ..... No. (Yearly Number) ..... Date May 9/15

Name of Deceased Louis Lane Charge to Mrs. Eliza Lane (What Race) (Where Born)

Wife—Widow } Order Given by Mrs. Eliza Lane Address Hollyford Road  
 Son—Daughter of }

How Secured (Pret.) Price of Casket or Coffin 25 00  
 Date of Funeral May 9/15 Metallic Lining (State kind) .....

Residence Hollyford Road Outside Box (State kind) .....

Place of Death Hollyford Road Grave Vault (State kind) 12 00  
 Funeral Services at with Bishop Burial Robe (State kind) 3 50  
 Time of Funeral Service 2:30 PM Burial Slippers and Hose .....

Clergyman Rev. J. B. Boyd Engraving Plate (129) Fluid 15 00  
 Embalming Body (State kind) .....

Certifying Physician Dr. A. L. Adams Washing and Dressing .....

His Residence Orange m. d. Shaving .....

Number of Burial Certificate ..... Keeping Body on Ice .....

Cause of Death ..... Disinfecting Rooms .....

Date of Death May 9/15 Use of Catafalque and Drapery .....

Date of Birth ..... " Folding Chairs .....

Occupation of the Deceased Farmer " Candelabrum and Candles .....

Single or Married single Religion ..... Gloves \$ Hearse 12 00  
 Aged 19 Years, ..... Months, ..... Days. Door Crape \$ ..... Canopy \$ .....

Date of Birth ..... Hearse .....  
 Name of Father Wendell Lane Carriages to Cemetery 2 x PBC 19 00  
 His Birthplace Tenn Automobiles to Cemetery @ \$ .....

Name of Mother Eliza Lane Wagon Deliveries .....  
 Her Birthplace Tenn City Calls (Coaches) .....

Mother's Maiden Name ..... Death Notices in Newspapers Communal 1 00  
 Body to be shipped to ..... (Names of Newspapers) .....

Size and Style of Casket or Coffin Raised Top Flowers .....

Manufactured by Zion m. p. Outlay for Lot .....

Interment at Zion m. p. Cemetery. Opening Grave or Vault .....

Lot or Grave No. ..... Section No. ..... Lining Grave .....

1.	2.	3.	4.	5.	6.
Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.					

Church Charges .....  
 Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Total Footing of Bill 87 50

By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below .....

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Dr. R. L. Adams</u>	
<u>Orange m. d.</u>	
<u>Cause</u>	

Names of Pall Bearers.....

Names of Near Relatives.....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date. May 11/1915

Name of Deceased. Armine Wort (What Place) R. F. Washington (Where Born) R. F. Washington

Wife—Widow } Charge to R. F. Washington  
 Son—Daughter of } Address 1429 Greenwood St

Order Given to R. F. Washington  
 How Secured (Hodge) Sons Price of Casket or Coffin 40 00  
 Date of Funeral May 11/15 Metallic Lining .....  
 Residence 1429 Greenwood St Outside Box (State kind) 5 00  
 Place of Death 1429 Greenwood St Grave Vault (State kind) 12 00  
 Funeral Services at mt. Vernon ch. Burial Robe .....  
 Time of Funeral Service 2 hrs Burial Slippers and Hose .....  
 Clergyman W. W. Whitter Engraving Plate .....  
 Certifying Physician Dr. Edwin Williams Embalming Body (with Fluid) 15 00  
 His Residence Odd 7 Bldg. Washing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death multilocula Fibroma (Primary) (Secondary) ..... Keeping Body on Ice .....  
 Date of Death May 10/15 Disinfecting Rooms .....  
 Date of Birth ..... Use of Catafalque and Drapery .....  
 Occupation of the Deceased Domestic Folding Chairs .....  
 Single or Married Widow Candelabrum and Candles .....  
 Aged 40 Years, ..... Months, ..... Days. Gloves \$ ..... Crape \$ .....  
 Date of Birth ..... Door Crape \$ ..... Canopy \$ .....  
 Name of Father ..... Hearse .....  
 His Birthplace W. Va. Carriages to Cemetery @ \$ .....  
 Name of Mother W. K. Kuman Automobiles to Cemetery @ \$ .....  
 Her Birthplace ..... Wagon Deliveries .....  
 Mother's Maiden Name ..... City Calls (Coaches) .....  
 Body to be shipped to ..... Daily Notices in Newspapers Commercial 1 00  
 Size and Style of Casket or Coffin Black crepe Flowers .....  
 Manufactured by Zion's Outlay for Lot .....  
 Interment at Zion's Cemetery. Opening Grave or Vault .....  
 Lot or Grave No. 3ab # 68 Lining Grave .....  
 Section No. Hodge Vault Rental P.P.C 6 00  
sunshine Shipping Charges, prepaid .....  
15.00 Removal Charges .....  
11.00 Cremation Charges .....  
1.00 Porters Exchange 14 00  
1.00 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
 Total Footing of Bill 101 00  
 By Amount Paid in Advance 45 00  
 Balance Due 56 00

Diagram of Lot or Vault. Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total \$	By Cash	\$
Dr. Edwin Williams			
(Cause) Odd 7. Bldg.			
multilocula Fibroma			
Left Breast			
(cont'd) sepsis exhaustion			
Names of Bearers			
Names of Near Relatives			



# RECORD OF FUNERAL.

651

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date May 15 1915

Name of Deceased Matthie Gleasner (What Race) Colored (Where Born) Miss

Wife - Widow } Charge to Richard Spang  
 Son - Daughter of } Address 1203 Arkansas Ave. St. Ltz.

Order Given by Richard Spang  
 How Secured Partial Payment of Invoice  
 Date of Funeral May 15-15  
 Residence 1203 Arkansas Ave. St. Ltz.  
 Place of Death 1203 Arkansas Ave. St. Ltz.  
 Funeral Services at 247 Poplar Ave.  
 Time of Funeral Service 9:45 A.M.

Clergyman \_\_\_\_\_  
 Certifying Physician Dr. A. J. Burchett  
 His Residence 127 Monroe Ave.  
 Number of Burial Certificate \_\_\_\_\_

Cause of Death Pellagra  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death May 12-15  
 Date of Birth \_\_\_\_\_

Occupation of the Deceased Domestic  
 Single or Married Single Religion \_\_\_\_\_  
 Aged 18 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_  
 His Birthplace Miss. Ken. Tenn.  
 Name of Mother Miss. Ken. Tenn.  
 Her Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 6ft. A.

Manufactured by \_\_\_\_\_  
 Interment at St. Carmel Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

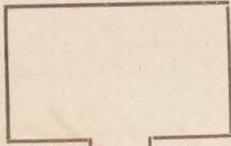


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 13 00
" Metallic Lining (state kind)	
" Outside Box (state kind)	
" Grave Vault (state kind)	5 00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$, Cape \$	
Door Cape \$, Canopy \$	
Hearse <u>Wagon</u>	5 00
Carriages to Cemetery @ \$	5 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in _____ Newspapers	7 00
_____ <u>Commercial Appeal</u>	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 44 00
By Amount Paid in Advance	10 00
Balance	34 00
Entered into Ledger, page _____ or below.	

May 15-15 To Funeral Charges 44 00 Total, \$ 44 00 By Cash \$ 10 00

Dr. A. J. Burchett  
 Cause of death  
Pellagra

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives Matthie Gleasner, Mrs. Lulla Spang, Mattie Moore

# RECORD OF FUNERAL.

653

No. (Total Number) ..... No. (Yearly Number) ..... Date May 13, 1915

Name of Deceased Rachael Dickerson (What Race) ..... (Where Born) .....

Wife-Widow-  
Son-Daughter of A. H. Dickerson Charge to Georgia Dickerson  
Address 618 Lane Ave.

Order Given by Georgia Dickerson

How Secured Insurance

Date of Funeral May 14, 1915

Residence 618 Lane Ave.

Place of Death 618 Lane Ave.

Funeral Services at Collins Chapel, M. E. Ch.

Time of Funeral Service Monday, May 11, 10:00 AM

Clergyman Rev. R. H. Hays

Certifying Physician D. W. Karsh

His Residence 618 Lane Ave.

Number of Burial Certificate .....

Cause of Death Nephritis (Primary) ..... (Secondary) .....

Date of Death May 13, 1915

Date of Birth .....

Occupation of the Deceased Domestic

Single or Married Married Religion Methodist

Aged 42 Years ..... Months ..... Days

Date of Birth .....

Name of Father J. W. Davis

His Birthplace Mo. Co.

Name of Mother Rachael Davis

Her Birthplace .....

Mother's Maiden Name .....

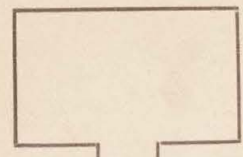
Body to be shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at Cherokee Cemetery

Lot or Grave No. .... Section No. ....



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 50 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault <u>Cement</u> (State kind)	50 00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	10 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ ..... Crape \$ .....	
Door Crape \$ ..... Canopy \$ .....	
Hearse	
Carriages to Cemetery <u>6</u> @ \$ <u>4.00</u>	24 00
Automobiles to Cemetery @ \$ .....	
Wagon Deliveries	
City Calls (Coaches) <u>Call Bearer</u>	
Death Notices in <u>1</u> Newspapers	1 00
(Names of Newspapers) .....	
Flowers	
Outlay for Lot	
Opening Grave or Vault <u>on lot</u>	8 00
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>4 extra carriages</u>	16 00
Total Footing of Bill	\$ 174 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page ..... or below	

To Funeral Charges..... Total, \$ <u>174 00</u>	By Cash..... \$ .....
<u>Cause of death,</u>	<u>Physician,</u>
<u>Nephritis</u>	<u>Dr J. H. Karsh</u>

Names of Pall Bearers.....

Names of Near Relatives A. H. Dickerson, Philip Dickerson, Georgia Dickerson

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 15, 1918

Name of Deceased Sam. Warren

Wife—Widow } Charge to A. B. Warren (What Race) (Where Born)  
 Son—Daughter of }

Address 283 So. Fifth St. City

Order Given by A. B. Warren

How Secured By Insurance

Date of Funeral May 16, 18

Residence 283 So. Fifth St.

Place of Death 283 So. Fifth St.

Funeral Services at St. Andrew's L. M. E. Ch.

Time of Funeral Service 2 o'clock

Clergyman Rev. J. J. Kelly

Certifying Physician Dr. S. M. Poulac

His Residence 340 Gayman, Ind.

Number of Burial Certificate

Cause of Death Tuberculosis

Date of Death May 15, 18 (Primary) (Secondary)

Date of Birth

Occupation of the Deceased Fireman

Single or Married Married Religion Methodist

Aged ..... Years ..... Months ..... Days

Date of Birth

Name of Father Wm. Warren

His Birthplace Tenn

Name of Mother

Her Birthplace

Mother's Maiden Name

Body to be shipped to Clarksdale, Miss

Size and Style of Casket or Coffin

Manufactured by

Interment at Clarksdale, Miss., Cemetery

Lot or Grave No. .... Section No. ....

1	
2	
3	
4	
5	
6	

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	By Cash..... \$
<u>Cause of death,</u> <u>Tuberculosis,</u>	<u>Secured by</u> <u>Insurance</u>
<u>Physician,</u> <u>Dr. S. M. Poulac,</u>	

Names of Pall Bearers

Names of Near Relatives A. B. Warren and Minnie Ann Warren

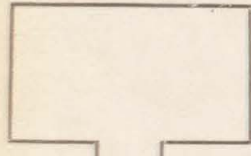
Price of Casket or Coffin <u>by Best</u>	\$ 70 00
“ Metallic Lining (State kind)	
“ Outside Box (State kind)	
“ Grave Vault (State kind)	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	10 00
Carriages to Cemetery @ \$	4 00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
<u>Commercial Appeal</u>	
<u>Telegrams</u>	35
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>Extra Callan by Burdette</u>	25
Total Footing of Bill	\$ 100 60
By Amount Paid in Advance	
Balance	
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# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 11 1915  
 Name of Deceased Sam Ferguson (What Race) ..... (Where Born) .....  
 Wife—Widow } Sam Ferguson Charge to Ed. Ferguson  
 Son—Daughter of }  
 Order Given by Ed. Ferguson Address 710 Railroad Road

How Secured Partial Payment with Guarantee  
 Date of Funeral May 17, 15  
 Residence 710 Ferguson Avenue  
 Place of Death Cam. Ind. Carolina  
 Funeral Services at Shaley, Miss.  
 Time of Funeral Service .....  
 Clergyman .....  
 Certifying Physician Inquest held by Dr. Ingram  
 His Residence 710 W. Mass. Ave.  
 Number of Burial Certificate 4983  
 Cause of Death Gun Shot Wound  
 Date of Death May 14-15 (Primary) (Secondary)  
 Date of Birth .....  
 Occupation of the Deceased .....  
 Single or Married Married Religion .....  
 Aged 26 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Sam Ferguson Sr.  
 His Birthplace Miss.  
 Name of Mother .....  
 Her Birthplace .....  
 Mother's Maiden Name .....  
 Body to be shipped to Shaley, Miss.  
 Size and Style of Casket or Coffin 6 ft. 0  
 Manufactured by .....  
 Internment at Shaley, Miss. Cemetery  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$ 12 00
“ Metallic Lining (State kind)	
“ Outside Box (State kind)	5 00
“ Grave Vault (State kind)	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Shaving and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	5 00
Carriages to Cemetery @ \$.....	
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	2 00
(Names of Newspapers) <u>Commercial Appeal</u>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 40 00
By Amount Paid in Advance	25 00
Balance	15 00
Guaranteed by <u>G. W. King 1624 Olive St.</u>	
Entered into Ledger, page ..... or below.	



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges..... Total, \$	40 00	By Cash..... \$	25 00
(Cause) <u>No Physician</u> <u>Gun Shot Wound</u> <u>Died suddenly</u> <u>Inquest held by</u> <u>Dr. Ingram</u> <u>May 13-15 4 PM</u> <u>at 2741 Poplar Road</u>		<u>Balance with</u> <u>guarantee</u> <u>G. W. King</u> <u>Olive St.</u>	

Names of Pall Bearers .....  
 Names of Near Relatives Ed. Ferguson, Sam Ferguson Sr.

# RECORD OF FUNERAL.

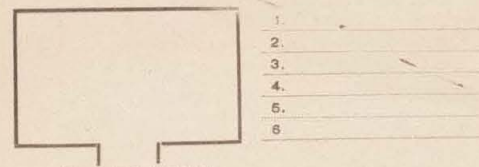
655

No. (Total Number) ..... No. (Yearly Number) ..... Date May 19 1915  
 Name of Deceased, Thelma Cook,

Wife—Widow } Charge to Miss M. Ophelia Cook, (What Race) (Where Born)  
 Son—Daughter of } Address 357 W. Danlap St.

Order Given by Miss M. Ophelia Cook,  
 How Secured Partial Payment  
 Date of Funeral May 18 1915  
 Residence 357 Danlap St.  
 Place of Death 357 Danlap St.  
 Funeral Services at Residence  
 Time of Funeral Service Tuesday May 18, ten o'clock  
 Clergyman .....  
 Certifying Physician Dr. Coors  
 His Residence Pentotee 2 1/2 So Fourth St.  
 Number of Burial Certificate .....  
 Cause of Death Pneumonia (Primary) (Secondary)  
 Date of Death May 17-1915  
 Date of Birth .....  
 Occupation of the Deceased .....  
 Single or Married Single Religion .....  
 Aged 1 Years, 5 Months, ..... Days  
 Date of Birth .....  
 Name of Father Augustus Cook  
 His Birthplace .....  
 Name of Mother Ophelia Cook  
 Her Birthplace Mass.  
 Mother's Maiden Name Ophelia Nighton  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Gion Cemetery.  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$ 8 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	5 00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	
Carriages to Cemetery <u>P.P.C.</u> @ \$.....	6 00
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in ..... Newspapers	
(Names of Newspapers)	
Flowers	50
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 19 50
By Amount Paid in Advance	6 00
Balance	13 50



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Entered into Ledger, page ..... or below.

To Funeral Charges, Total, \$ <u>19 50</u>	By Cash, \$ <u>6 00</u>
<u>Cause of Death,</u>	
<u>Pneumonia,</u>	
<u>Dr Coors,</u>	
<u>Pentotee 2 1/2 So Fourth St.</u>	

Names of Pall Bearers .....  
 Names of Near Relatives Miss M. Ophelia Cook

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Serial Number) ..... Date, May 20, 1907.

Name of Deceased: Victoria Rhodes

Wife-Widow } Charge to Sam. Rhodes (What Race) (Where Born)  
 Son-Daughter of }

Address 1501 Seattle St.

Order Given by Sam Rhodes

How Secured Metropolitan Ins.

Date of Funeral May 21-1907

Residence 1501 Seattle St.

Place of Death Residence

Funeral Services at Chapin, Miss.

Time of Funeral Service Thursday 10:00 A.M.

Clergyman

Certifying Physician Dr. E. W. Ewing

His Residence 59 So. Main St.

Number of Burial Certificate 4809

Cause of Death Cerebrosis of Liver

Date of Death May 19, 1907 (Primary) (Secondary)

Date of Birth

Occupation of the Deceased Domestic

Single or Married Widow Religion

Aged 40 Years Months Days

Date of Birth

Name of Father Ray Dickard

His Birthplace Unknown

Name of Mother

Her Birthplace Tenn.

Mother's Maiden Name

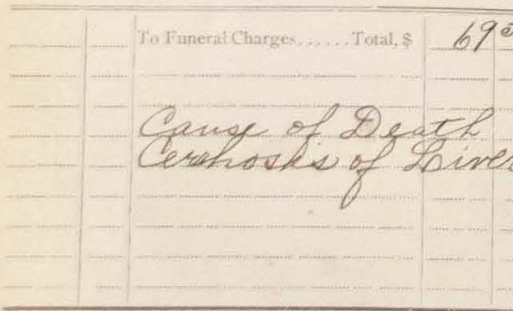
Body to be shipped to Sardis, Miss.

Size and Style of Casket or Coffin

Manufactured by

Interment at Sardis, Miss. Cemetery

Lot or Grave No. Section No.



Price of Casket or Coffin	\$ 40.00
“ Metallic Lining (State kind)	
“ Outside Box (State kind)	5.00
“ Grave Vault (State kind)	
“ Burial Robe	3.30
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$	
Door Crape \$	
Canopy \$	
Hearse	
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	5.00
City Calls (Coaches)	
Death Notices in Newspapers	1.00
<u>Commercial Appeal</u> (Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 69.50
By Amount Paid in Advance	
“ Balance	
Entered into Ledger, page.....or below.	

To Funeral Charges, Total, \$ <u>69.50</u>	By Cash, \$
Cause of Death <u>Cerebrosis of Liver</u>	Physician <u>Dr. E. W. Ewing</u> <u>59 So. Main St.</u>

Names of Pall Bearers.....

Names of Near Relatives... Victoria Rhodes, My Sam. Rhodes

# RECORD OF FUNERAL.

657

No. (Total Number) No. (Yearly Number) Date May 29 1915

Name of Deceased Joseph Rowlings

Wife - Widow Rear Turley St Charge to Amelia Raymond (What Race) (Where Born)

Order Given by Amelia Raymond Address Rear # 3 Rock Alley

How Secured Metric Mortuary Svc Co. Price of Casket or Coffin \$ 40 00

Date of Funeral May 29, 1915 " Metallic Lining (State kind) \$ 5 00

Residence # 3 Rock Alley City " Outside Box (State kind) \$ 12 00

Place of Death At Residence " Grave Vault (State kind) \$ 3 30

Funeral Services at Residence " Burial Robe \$ 3 30

Time of Funeral Service May 28, 11:15 at 10:00 AM " Burial Slippers and Hose

Clergyman \_\_\_\_\_ Engraving Plate

Certifying Physician \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid)

His Residence \_\_\_\_\_ Washing and Dressing

Number of Burial Certificate \_\_\_\_\_ Shaving

Cause of Death \_\_\_\_\_ Keeping Body on Ice

Date of Death (Primary) May 19 15 (Secondary) \_\_\_\_\_ Disinfecting Rooms

Date of Birth \_\_\_\_\_ Use of Catafalque and Drapery

Occupation of the Deceased Domestic " Folding Chairs

Single or Married Married Religion \_\_\_\_\_ " Candelabrum and Candles

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Date of Birth \_\_\_\_\_ Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \$ \_\_\_\_\_

His Birthplace \_\_\_\_\_ Carriages to Cemetery @ \$ 4 00

Name of Mother \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries

Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches)

Body to be shipped to \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers 1 00

Size and Style of Casket or Coffin \_\_\_\_\_ Commercial Appeal (Names of Newspapers)

Manufactured by \_\_\_\_\_ Flowers

Interment at Green Cemetery \_\_\_\_\_ Outlay for Lot

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault

\_\_\_\_\_ Lining Grave

\_\_\_\_\_ Vault Rental

\_\_\_\_\_ Shipping Charges, prepaid

\_\_\_\_\_ Removal Charges

\_\_\_\_\_ Cremation Charges

\_\_\_\_\_ Porters

\_\_\_\_\_ Watchers

\_\_\_\_\_ Personal Services

\_\_\_\_\_ Music

\_\_\_\_\_ Church Charges

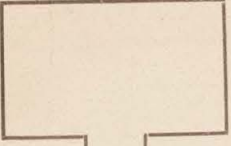


Diagram of Lot or Vault.

Designate all Graves in Lot with Number mark space for this Funeral with a cross ( ) Designate place for Monument with ( ) Use space to the right of Diagram for in Lot.

	To Funeral Charges..

Washing and Dressing \$ 2 00  
 " Services Rendered  
 " Shaving  
 " Flowers  
 " Paper Notice  
 " Embalming  
 " Robe  
 " Box  
 " Carriage  
 " P. B. Coach " 1 15  
 " Hearse " 1 15  
 " Grave

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives Jack Rowlings, Edw Anderson, Amelia Raymond

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 22 1915

Name of Deceased Josh Taylor (What Race) ..... (When Born) .....

Wife-Widow } Charge to Arthur P. Taylor  
 Son-Daughter of } Address 1069 S. Dumbrough St.

Order Given by Mr. Arthur P. Taylor

How Secured .....

Date of Funeral May 24, 1915

Residence 1069 S. Dumbrough St.

Place of Death Collins Chapel Hospital

Funeral Services at Somerville, Tenn.

Time of Funeral Service Monday May 24th

Clergyman .....

Certifying Physician Dr. C. J. Martin

His Residence 2041 E. W. Lane

Number of Burial Certificate .....

Cause of Death Pneumonia

Date of Death May 22, 1915

Date of Birth .....

Occupation of the Deceased Leather

Single or Married Single Religion .....

Aged 20 Years .....

Date of Birth .....

Name of Father Arthur Taylor

His Birthplace Tenn.

Name of Mother Sad Taylor

Her Birthplace Tenn.

Mother's Maiden Name .....

Body to be shipped to Somerville, Tenn.

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at Somerville Tenn. Cemetery

Lot or Grave No. .... Section No. ....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 40 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	5 00
" Grave Vault (State kind)	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ Crape \$	
Door Crape \$ Canopy \$	
Hearse	5 00
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 66 00

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges Total, \$	66 00	By Cash	\$
<u>Cause of death</u>		<u>Physician</u>	
<u>Pneumonia</u>		<u>Dr. C. J. Martin</u>	

Names of Pall Bearers .....

Names of Near Relatives Mr. & Mrs. Arthur Taylor, Mrs. Rutha Grady





# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 23 1915

Name of Deceased Wm. E. Williamson (What Race) col (Where Born) .....

Wife—Widow } Charge to Brother F. Williamson  
 Son—Daughter of } Address 272 N. Danforth St.

Order Given by Brother F. Williamson  
 How Secured Metropolitan Ins.  
 Date of Funeral May 23-15  
 Residence 272 N. Danforth St.  
 Place of Death Residence  
 Funeral Services at St. John's Bapt. Ch.  
 Time of Funeral Service May 23, 2 o'clock  
 Clergyman Rev. J. J. Harty  
 Certifying Physician Dr. Joseph H. Guilleman  
 His Residence 264 Randolph Bldg.  
 Number of Burial Certificate .....  
 Cause of Death Dilatation of Heart  
 Date of Death May 22-15 (Primary) (Secondary)  
 Date of Birth .....  
 Occupation of the Deceased None  
 Single or Married Single Religion Bapt.  
 Aged 25 Years Months Days  
 Date of Birth .....  
 Name of Father Wm. H. Williamson  
 His Birthplace Tenn. (Spartanville)  
 Name of Mother Anna Williamson  
 Her Birthplace Miss.  
 Mother's Maiden Name Anna White  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Internment at Green Cemetery.  
 Lot or Grave No. .... Section No. ....

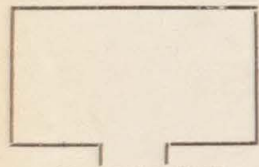


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 65 <sup>00</sup>
" Metallic Lining (State kind)	
" Outside Box (State kind)	5 <sup>00</sup>
" Grave Vault (State kind)	15 <sup>00</sup>
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	10 <sup>00</sup>
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	10 <sup>00</sup>
Carriage to Cemetery P.R.C. @ \$.....	6 <sup>00</sup>
Automobile to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 <sup>00</sup>
<u>Commercial Apped</u> (Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>Carriages 2 Extra 1</u>	16 <sup>00</sup>
Total Footing of Bill	\$ 133 <sup>00</sup>
By Amount Paid in Advance <u>Insurance</u>	85 <sup>00</sup>
Balance	48 <sup>00</sup>
Entered into Ledger, page..... or below.....	

To Funeral Charges..... Total, \$	133 <sup>00</sup>	By Cash..... \$	85 <sup>00</sup>
Cause of Death		To be paid by	
Dilatation of Heart.		Dig and Fall	
Physician		of \$10.00 per mo.	
Dr. Joseph H. Guilleman			
264 Randolph Bldg.			

Names of Pall Bearers.....

Names of Near Relatives Brother F. Williams, Mr. and Mrs. Wm. H. Williamson

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 24 1915  
 Name of Deceased John Thomas London (White Race) (White Born)

Wife—Widow } Charge to Mrs. Annie Thomas  
 Son—Daughter of } Address 1231 Walker Ave.

Order Given by Mrs. Annie Thomas  
 How Secured 1231 Walker Ave.  
 Date of Funeral May 24, 15  
 Residence .....  
 Place of Death Collins Chapel Hospital  
 Funeral Services at Shady Grove Baptist Ch.  
 Time of Funeral Service May 24, 10 P. M.  
 Clergyman Rev. P. M. ...  
 Certifying Physician Dr. ...  
 His Residence 1231 Walker Ave.  
 Number of Burial Certificate .....

Cause of Death Drowned  
 Date of Death May 22, 1915  
 Date of Birth .....

Occupation of the Deceased .....

Single or Married single Religion .....

Aged 17 Years .. Months .. Days ..

Date of Birth .....

Name of Father Julius London  
 His Birthplace Miss. of  
 Name of Mother Annie Thomas  
 Her Birthplace Tenn.  
 Mother's Maiden Name .....

Body to be shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by W. C. ...  
 Interment at St. ... Cemetery.  
 Lot or Grave No. .... Section No. ....

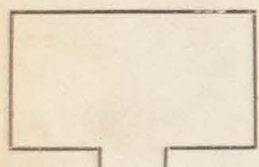


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 25 <sup>00</sup>
" Metallic Lining (State kind)	5 <sup>00</sup>
" Outside Box (State kind)	12 <sup>00</sup>
" Grave Vault (State kind)	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	15 <sup>00</sup>
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	10 <sup>00</sup>
Carriages to Cemetery <u>2</u> @ \$ <u>4</u> <sup>00</sup>	8 <sup>00</sup>
Automobiles to Cemetery @ \$.....	
Wagon Deliveries .....	
City Calls (Coaches) .....	
Death Notices in Newspapers <u>1</u>	1 <sup>00</sup>
(Names of Newspapers)	
Flowers .....	
Outlay for Lot .....	
Opening Grave or Vault .....	
Lining Grave .....	
Vault Rental .....	
Shipping Charges, prepaid .....	
Removal Charges .....	
Cremation Charges .....	
Porters .....	
Watchers .....	
Personal Services .....	
Music .....	
Church Charges .....	
Total Footing of Bill	\$ 76 <sup>00</sup>

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page.....or below.....

To Funeral Charges	Total, \$ 76 <sup>00</sup>	By Cash	\$ .....

Names of Pall Bearers .....

Names of Near Relatives Mrs. Annie Thomas

# RECORD OF FUNERAL.

661

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date May 25 1915

Name of Deceased Ellen Reed

Wife—Widow } Charge to Mrs. M. Dightle (What Race) \_\_\_\_\_ (Here Born) \_\_\_\_\_  
 Son—Daughter of } Address 277 Carroll Ave

Order Given by Mrs. M. Dightle  
 How Secured Metropolitan Ins. Co.

Date of Funeral May 25, 1915  
 Residence 277 Carroll Ave  
 Place of Death Residence  
 Funeral Services at Jackson Ave Bapt Ch  
 Time of Funeral Service May 25, at 2 P. M.  
 Clergyman Rev. R. B. Bell  
 Certifying Physician Dr. J. B. Fisher  
 His Residence 621 Vance Ave

Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Memorrhage of Aorta  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death May 23, 1915

Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Domestic  
 Single or Married Married Religion \_\_\_\_\_  
 Aged 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Name of Father Charles Reed  
 His Birthplace Dept. Tenn

*Maiden* Name of Mother Fannie Goodlow  
 Her Birthplace Tenn

Mother's ~~Maiden~~ Name Fannie Hardy  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Interment at Iron Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

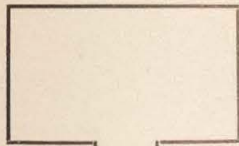


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Price of Casket or Coffin	\$ 65 00
"    Metallic Lining (State kind)	5 00
"    Outside Box (State kind)	12 00
"    Grave Vault (State kind)	3 50
"    Burial Robe	15 00
"    Burial Slippers and Hose	15 00
Engraving Plate	15 00
Embalming Body (with _____ Fluid)	15 00
Washing and Dressing	15 00
Shaving	15 00
Keeping Body on Ice	15 00
Disinfecting Rooms	15 00
Use of Catafalque and Drapery	15 00
"    Folding Chairs	15 00
"    Candelabrum and Candles	15 00
Gloves \$ _____ Crape \$ _____	15 00
Door Crape \$ _____ Canopy \$ _____	15 00
Hearse	15 00
Carriages to Cemetery <u>4</u> @ \$ <u>4.00</u>	16 00
Automobiles to Cemetery @ \$ _____	16 00
Wagon Deliveries	15 00
City Calls (Coaches) <u>Call. Room Coach</u>	6 00
Death Notices in _____ Newspapers	1 00
" <u>Commercial Appeal</u>	1 00
"    (Names of Newspapers)	1 00
Flowers	15 00
Outlay for Lot	15 00
Opening Grave or Vault	15 00
Lining Grave	15 00
Vault Rental	15 00
Shipping Charges, prepaid	15 00
Removal Charges	15 00
Cremation Charges	15 00
Porters	15 00
Watchers	15 00
Personal Services	15 00
Music	15 00
Church Charges	15 00
<u>1 extra Carriage</u>	4 00
<b>Total Footing of Bill</b>	<b>\$ 137 50</b>

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges..... Total, \$	137 50	By Cash..... \$	_____
Cause of death			
Memorrhage of Aorta			
Physician			
Dr. J. B. Fisher			
621 Vance Ave			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_



# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 26 1915

Name of Deceased Hettie Bush (What Race) Apprehal (What Born) John Bush  
 Wife—Widow } Charge to Apprehal and John Bush  
 Son—Daughter of }

Order Given by John W. Marshall Bush Address Springdale, Ark.

How Secured Insurance Price of Casket or Coffin \$ 25.00  
 Date of Funeral May 26-15 " Metallic Lining (State kind) .....  
 Residence Springdale, Ark. " Outside Box (State kind) 5.00  
 Place of Death Springdale, Ark. " Grave Vault (State kind) .....  
 Funeral Services at 247 Poplar Ave. " Burial Robe .....  
 Time of Funeral Service May 26, 1915 " Burial Slippers and Hose .....  
 Clergyman Rev. Jackson Engraving Plate .....  
 Certifying Physician Dr. H. C. Hurston Embalming Body (with Fluid) 15.00  
 His Residence Camden, Ark. Washing and Dressing .....  
 Number of Burial Certificate ..... Shaving .....  
 Cause of Death Renal Dropsy Keeping Body on Ice .....  
 Date of Death May 23, 1915 Disinfecting Rooms .....  
 Date of Birth Unknown Use of Catafalque and Drapery .....  
 Occupation of the Deceased Farming " Folding Chairs .....  
 Single or Married Widow Religion ..... " Candelabrum and Candles .....  
 Aged 47 Years Months Days ..... Gloves \$ ..... Crape \$ .....  
 Date of Birth Unknown Door Crape \$ ..... Canopy \$ .....  
 Name of Father Wm. T. Totten Hearse .....  
 His Birthplace Unknown Carriages to Cemetery @ \$ .....  
 Name of Mother ..... Automobiles to Cemetery @ \$ .....  
 Her Birthplace South Carolina Wagon Deliveries .....  
 Mother's Maiden Name Dula Queen City Calls (Coaches) .....  
 Body to be shipped to ..... Death Notices in Newspapers 1.00  
 Size and Style of Casket or Coffin ..... (Names of Newspapers) .....  
 Manufactured by ..... Flowers .....  
 Internment at St. Carmel Cemetery ..... Outlay for Lot .....  
 Lot or Grave No. .... Section No. .... Opening Grave or Vault .....  
 1. .... Lining Grave .....  
 2. .... Vault Rental .....  
 3. .... Shipping Charges, prepaid .....  
 4. .... Removal Charges .....  
 5. .... Cremation Charges .....  
 6. .... Porters .....  
 Watchers .....  
 Personal Services .....  
 Music .....  
 Church Charges .....  
Ans. Extra Carriage 7.00

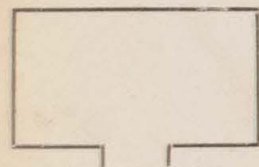


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 25.00
" Metallic Lining (State kind)	
" Outside Box (State kind)	5.00
" Grave Vault (State kind)	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$	
Crape \$	
Door Crape \$	
Canopy \$	
Hearse	14.00
Carriages to Cemetery @ \$	1.00
Automobiles to Cemetery @ \$	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>Ans. Extra Carriage</u>	<u>7.00</u>
Total Footing of Bill	\$ <u>77.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page ..... or below.	

To Funeral Charges	Total \$ <u>77.00</u>	By Cash	\$

Names of Pall Bearers .....  
 Names of Near Relatives Marshall W. John Bush, Mrs. W. Totten

# RECORD OF FUNERAL.

665

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date, May 26, 1915

Name of Deceased Infant J. M. Sylvas, Jr.

Wife—Widow } Charge to J. M. Sylvas (Where Born) \_\_\_\_\_  
 Son—Daughter of } Address 687 Court St., City

Order Given by J. M. Sylvas

How Secured \_\_\_\_\_

Date of Funeral May 26, 1915

Residence 687 Court St.

Place of Death Residence

Funeral Services at \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_

Certifying Physician Dr. J. H. Jenkins

His Residence Main St., Capital Ave.

Number of Burial Certificate \_\_\_\_\_

Cause of Death Still Born

Date of Death May 24, 1915

Date of Birth \_\_\_\_\_

Occupation of the Deceased None

Single or Married Single Religion None

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Date of Birth May 24, 15

Name of Father J. Jerry M. Sylvas

His Birthplace Ala.

Name of Mother Lillian Sylvas

Her Birthplace Alabama

Mother's Maiden Name Not Known

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Interment at Green Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

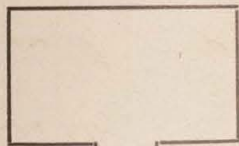


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (◻).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin.....	\$	
"    Metallic Lining.....		
(State kind)		
"    Outside Box.....		
(State kind)		
"    Grave Vault.....		2 50
(State kind)		
"    Burial Robe.....		
"    Burial Slippers and Hose.....		
Engraving Plate.....		
Embalming Body (with..... Fluid)		
Washing and Dressing.....		
Shaving.....		
Keeping Body on Ice.....		
Disinfecting Rooms.....		
Use of Catafalque and Drapery.....		
"    Folding Chairs.....		
"    Candelabrum and Candles.....		
Gloves \$..... Crape \$.....		
Door Crape \$..... Canopy \$.....		
Hearse.....		
Carriages to Cemetery..... @ \$.....		
Automobiles to Cemetery..... @ \$.....		
Wagon Deliveries.....		
City Calls (Coaches).....		
Death Notices in..... Newspapers.....		
(Names of Newspapers)		
Flowers.....		
Outlay for Lot.....		
Opening Grave or Vault.....		
Lining Grave.....		
Vault Rental.....		
Shipping Charges, prepaid.....		
Removal Charges.....		
Cremation Charges.....		
Porters.....		
Watchers.....		
Personal Services.....		
Music.....		
Church Charges.....		
Total Footing of Bill.....	\$	2 50
By Amount Paid in Advance.....		
Balance.....		
Entered into Ledger, page..... or below.....		

	To Funeral Charges..... Total, \$	2 50	By Cash..... \$

Names of Pall Bearers.....

Names of Near Relatives Jerry M. Sylvas & Mrs. Lillian Sylvas

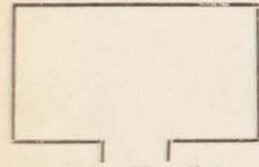
# RECORD OF FUNERAL.

No. \_\_\_\_\_ Date May 28, 1915

(Total Number) Delia Fuller (by Number)

Name of Deceased: Delia Fuller  
 Charge to Spencer Fuller by Mrs Lillie  
 Address Springglass, 244 Cole Place

Order Given by Spencer Fuller by Lillie Douglas  
 How Secured Metropolitan Ins.  
 Date of Funeral May 28, 1915  
 Residence 244 Cole Place  
 Place of Death Residence  
 Funeral Services at Residence  
 Time of Funeral Service May 28, 1915 2:30 PM  
 Clergyman Rev. W. M. Shutter  
 Certifying Physician Dr. E. J. Gittles  
 His Residence Oakland St.  
 Number of Burial Certificate 480005  
 Cause of Death Cole Drops  
 Date of Death May 26, 1915  
 Date of Birth Not known  
 Occupation of the Deceased Domestic  
 Single or Married married Religion \_\_\_\_\_  
 Aged 27 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Bob Payne  
 His Birthplace Miss.  
 Name of Mother Dora Payne  
 Her Birthplace Miss.  
 Mother's Maiden Name Dora With  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Internment at Elmwood Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 75 00
Metallic Lining (State kind)	
Outside Box (State kind)	5 00
Grave Vault (State kind)	15 00
Burial Robe	10 00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	10 00
Carriages to Cemetery <u>7</u> @ \$ <u>4.00</u>	16 00
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	
City Calls (Coaches) <u>P.B. Coach</u>	6 00
Death Notices in _____ Newspapers	1 00
<u>Commercial Appeal</u>	
(Name of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>To Advanced Money</u>	10 00
Total Footing of Bill	\$ 163 00

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total, \$	<u>163 00</u>	By Cash	Total, \$	

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives Spencer Fuller, Mrs Lillie Douglas, Watter Payne



# RECORD OF FUNERAL.

667

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date May 28 1915  
 Name of Deceased Annie May Hardy

Wife-Widow } Charge to Mrs. Ann Leno (Where Born) \_\_\_\_\_  
 Son-Daughter of } Address West Point, Miss.

Order Given by Mrs. Ann Leno  
 How Secured Cash Payment  
 Date of Funeral May 28 - 1915  
 Residence 148 Webster Ave.  
 Place of Death " " " "  
 Funeral Services at 241 Poplar Ave.  
 Time of Funeral Service May 28 - 15  
 Clergyman " " " "  
 Certifying Physician Dr. G. L. Williams  
 His Residence 715 Florida St.  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Pol. Pul. Pneumonia  
 Date of Death May 24, 1915  
 Date of Birth Oct. 10, 1870  
 Occupation of the Deceased Cook  
 Single or Married Married Religion \_\_\_\_\_  
 Aged 23 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother Anna Garro  
 Her Birthplace West Point, Miss.  
 Mother's Maiden Name Annie Lemore Garro  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Interment at W. H. Kammel Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Price of Casket or Coffin	\$ 13.00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	5.00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	6.00
Carriages to Cemetery @ \$ _____	
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in _____ Newspapers <u>1</u>	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 24.00
By Amount Paid in Advance	24.00
Balance	
Entered into Ledger, page _____ or below _____	

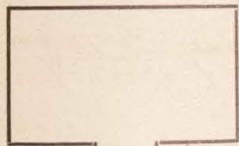


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	<u>24.00</u>	By Cash	\$	<u>24.00</u>

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives Mrs. Ann Leno

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 30, 1915,

Name of Deceased Bartlett Green (What Race) ..... (Where Born) .....  
 Charge to Henry Green  
 Address 1016 Massachusetts St

Wife—Widow }  
 Son—Daughter of }  
 Order Given by Henry Green  
 How Secured Metropolitan Ins.  
 Date of Funeral May 30, 15  
 Residence 1016 Massachusetts St  
 Place of Death 1016 Massachusetts St  
 Funeral Services at Metropolitan Ch.  
 Time of Funeral Service May 30, 15 at 3 o'clock P.M.  
 Clergyman Rev. J. W. Clarke  
 Certifying Physician Dr. J. W. Clarke  
 His Residence 168 Beate Blvd  
 Number of Burial Certificate .....  
 Cause of Death Acute Indigestion  
 Date of Death May 28, 15 (Primary) (Secondary)  
 Date of Birth .....  
 Occupation of the Deceased Expressman  
 Single or Married Married Religion .....  
 Aged 71 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Henry Green  
 His Birthplace Mississippi, Tenn.  
 Name of Mother Grace Green  
 Her Birthplace Miss.  
 Mother's Maiden Name Grace Rodgers  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Green Cemetery.  
 Lot or Grave No. .... Section No. ....

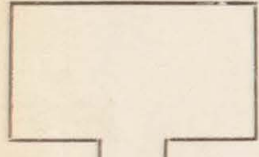


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin.....	\$	75	00
“ Metallic Lining.....			
“ Outside Box.....		5	00
“ Grave Vault.....		15	00
“ Burial Robe.....		6	00
“ Burial Slippers and Hose.....			
Engraving Plate.....		15	00
Embalming Body (with..... Fluid)			
Washing and Dressing.....			
Shaving.....			
Keeping Body on Ice.....			
Disinfecting Rooms.....			
Use of Catafalque and Drapery.....			
“ Folding Chairs.....			
“ Candelabrum and Candles.....			
Gloves \$..... Crape \$.....			
Door Crape \$..... Canopy \$.....			
Hearse.....		10	00
Carriages to Cemetery... P... @ \$.....		32	00
Automobiles to Cemetery... @ \$.....			
Wagon Deliveries.....			
City Calls (Coaches).....			
Death Notices in..... Newspapers... 2.....		2	00
(Names of Newspapers)			
Flowers.....			
Outlay for Lot.....			
Opening Grave or Vault.....			
Lining Grave.....			
Vault Rental.....			
Shipping Charges, prepaid.....			
Removal Charges.....			
Cremation Charges.....			
Porters.....			
Watchers.....			
Personal Services.....			
Music.....			
Church Charges.....			
<u>Pall Bearers Coach</u> .....		6	00
Total Footing of Bill.....	\$	166	00

By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page..... or below.....

To Funeral Charges..... Total, \$	166	00	By Cash..... \$	4	00
Will pay \$125.00 from Insurance \$40.00 per mo.			Apr 24, 15 J. W. Clarke		

Names of Pall Bearers.....  
 Names of Near Relatives Henry Green, Carrie Green, E. M. Green

# RECORD OF FUNERAL.

669

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date May 30, 1915.

Name of Deceased Esq. Jas. P. Fields

Wife-Widow } Charge to Chalmers Fields  
 Son-Daughter of } (Where Born)

Order Given by Chalmers Fields Address 703 Lane Ave.

How Secured Metropolitan Ins. Price of Casket or Coffin \$ 10 00

Date of Funeral May 27-15 " Metallic Lining (State kind) \$ 5 00

Residence Raleigh Road " Outside Box (State kind) \$ 2 50

Place of Death " " Grave Vault Opening on lot (State kind) \$ 2 50

Funeral Services at Residence " Burial Robe (State kind) \$ \_\_\_\_\_

Time of Funeral Service Thurs. May 27-15 " Burial Slippers and Hose \$ \_\_\_\_\_

Clergyman Father Dirm Gaten Engraving Plate \$ \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Embalming Body (with \_\_\_\_\_ Fluid) \$ 15 00

His Residence \_\_\_\_\_ Washing and Dressing \$ \_\_\_\_\_

Number of Burial Certificate 303 Shaving \$ \_\_\_\_\_

Cause of Death \_\_\_\_\_ Keeping Body on Ice \$ \_\_\_\_\_

Date of Death April 25, 1915 (Primary) (Secondary) Disinfecting Rooms \$ \_\_\_\_\_

Date of Birth Unknown Use of Catafalque and Drapery \$ \_\_\_\_\_

Occupation of the Deceased Justice of the Peace " Folding Chairs \$ \_\_\_\_\_

Single or Married married Religion Episcopal " Candelabrum and Candles \$ \_\_\_\_\_

Aged 61 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Gloves \$ \_\_\_\_\_ Crape \$ \_\_\_\_\_

Date of Birth Unknown Door Crape \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Name of Father \_\_\_\_\_ Hearse \$ 120 00

His Birthplace \_\_\_\_\_ Carriages to Cemetery @ \$ 24 00

Name of Mother \_\_\_\_\_ Automobiles to Cemetery @ \$ \_\_\_\_\_

Her Birthplace \_\_\_\_\_ Wagon Deliveries \$ \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ City Calls (Coaches) \$ \_\_\_\_\_

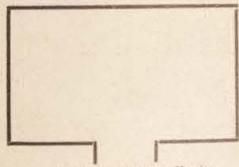
Body to be shipped to \_\_\_\_\_ Death Notices in \_\_\_\_\_ Newspapers \$ \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_ Commercial Appeal (Names of Newspapers) \$ \_\_\_\_\_

Manufactured by \_\_\_\_\_ Flowers \$ \_\_\_\_\_

Interment at Fowler's Chapel Cemetery Outlay for Lot \$ \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_ Opening Grave or Vault \$ \_\_\_\_\_



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$	10	00
" Metallic Lining (State kind)			
" Outside Box (State kind)		5	00
" Grave Vault (State kind)		2	50
" Burial Robe (State kind)			
" Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with _____ Fluid)		15	00
Washing and Dressing			
Shaving			
Keeping Body on Ice			
Disinfecting Rooms			
Use of Catafalque and Drapery			
" Folding Chairs			
" Candelabrum and Candles			
Gloves \$			
Crape \$			
Door Crape \$			
Canopy \$			
Hearse		120	00
Carriages to Cemetery @ \$		24	00
Automobiles to Cemetery @ \$			
Wagon Deliveries			
City Calls (Coaches)			
Death Notices in _____ Newspapers			
<u>Commercial Appeal</u> (Names of Newspapers)			
Flowers			
Outlay for Lot			
Opening Grave or Vault			
Lining Grave			
Vault Rental			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			
Porters			
Watchers			
Personal Services			
Music			
Church Charges			
Total Footing of Bill	\$	99	50
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			

	To Funeral Charges..... Total, \$	99	50		By Cash..... \$

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives Mrs. Lizzie Fields Chalmers, Chas. Proves etc.

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date May 30 1915

Name of Deceased Albertha Obernathy (What Race) ..... (Where Born) .....

Charge to Mr. Albert Obernathy (What Race) ..... (Where Born) .....  
 Address 172 Ayers St. City

Order Given by Mr. Albert Obernathy  
 How Secured Metropolitan Ins. Co.  
 Date of Funeral May 30, 1915  
 Residence 172 Ayers St.  
 Place of Death 172 Ayers St.  
 Funeral Services at Rev. Tylers Chapel, Conductor  
 Time of Funeral Service May 30, 3 o'clock PM  
 Clergyman Rev. Tylers  
 Certifying Physician Dr. Freeman Taylor  
 His Residence Office, Police Station  
 Number of Burial Certificate .....  
 Cause of Death Typhoid Malena Tota  
 Date of Death May 29-15 (Primary) (Secondary)  
 Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married Single Religion Methodist  
 Aged 17 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Albert Obernathy  
 His Birthplace Alabama  
 Name of Mother Etha Obernathy  
 Her Birthplace Tenn  
 Mother's Maiden Name Etha Holmes  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Tylers Chapel Cemetery.  
 Lot or Grave No. ..... Section No. ....

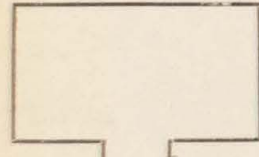


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 65.00
Metallic Lining (State kind)	6.00
Outside Box (State kind)	3.00
Grave Vault (State kind)	3.00
Burial Robe	3.00
Burial Slippers and Hose	
Engraving Plate	15.00
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	10.00
Carriages to Cemetery 2 @ \$.....	10.00
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1.00
<u>Commercial Appeal</u>	
(Name of Newspaper)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 109.00

By Amount Paid in Advance .....  
 Balance .....  
 Entered into Ledger, page ..... or below.

To Funeral Charges	Total, \$ 109.00	By Cash	Total, \$ .....

Names of Pall Bearers .....  
 Names of Near Relatives Albert Obernathy, Rosie Obernathy, Susie Anderson

# RECORD OF FUNERAL.

671

No. (Total Number) ..... No. (Year Number) ..... Date May 30, 1915-  
 Name of Deceased S. da. Bell Mann,

Wife - Widow } Charge to Paul Mann (Where Born) .....  
 Son - Daughter of } Address Miller, Miss.

Order Given by Paul Mann  
 How Secured Paid in advance

Date of Funeral .....  
 Residence .....  
 Place of Death May 5-29-15  
 Funeral Services at .....  
 Time of Funeral Service .....

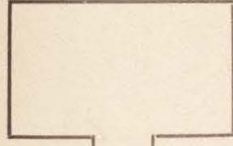
Clergyman .....  
 Certifying Physician .....  
 His Residence .....  
 Number of Burial Certificate .....

Cause of Death .....  
 Date of Death (Primary) (Secondary) .....  
 Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married ..... Religion .....

Aged 18 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Leonten Mann  
 His Birthplace Georgie  
 Name of Mother Mary Mann  
 Her Birthplace .....

Mother's Maiden Name Mary Woods  
 Body to be shipped to Miller, Miss.  
 Size and Style of Casket or Coffin .....

Manufactured by .....  
 Interment at ..... Cemetery .....  
 Lot or Grave No. .... Section No. ....

  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 20 00
" Metallic Lining (State kind)	5 00
" Outside Box (State kind)	4 00
" Grave Vault (State kind)	10 00
" Burial Robe	1 00
" Burial Slippers and Hose	1 00
Engraving Plate	1 00
Embalming Body (with Fluid)	1 00
Washing and Dressing	1 00
Shaving	1 00
Keeping Body on Ice	1 00
Disinfecting Rooms	1 00
Use of Catafalque and Drapery	1 00
" Folding Chairs	1 00
" Candelabrum and Candles	1 00
Gloves \$..... Crape \$.....	1 00
Door Crape \$..... Canopy \$.....	1 00
Hearse	1 00
Carriages to Cemetery @ \$.....	1 00
Automobiles to Cemetery @ \$.....	1 00
Wagon Deliveries	1 00
City Calls (Coaches)	1 00
Death Notices in Newspapers	1 00
<u>Commercial Appeal</u> (Names of Newspapers)	1 00
Flowers	1 00
Outlay for Lot	1 00
Opening Grave or Vault	1 00
Lining Grave	1 00
Vault Rental	1 00
Shipping Charges, prepaid	1 00
Removal Charges	1 00
Cremation Charges	1 00
Porters	1 00
Watchers	1 00
Personal Services	1 00
Music	1 00
Church Charges	1 00
<u>Railroad Fare</u>	1 00
Total Footing of Bill	\$ 51 00
By Amount Paid in Advance <u>By check</u>	51 00
Balance	00 00

Entered into Ledger, page ..... or below .....

To Funeral Charges	Total, \$ 51 00	May 31-15	By Cash	\$ 51 00

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL.

673

No. (Total Number) ..... No. (Serial Number) .....

Date May 31, 1915

Name of Deceased Lily Palk

Wife—Widow  
Son—Daughter of

Charge to Billy Palk (What Party) (Where Born)

Address 758 Robinson St.

Order Given by Billy Palk

How Secured Insurance

Date of Funeral May 31-15

Residence 895 Hamp Court St

Place of Death 895 Hamp Court St

Funeral Services at Jackson Ave Baptist

Time of Funeral Service May 31-15-10:30 A.M.

Clergyman Rev. G. B. Bell

Certifying Physician Dr. G. W. Atkins

His Residence 2020 Fourth St

Number of Burial Certificate Missorditis

Cause of Death Rheumatism Contributory

Date of Death May 29

Date of Birth .....

Occupation of the Deceased Domestic

Single or Married Widow Religion Bapt

Aged 73 Years .....

Date of Birth .....

Name of Father Solomon Robinson

His Birthplace Paulsboro, Tenn

Name of Mother Fronnie Robinson

Her Birthplace Tenn

Mother's Maiden Name .....

Body to be shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by Gron Cemetery

Interment at Gron Cemetery

Lot or Grave No. .... Section No. ....

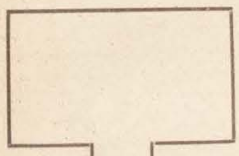


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 40 00
"    Metallic Lining (State kind)	5 00
"    Outside Box (State kind)	15 00
"    Grave Vault (State kind)	8 00
"    Burial Robe	15 00
"    Burial Slippers and Hose	15 00
Engraving Plate	10 00
Embalming Body (with Fluid)	10 00
Washing and Dressing	20 00
Shaving	20 00
Keeping Body on Ice	2 00
Disinfecting Rooms	2 00
"    of Catafalque and Drapery	2 00
"    Folding Chairs	2 00
"    Candelabrum and Candles	2 00
Gloves \$..... Crape \$.....	10 00
Door Crape \$..... Canopy \$.....	20 00
Hearse	20 00
Carriages to Cemetery @ \$.....	2 00
Automobiles to Cemetery @ \$.....	2 00
Wagon Deliveries	2 00
City Calls (Coaches)	2 00
Death Notices in Newspapers	2 00
<u>Commercial Appeal</u>	2 00
(Names of Newspapers)	2 00
Flowers	2 00
Outlay for Lot	2 00
Opening Grave or Vault	2 00
Lining Grave	2 00
Vault Rental	2 00
Shipping Charges, prepaid	2 00
Removal Charges	2 00
Cremation Charges	2 00
Porters	2 00
Watchers	2 00
Personal Services	2 00
Music	2 00
Church Charges	2 00
<u>Extra Carriage</u>	4 00
Total Footing of Bill	\$ 119 00
<u>Family responsible for \$79 00</u>	79 00
<u>Lothge responsible for \$40 00</u>	40 00
Balance	119 00

Entered into Ledger, page ..... or below 119 00

<p>To Funeral Charges..... Total, \$</p> <p><u>Cause of death</u></p> <p><u>Missorditis</u></p> <p><u>Contributory</u></p> <p><u>Rheumatism</u></p>	<p>By Cash..... \$</p> <p><u>Dr. G. W. Atkins</u></p>
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Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. \_\_\_\_\_ No. \_\_\_\_\_ Date June 6 1915  
(Total Number) (Entry Number)

Name of Deceased Matthie Watkins

Wife-Widow  
 Son-Daughter of

Charge to Mr. W. C. Waters  
(What Race) (Where Born)

Address 35 State St. City

Order Given by Mr. W. C. Waters

How Secured Insurance

Date of Funeral June 1, 1915

Residence 109 St. James St. City

Place of Death 109 St. James St. City

Funeral Services at Residence

Time of Funeral Service June 1 - 15 at two P.M.

Clergyman Don't Know

Certifying Physician Dr. Cunningham

His Residence Court House

Number of Burial Certificate 307

Cause of Death Peripneumonia

Date of Death May 31 - 15  
(Primary) (Secondary)

Date of Birth \_\_\_\_\_

Occupation of the Deceased Domestic

Single or Married Married Religion \_\_\_\_\_

Aged 56 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Date of Birth Don't Know

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

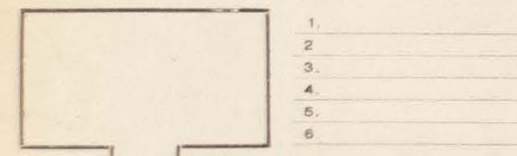
Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Interment at St. Zion Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 25 <sup>00</sup>
“ Metallic Lining <small>(State kind)</small>	
“ Outside Box <small>(State kind)</small>	
“ Grave Vault <small>(State kind)</small>	12 <sup>00</sup>
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
“ Folding Chairs	
“ Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	
Carriages to Cemetery @ \$ _____	20 <sup>00</sup>
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in _____ Newspapers <u>1</u>	1 <sup>00</sup>
<small>(Names of Newspapers)</small>	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 58 <sup>00</sup>
By Amount Paid in Advance	30 <sup>00</sup>
Balance	28 <sup>00</sup>
Entered into Ledger, page _____ or below _____	

To Funeral Charges..... Total, \$	58 <sup>00</sup>	By Cash..... \$	30 <sup>00</sup>
(Payments) June 15 - 15, 1914 <sup>00</sup> July " " "			

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives Sub. Watkins, Henry, Frank, Shoo, Edw. Waters

# RECORD OF FUNERAL.

675

No. (Total Number) ..... No. (Year & Number) ..... Date June 2, 1915

Name of Deceased Charles Louden Charge to Wm. J. Louden  
(White Race) (Where Born)  
 Address Cornes Ave. of Hampton

Order Given by Orange Boyd  
 How Secured Wm. J. Louden  
 Date of Funeral June 2, 1915 at 10:00 AM  
 Residence Cornes Ave. of Hampton  
 Place of Death " " " " " "  
 Funeral Services at Residence  
 Time of Funeral Service June 2, 1915 at 10:00 AM  
 Clergyman Dr. J. P. Thomas  
 Certifying Physician Dr. J. P. Thomas  
 His Residence 2857 Cornes Ave.  
 Number of Burial Certificate .....  
 Cause of Death Bronch. Pneumonia  
(Primary) (Secondary)  
 Date of Death May 21, 1915  
 Date of Birth .....  
 Occupation of the Deceased Surgeon  
 Single or Married Married Religion .....  
 Aged 57 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father John Louden  
 His Birthplace Pa.  
 Name of Mother Carriet Louden  
 Her Birthplace St. Chas. Mo.  
 Mother's Maiden Name Carriet Reese  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Gr. 210 Cemetery .....  
 Lot or Grave No. .... Section No. ....

Price of Casket or Coffin	\$	55	00
Metallic Lining (State kind)			
Outside Box (State kind)		5	00
Grave Vault (State kind)		12	00
Burial Robe		3	50
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)		16	00
Washing and Dressing			
Shaving			
Keeping Body on Ice			
Disinfecting Rooms			
Use of Catafalque and Drapery			
Folding Chairs			
Candelabrum and Candles			
Gloves S. Crape S.			
Door Crape S. Canopy S.			
Hearse		10	00
Carriages to Cemetery @ \$		20	00
Automobiles to Cemetery @ \$			
Wagon Deliveries			
City Calls (Coaches)			
Death Notices in Newspapers	2	2	00
<small>(Names of Newspapers)</small>			
Flowers		5	00
Outlay for Lot			
Opening Grave or Vault			
Lining Grave			
Vault Rental			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			
Porters			
Watchers			
Personal Services			
Music			
Church Charges			
H. B. Coach		6	00
Extra CARRIAGE		5	00
Total Footing of Bill	\$	138	50
By Amount Paid in Advance			
Balance			
Entered into Ledger, page			

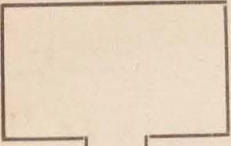


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

To Funeral Charges	Total, \$	138	50	By Cash	\$	
(Cause of death above) (Contributing) Asthma,						

Names of Pall Bearers .....  
 Names of Near Relatives .....



# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Entry Number) ..... Date June 3, 1915  
 Name of Deceased Charlie Thomas (What Race) ..... (Where Born) .....  
 Charge to Mrs. Susie Thomas  
 Address 1262 Park St.

Order Given by Mrs. Susie Thomas  
 How Secured W. V. Martin Insurance  
 Date of Funeral June 3-15  
 Residence 1262 Park St.  
 Place of Death At Res. Home  
 Funeral Services at 1262 Park St.  
 Time of Funeral Service June 3, 15 at 2 P.M.  
 Clergyman Rev. A. D. Partmon  
 Certifying Physician Dr. Coors  
 His Residence Co. So. Fourth by Pontiac  
 Number of Burial Certificate .....  
 Cause of Death Tuberculous  
 Date of Death June 2, 1915  
 Date of Birth Sept. 18, 1887  
 Occupation of the Deceased Carpenter  
 Single or Married Married Religion .....  
 Aged 27 Years ..... Months ..... Days .....  
 Date of Birth Don't know  
 Name of Father William Thomas  
 His Birthplace North Carolina  
 Name of Mother Ellen Thomas  
 Her Birthplace Alabama  
 Mother's Maiden Name Ellen Thomas  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Green Cemetery.  
 Lot or Grave No. .... Section No. ....

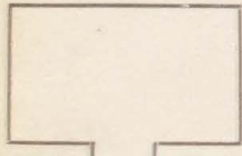


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 25.00
"    Metallic Lining (State kind)	
"    Outside Box (State kind)	5.00
"    Grave Vault (State kind)	12.00
"    Burial Robe	3.50
"    Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
"    Folding Chairs	
"    Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	10.00
Carriages to Cemetery 4 @ \$ 4.00	16.00
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Dead Notices in Newspapers	1.00
<u>Commercial Appeal</u>	
<u>Extra</u>	4.00
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>Advanced Money</u>	6.00
Total Footing of Bill	\$ 97.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page..... or below.....	

To Funeral Charges	Total, \$	97.00	By Cash	\$

Names of Pall Bearers .....  
 Names of Near Relatives Mrs. Susie Thomas, Mrs. Ellen Whitley

# RECORD OF FUNERAL.

No.                      (Total Number)      No.                      (Yearly Number)      Date June 3 1915

Name of Deceased William Wolf      (What Race)                           (Where Born)                     

Wife—Widow } Charge to Eliza Wolf  
 Son—Daughter of }      Address 73 E. Treggs Ave.

Order Given by Mrs. Eliza Wolf  
 How Secured Metropolitan Club

Date of Funeral June 3, 1915  
 Residence 73 E. Treggs Ave.  
 Place of Death Legs Dept. Hospital  
 Funeral Services at Residence

Time of Funeral Service 9:00 a.m. June 3, 1915  
 Clergyman                       
 Certifying Physician Dr. C. A. Terrell  
 His Residence 164 Beale Ave.

Number of Burial Certificate                       
 Cause of Death Gun Shot Wound  
 (Primary)                      (Secondary)                     

Date of Death June 1, 1915  
 Date of Birth                       
 Occupation of the Deceased                     

Single or Married Single Religion                       
 Aged 22 Years                      Months                      Days                     

Date of Birth                       
 Name of Father Benjamin Wolf  
 His Birthplace                     

Name of Mother Eliza Wolf  
 Her Birthplace                       
 Mother's Maiden Name                     

Body to be shipped to                       
 Size and Style of Casket or Coffin                     

Manufactured by                       
 Interment at Green Cemetery.  
 Lot or Grave No.                      Section No.                     

1	2	3	4	5	6
---	---	---	---	---	---

Diagram of Lot or Vault.      Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (✕).  
 Designate place for Monument with a small square (◻).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 55 00
"    Metallic Lining	0 00
"    Outside Box	0 00
"    Grave Vault	12 00
"    Burial Robe	3 50
"    Burial Slippers and Hose	0 00
Engraving Plate	0 00
Embalming Body (with Fluid)	15 00
Washing and Dressing	0 00
Shaving	0 00
Keeping Body on Ice	0 00
Disinfecting Rooms	0 00
Use of Catafalque and Drapery	0 00
"    Folding Chairs	0 00
"    Candelabrum and Candles	0 00
Gloves \$	0 00
Door Crape \$	0 00
Canopy \$	0 00
Hearse	10 00
Carriages to Cemetery @ \$	10 00
Automobiles to Cemetery @ \$	0 00
Wagon Deliveries	0 00
City Calls (Coaches)	0 00
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	0 00
Outlay for Lot	0 00
Opening Grave or Vault	0 00
Lining Grave	0 00
Vault Rental	0 00
Shipping Charges, prepaid	0 00
Removal Charges	0 00
Cremation Charges	0 00
Porters	0 00
Watchers	0 00
Personal Services	0 00
Music	0 00
Church Charges	0 00
<b>Total Footing of Bill</b>	<b>\$ 111 50</b>

By Amount Paid in Advance                       
 Balance                       
 Entered into Ledger, page                      or below                     

To Funeral Charges Total \$ <u>111 50</u>	By Cash \$ <u>                    </u>

Names of Pall Bearers                       
 Names of Near Relatives Benjamin and Eliza Wolf







# RECORD OF FUNERAL.

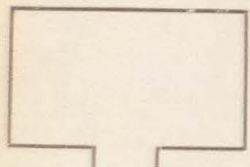
No. (Total Number) No. (Yearly Number) Date June 6, 1916

Name of Deceased Addie Bamister

Wife - Widow } Son - Daughter of }

Charge to Mrs. Bertha Taylor Address 919 Louise St. City

Order Given by Mrs. Bertha Taylor How Secured Metropolitan Life Ins. Co. Date of Funeral June 6-16 Residence 919 Louise St. Place of Death City Hospital Funeral Services at 919 Louise St. City Time of Funeral Service June 6-16 at 11:00 A.M. Clergyman Dent Brown Certifying Physician Dr. H. H. Higgins His Residence Number of Burial Certificate Cause of Death Pneumonia Date of Death June 4, 1916 Date of Birth Occupation of the Deceased Domestic Single or Married single Religion Aged 18 Years Months Days Date of Birth Name of Father Samuel Bamister His Birthplace Iowa Name of Mother Bertha Taylor Her Birthplace Iowa Mother's Maiden Name Body to be shipped to Size and Style of Casket or Coffin Manufactured by Interment at Green Cemetery Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+). Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Table of funeral charges including Price of Casket or Coffin (\$49.50), Metallic Lining, Outside Box, Grave Vault (\$12.00), Burial Robe (\$3.50), Burial Slippers and Hose, Engraving Plate, Embalming Body (with Fluid) (\$16.00), Washing and Dressing, Shaving, Keeping Body on Ice, Disinfecting Rooms, Use of Catafalque and Drapery, Folding Chairs, Candelabrum and Candles, Gloves, Crape, Door Crape, Canopy, Hearse, Carriages to Cemetery (\$10.00), Automobiles to Cemetery (\$12.00), Wagon Deliveries, City Calls (Coaches), Death Notices in Newspapers (Commercial Appeal), Flowers, Outlay for Lot, Opening Grave or Vault, Lining Grave, Vault Rental, Shipping Charges, Removal Charges, Cremation Charges, Porters, Watchers, Personal Services, Music, Church Charges. Total Footing of Bill \$103.00

By Amount Paid in Advance Balance Entered into Ledger, page or below

Table with columns for To Funeral Charges, Total, and By Cash.

By Cash \$ THOS. H. HAYES [Stamp]

Names of Pall Bearers Names of Near Relatives







# RECORD OF FUNERAL.

683

No. (Total Number) ..... No. (Yearly Number) ..... Date June 7, 1915  
 Name of Deceased Chickie Olds

Wife—Widow } Charge to C. H. Sims (What Race) (Where Born)  
 Son—Daughter of } Address 376 So. Duval St.

Order Given by Wm. C. H. Sims  
 How Secured Metropolitan Ins. Co.  
 Date of Funeral June 9, 1915  
 Residence 376 So. Duval St.  
 Place of Death Residence  
 Funeral Services at Sabineville Bapt. Ch.  
 Time of Funeral Service June 9, 1915, 2:30 P.M.  
 Clergyman Rev. Sutton C. Groggs  
 Certifying Physician Dr. J. A. Colleton  
 His Residence Beale Ave.  
 Number of Burial Certificate .....

Price of Casket or Coffin <u>3y Box</u>	\$ <u>55</u> 00
“ Metallic Lining (State kind) .....	
“ Outside Box (State kind) .....	12 00
“ Grave Vault (State kind) .....	
“ Burial Robe .....	
“ Burial Slippers and Hose .....	
Engraving Plate .....	
Embalming Body (with Fluid) .....	15 00
Washing and Dressing .....	
Shaving .....	
Keeping Body on Ice .....	
Disinfecting Rooms .....	
Use of Catafalque and Drapery .....	
“ Folding Chairs .....	
“ Candelabrum and Candles .....	
Gloves \$ .....	
Door Crape \$ .....	
Hearse .....	10 00
Carriages to Cemetery @ \$ .....	12 00
Automobiles to Cemetery @ \$ .....	
Wagon Deliveries .....	
City Calls (Coaches) .....	
Death Notices in Newspapers <u>1</u> .....	1 00
(Names of Newspapers)	
Flowers .....	
Outlay for Lot <u>Pull Bearers Coach</u> .....	6 00
Opening Grave or Vault .....	
Lining Grave .....	
Vault Rental .....	
Shipping Charges, prepaid .....	
Removal Charges .....	
Cremation Charges .....	
Porters .....	
Watchers .....	
Personal Services .....	
Music .....	
Church Charges .....	
Total Footing of Bill .....	\$ <u>111</u> 00

Cause of Death .....

Date of Death June 7, 1915 (Primary) (Secondary)  
 Date of Birth .....

Occupation of the Deceased House Keeping  
 Single or Married Married Religion Bapt.  
 Aged 71 Years .....

Date of Birth .....

Name of Father Gilbert Sims  
 His Birthplace Virginia  
 Name of Mother Mary Sims  
 Her Birthplace Virginia  
 Mother's Maiden Name Mary Smed  
 Body to be shipped to .....

Size and Style of Casket or Coffin .....

Manufactured by .....

Interment at  Zion  Cemetery.  
 Lot or Grave No. .... Section No. ....

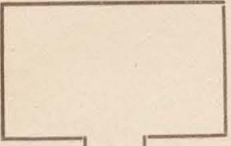


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

By Amount Paid in Advance .....

Balance .....

Entered into Ledger, page ..... or below .....

To Funeral Charges, Total, \$ <u>111</u> 00	By Cash .....
<p style="font-size: 2em; opacity: 0.5;">Zion Cemetery Guard at the Altar</p>	

Names of Pall Bearers .....

Names of Near Relatives .....

# RECORD OF FUNERAL.

No. (Total Number) ..... No. (Yearly Number) ..... Date June 11 1915  
 Name of Deceased Lorussia Brandon  
 (What Race) W. S. Brown (Where Born) .....  
 Charge to W. S. Brown  
 Address 567 So Third St

Order Given by J. G. Brown  
 How Secured Life by Casual Co.  
 Date of Funeral June 11, 1915  
 Residence 567 So Third St  
 Place of Death " " " "  
 Funeral Services at 247 Poplar Ave  
 Time of Funeral Service June 11, 15 at  
 Clergyman Rev. H. Whitten and J. O. Fuller  
 Certifying Physician Dr. J. W. Winchester  
 His Residence 543 So 3rd St  
 Number of Burial Certificate .....  
 Cause of Death Acute Nephritis and  
Jaundice (Primary) ..... (Secondary) .....  
 Date of Death June 10, 15  
 Date of Birth .....  
 Occupation of the Deceased Domestic  
 Single or Married Widow Religion Baptist  
 Aged 50 Years ..... Months ..... Days .....  
 Date of Birth .....  
 Name of Father Unknown  
 His Birthplace .....  
 Name of Mother .....  
 Her Birthplace Miss  
 Mother's Maiden Name Emaline Harris  
 Body to be shipped to .....  
 Size and Style of Casket or Coffin .....  
 Manufactured by .....  
 Interment at Mt. Carmel Cemetery.  
 Lot or Grave No. .... Section No. ....

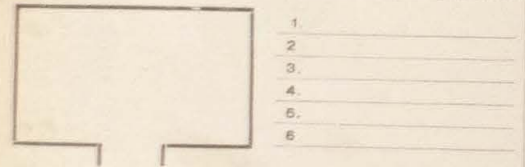


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 12 00
Metallic Lining (State kind)	
Outside Box (State kind)	
Grave Vault (State kind)	5 00
Burial Robe	3 50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$..... Crape \$.....	
Door Crape \$..... Canopy \$.....	
Hearse	10 00
Carriages to Cemetery @ \$.....	
Automobiles to Cemetery @ \$.....	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in Newspapers	1 00
(Names of Newspapers)	
Flowers	
Outlay for Lot <u>P. B. Couch</u>	6 00
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 37 50
By Amount Paid in Advance	6 50
Balance	31 00
Entered into Ledger, page..... or below.	

June 11	To Funeral Charges	Total, \$	37 50		
"	By cash		6 50		By Cash \$ 6 50
"	To be collected from		13 50		
	Ans.		17 50		

Names of Pall Bearers .....  
 Names of Near Relatives .....

# RECORD OF FUNERAL

685

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 13 1915  
 Name of Deceased Mellie Nelson  
 Wife—Widow } E. W. Nelson Charge to E. W. Nelson (Where Born) \_\_\_\_\_  
 Son—Daughter of } \_\_\_\_\_ Address 1188 Bredlow

Order Given by 11 11 11 11 11 11  
 How Secured \$18.00 Cash, bel. Nudy  
 Date of Funeral Sunday June 13, 1915  
 Residence 1188 Bredlow  
 Place of Death Cely Hospital  
 Funeral Services at 247 Poplar  
 Time of Funeral Service 11 a.m.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pellagra (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Death June 12  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single or Married Widow Religion \_\_\_\_\_  
 Aged 60 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Unknown  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin A 6'0" Coffin  
 Manufactured by Manphis  
 Interment at Grav Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Price of Casket or Coffin	\$ 13 00
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	12 00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ _____ Cape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	5 00
Carriages to Cemetery @ \$ _____	
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ 30 00
By Amount Paid in Advance	18 00
Balance	12 00
Entered into Ledger, page _____ or below _____	

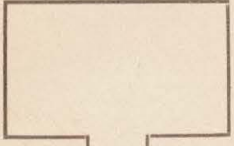


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

<u>June 13</u>	To Funeral Charges	Total \$ <u>30 00</u>	
			By Cash

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_





# RECORD OF FUNERAL.

689

No. (Total Number) \_\_\_\_\_ No. (Year Number) \_\_\_\_\_  
 Name of Deceased Fannie Thomas

Date June 18, 1915

Wife-Widow \_\_\_\_\_  
 Son-Daughter of \_\_\_\_\_

Charge to Miss Sabina Adams  
 Address 295 Marshmellow Lane

Order Given by Miss Sabina Adams

How Secured Metropolitan Ins. Co

Date of Funeral June 18, 1915

Residence 295 Marshmellow Lane

Place of Death \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_

Certifying Physician \_\_\_\_\_

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death \_\_\_\_\_  
 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation of the Deceased \_\_\_\_\_

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_

Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

Date of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_

His Birthplace \_\_\_\_\_

Name of Mother \_\_\_\_\_

Her Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Interment at \_\_\_\_\_ Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

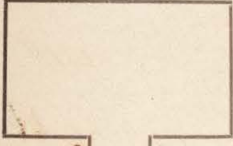


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 13 <sup>00</sup>
" Metallic Lining (State kind)	
" Outside Box (State kind)	
" Grave Vault (State kind)	5 <sup>00</sup>
" Burial Robe (State kind)	3 <sup>50</sup>
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	2 <sup>00</sup>
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	
Hearse	10 <sup>00</sup>
Carrriages to Cemetery @ \$ _____	0 <sup>00</sup>
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	
City Calls (Coaches)	
Death Notices in _____ Newspapers	
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	50
<u>Underwear</u>	
Total Footing of Bill	\$ 39 <sup>00</sup>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

	To Funeral Charges . . . . . Total, \$		By Cash . . . . . \$

Names of Pall Bearers \_\_\_\_\_

Names of Near Relatives \_\_\_\_\_











# RECORD OF FUNERAL

693

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date June 21 1915  
 Name of Deceased Erny Adams

Wife - Widow \_\_\_\_\_  
 Son - Daughter of \_\_\_\_\_  
 Charge to Erny Adams (Where Buried)  
 Address 423 Myers

Order Given by Henry Adams  
 How Secured Part Cash  
 Date of Funeral 6/21/15  
 Residence 4123 Myrtle  
 Place of Death 1111  
 Funeral Services at Calvin's Chapel  
 Time of Funeral Service 10 am  
 Clergyman \_\_\_\_\_  
 Certifying Physician Gatty  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_

Date of Death 6/19/15 (Primary) \_\_\_\_\_ (Secondary)  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased man  
 Single or Married Single Religion \_\_\_\_\_  
 Aged 10 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Date of Birth \_\_\_\_\_  
 Name of Father Henry Adams  
 His Birthplace \_\_\_\_\_  
 Name of Mother Sally  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_

Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 44 Comb  
 Manufactured by Mumfries  
 Interment at Green Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

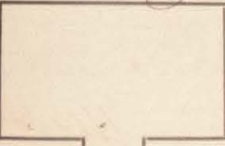


Diagram of Lot or Vault.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ <u>45.00</u>
" Metallic Lining (State kind)	
" Outside Box (State kind)	<u>X</u>
" Grave Vault (State kind)	<u>12.00</u>
" Burial Robe	
" Burial Shippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	<u>15.00</u>
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
" Folding Chairs	
" Candelabrum and Candles	
Gloves \$ _____ Crape \$ _____	
Door Crape \$ _____ Canopy \$ _____	<u>10.00</u>
Hearse	<u>7.60</u>
Carriages to Cemetery @ \$ _____	
Automobiles to Cemetery @ \$ _____	
Wagon Deliveries	<u>2.00</u>
<del>_____</del> (Coaches)	<u>0.00</u>
Death Notices in _____ Newspapers	<u>2.00</u>
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
Total Footing of Bill	\$ _____
By Amount Paid in Advance	
Balance	<u>106.00</u>
Entered into Ledger, page _____ or below	

	To Funeral Charges . . . . . Total, \$		By Cash . . . . . \$

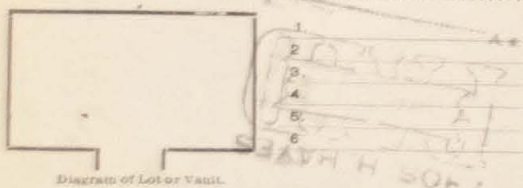
Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_

# RECORD OF FUNERAL.

No. *77m* (Total Number) *Brooks* (Yearly Number) Date *June 23 1915*  
 Name of Deceased *Mary Roy* (Last Name) *611 Beal St.* (Where Born)  
 Charge to *Wm Brooks*  
 Address *611 Beal St.*

Order Given by *Wm Brooks*  
 How Secured *mt. Ins. & Ind.*  
 Date of Funeral *June 23, 15*  
 Residence *1815 W. St.*  
 Place of Death *St. Andrews*  
 Funeral Services at *St. Andrews*  
 Time of Funeral Service *2pm*  
 Clergyman *B. Lee*  
 Certifying Physician *W. Atkins*  
 His Residence *200. So. 4th*  
 Number of Burial Certificate  
 Cause of Death *Subeversion of lungs*  
 Date of Death *6/21/15*  
 Date of Birth

Occupation of the Deceased *R.R.*  
 Single or Married *Married* Religion  
 Aged *43* Years Months Days  
 Date of Birth  
 Name of Father *Geo. Brooks*  
 His Birthplace *Missouri*  
 Name of Mother *Annette Flawins*  
 Her Birthplace  
 Mother's Maiden Name *Annado*  
 Body to be shipped to *Geo. Roy, Wash*  
 Size and Style of Casket or Coffin  
 Manufactured by *Memphis*  
 Interment at *Funfosa* Cemetery  
 Lot or Grave No. Section No.



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

<i>Wm Brooks</i>	To Funeral Charges	Total, \$	<i>116 09</i>

Price of Casket or Coffin	<i>147</i>	\$	<i>75 00</i>
" Metallic Lining (State kind)			<i>xx xx</i>
" Outside Box (State kind)			
" Grave Vault (State kind)			
" Burial Robe			
" Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with Fluid)			<i>15 00</i>
Washing and Dressing			
Shaving			
Keeping Body on Ice			
Disinfecting Rooms			
Use of Catafalque and Drapery			
" Folding Chairs			
" Candelabrum and Candles			
Gloves \$			
Door Crape \$			
Canopy \$			<i>10 00</i>
Hearse			<i>8 00</i>
Carriages to Cemetery @ \$			
Automobiles to Cemetery @ \$			
Wagon Deliveries			
(Coaches)			<i>6 00</i>
Death Notices in Newspapers			<i>2 00</i>
(Names of Newspapers)			
Flowers			
Outlay for Lot			
Opening Grave or Vault			
Lining Grave			
Vault Rental			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			
Porters			
Watchers			
Personal Services			
Music			
Church Charges			
Total Footing of Bill		\$	<i>116 09</i>
By Amount Paid in Advance			
Balance			
Entered into Ledger, page			

Names of Pall Bearers  
 Names of Near Relatives

# RECORD OF FUNERAL

695

No. (Total Number) \_\_\_\_\_ No. (Yearly Number) \_\_\_\_\_ Date Jan 25 1915  
 Name of Deceased Henry Brown (What Race) \_\_\_\_\_ (Where Born) \_\_\_\_\_  
 Charge to \_\_\_\_\_

Wife - Widow }  
 Son - Daughter of }  
 Order Given by Olga Brown Address \_\_\_\_\_

How Secured Paid Cash  
 Date of Funeral 4/20/15  
 Residence \_\_\_\_\_  
 Place of Death 13. W. Miley  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_

Clergyman \_\_\_\_\_  
 Certifying Physician C. White  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tumor Malice  
 Date of Death 4/24/15 (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Turban

Single or Married \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father Henry Brown  
 His Birthplace Miss  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_

Mother's Maiden Name Como Miss  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Como Miss  
 Interment at \_\_\_\_\_ cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

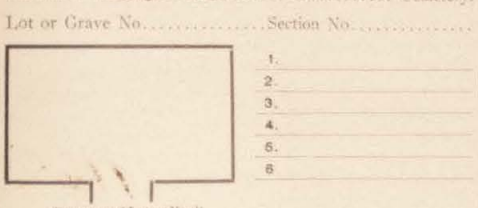


Diagram of Lot or Vault.  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Jan 23 To Funeral Charges..... Total \$ 86.00 Jan 25 By Cash..... \$ 86.00

Paid in Full

Price of Casket or Coffin.....	65.00
"    Metallic Lining (State kind).....	
"    Outside Box (State kind).....	XXXX
"    Grave Vault (State kind).....	
"    Burial Robe.....	
"    Burial Slippers and Hose.....	
Engraving Plate.....	
Embalming Body (with _____ Fluid).....	15.00
Washing and Dressing.....	
Shaving.....	
Keeping Body on Ice.....	
Disinfecting Rooms.....	
Use of Catafalque and Drapery.....	
"    Folding Chairs.....	
"    Candelabrum and Candles.....	
Gloves \$..... Crape \$.....	
Door Crape \$.....	Wagon 5.00
<del>Wagon</del> .....	
Carriages to Cemetery..... @ \$.....	
Automobiles to Cemetery..... @ \$.....	
Wagon Deliveries.....	
City Calls (Coaches).....	
Death Notices in _____ Newspapers.....	1.00
(Names of Newspapers)	
Flowers.....	
Outlay for Lot.....	
Opening Grave or Vault.....	
Lining Grave.....	
Vault Rental.....	
Shipping Charges, prepaid.....	
Removal Charges.....	
Cremation Charges.....	
Porters.....	
Watchers.....	
Personal Services.....	
Music.....	
Church Charges.....	
Total Footing of Bill.....	86.00
By Amount Paid in Advance.....	86.00
Balance.....	X
Entered into Ledger, page..... or below.....	

Names of Pall Bearers.....  
 Names of Near Relatives.....





# RECORD OF FUNERAL

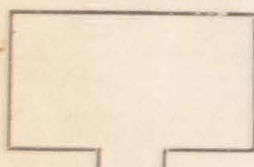
No. \_\_\_\_\_ (Total Number)      No. \_\_\_\_\_ (Yearly Number)      Date June 27 1915  
 Name of Deceased Henry B. Woods      (What Race) \_\_\_\_\_      (Where Born) \_\_\_\_\_

Wife—Widow }  
 Son—Daughter of }  
 Charge to \_\_\_\_\_  
 Address 219 So. 3rd

Order Given by Emma Woods  
 How Secured mt. Inv  
 Date of Funeral 6/27/15  
 Residence 219 So. 3rd  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service 2:30 pm  
 Clergyman W. L. City  
 Certifying Physician R. G. Martin  
 His Residence Cal. Ch. Hospital  
 Number of Burial Certificate \_\_\_\_\_

Cause of Death \_\_\_\_\_  
 Date of Death 6/25/15 (Secondary) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation of the Deceased Gov  
 Single or Married Single Religion \_\_\_\_\_  
 Aged 14 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 His Birthplace \_\_\_\_\_  
 Name of Mother \_\_\_\_\_  
 Her Birthplace \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 5/0, Cash

Manufactured by Mumphy  
 Interment at Zion Cemetery.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Price of Casket or Coffin	\$ 25.00
Metallic Lining (State kind)	
Outside Box (State kind)	5.00
Grave Vault (State kind)	12.00
Burial Robe	3.00
Burial Slippers and Hose	
Engraving Plate	15.00
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Keeping Body on Ice	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Folding Chairs	
Candelabrum and Candles	
Gloves \$	
Crape \$	
Canopy \$	10.00
Hearse	8.00
Carriages to Cemetery @ \$	
Automobiles to Cemetery @ \$	
Wagon Deliveries <u>Ex. Convey</u>	4.00
City Calls (Coaches)	
Death Notices in Newspapers	1.00
(Names of Newspapers)	
Flowers	
Outlay for Lot	
Opening Grave or Vault	
Lining Grave	
Vault Rental	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Porters	
Watchers	
Personal Services	
Music	
Church Charges	
<u>1/2 money advanced</u>	10.00
<b>Total Footing of Bill</b>	<b>\$ 93.50</b>

By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

To Funeral Charges	Total \$ <u>83.50</u>	By Cash	\$ _____
	<u>10</u>		
	<u>93.50</u>		

Names of Pall Bearers \_\_\_\_\_  
 Names of Near Relatives \_\_\_\_\_





