

10-14-1938

Memoranda Book 123: Carey Hand Funeral Home records, October 14, 1938 to December 10, 1938

Carey Hand Funeral Home

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Recommended Citation

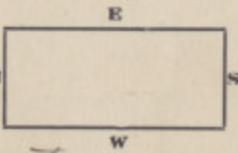
Carey Hand Funeral Home, "Memoranda Book 123: Carey Hand Funeral Home records, October 14, 1938 to December 10, 1938" (1938). *Carey Hand Funeral Home Records*. 123.
<https://stars.library.ucf.edu/cfm-ch-records/123>

Carey Hand Funeral Home

Name of deceased Mrs. Carrie Williams
 Date of death Oct-13-38 6-PM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Ola Vista
 Age 66 Yrs 10 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Tue Oct-14 1938 3 P. M
 Account charged Edward W. Williams
 Address Ola Vista
 Account guaranteed Payments
 Address _____

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

I Other Graves
wooden Box



X Grave on this date

Cremation Cremation

Urn _____
 Single Grave Body cremated

Opening and Closing Grave 9-AM

Body Shipped to Sat Oct-16-38

R. R. Ticket _____

Cash advanced will call for ashes

Telegram _____

Minister Rev. May Davis

Casket Wagon _____

Physician Dr. Oullman

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

25 00

50 00

75 00

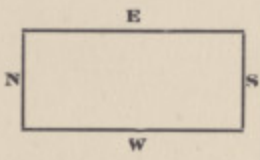
cash - 25 00
bal Payments

Carey Hand Funeral Home

a.m.

Name of deceased Mrs. Amelia Freeman
 Date of death Oct 14 - 38 6:30 P.M.
 Cause of death Myocarditis the Degenerative
 Place of death Res
 Residence _____
 Age 75 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Fri Oct 14 - 1938 2 P. M.
 Account charged Isaac Freeman
 Address 301 - The Concord Ave
 Account guaranteed _____
 Address Done there can't take
 Embalming Yes
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 - Care 35.00
 Casket with Copper Lining _____
 Style of Casket See Flat top
 No. of Casket 1 m
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set
 Name Plate
 Cemetery Jewish
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn Auto 5.00
 Single Grave _____
 Opening and Closing Grave Y & etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5.00
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. \$ 75.00

Carey Hand Funeral Home

Name of deceased Mr Chester F. Clifton
 Date of death Oct-11-38
 Cause of death Suicide Gun Shot
 Place of death Res
 Residence Daytona Beach
 Age 50 Y'rs 9 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach
 Date _____ 1938
 Account charged Baggett-Kratter M^r Intake
 Address Daytona Beach
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body covered
 No. of Casket 1030 - w m 10-14-38
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 2-PM-10-14-38
 Pillow Set _____
 Name Plate As per Express to
 Cemetery Baggett - Kratter
 Section _____ Lot _____

I Other Graves

N		S
	E	

X Grave on this date _____
 Cremation Yes # 80-40 40.00
 Urn Name & Date only
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____ #77.50
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Mrs Lue Anna Davis
 Date of death Set- Oct-15-38 10 15 AM
 Cause of death Chc Myocarditis
 Place of death Res
 Residence 149 E. Jackson st
 Age 83 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Chapel du
 Date Tuesday Oct 18 1938 4:30 PM
 Account charged Mr John H Davis
 Address 149 East Jackson
 Account guaranteed Estate
 Address Judge H. M. Murphy + D. M. Day in charge
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 1/2 Bid C 265.00
 Casket with Copper Lin.
 Style of Casket Oct H. C
 No. of Casket 2638 Shore
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes W
 Name Plate
 Cemetery Greenwood
 Section SW 1/4 - 5 - Lot 94

I Other Graves

X Grave on this date

Cremation Burial Lot 43 75
 Urn
 Single Grave
 Opening and Closing Grave T. J. D. etc 15.00
 Body Shipped to Car Min 50.00
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev Tucker
 Casket Wagon '11 5.00
 Physician Dr G. M. Egan
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. \$ 383.75

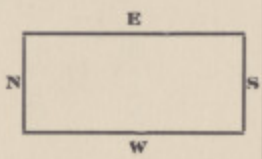
Garey Hand Funeral Home

Name of deceased Baby Phillip H. Widdis
 Date of death Sat Oct-13-38 P.M.
 Cause of death Prematurity
 Place of death O. S. H.
 Residence Maitland
 Age 22 Y'rs 2 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Sd
 Date Sun Oct-16- 1938 4P M
 Account charged Phillip Widdis
 Address Maitland
 Account guaranteed Payments
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-6- Case
 Casket with Copper Lin. _____
 Style of Casket Sgt M
 No. of Casket _____
 Outside Box Reg Bought
 Shipping Case or Vault Case done
 Handles three own work
 Pillow Set have permit for
 Name Plate same
 Cemetery _____
 Section _____ Lot _____

1250

I Other Graves



X Grave on this date

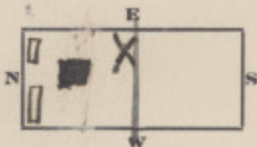
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Osmeup
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

1250

Garey Hand Funeral Home

Name of deceased Mr Albert B Johnson
 Date of death Sun Oct 16 - 1938 8:30 AM
 Cause of death Heart disease - Arterio Sclerosis
 Place of death O. S. A.
 Residence 334 N. Main St
 Age 75 Y'rs 9 Mo's 23 Days
 Weight 145 Height 5 ft. 6 in. Eyes _____
 Funeral at Chapel
 Date Mon Oct 17 1938 4-P M
 Account charged Mrs Clara B Johnson
 Address 334 - N. Main St
 Account guaranteed Estate
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 - Gr B. C 250.00
 Casket with Copper Lin.
 Style of Casket R. C. Style 1/2 - C
 No. of Casket 121 1/2 - Temp. A
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section A N 1/2 - Lot 11

I Other Graves _____



X Grave on this date _____

Cremation P. B. Car 5.00
 Urn Car min 5.00
 Single Grave _____
 Opening and Closing Grave Tute 15.00
 Body Shipped to Music by Family
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Tucker 5.00
 Casket Wagon (1)
 Physician Dr. Tolson
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

Knight Templar
services at Grave
330.00

Garey Hand Funeral Home

Name of deceased Mr Boyd Cox
 Date of death Nov - Oct 17 - 38 - 4 AM
 Cause of death Myocardial aneuria
 Place of death O. T. N.
 Residence Winters Park
 Age 55 Y's 7 Mo's 7 Days
 Weight 165 Height 5 ft. 7 in. Eyes
 Funeral at Chapel
 Date Wed Oct 19 1938 4 P.M
 Account charged Mr Boyd Cox
 Address 1934 Harman Ave Winters Park
 Account guaranteed Insurance

Embalming <u>& Dressing</u>	35.00
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-6-Metal</u>	225.00
Casket with Copper Lin. <input checked="" type="checkbox"/>	
Style of Casket <u>Stet 1/2 - e</u>	
No. of Casket <u>Hawthorn</u> <u>shin</u>	
Outside Box <u>Reg</u>	
Shipping Case of Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate <input checked="" type="checkbox"/>	
Cemetery <u>Greenwood</u>	
Section <u>E 1/2 62; 5</u> ; Lot	

I Other Graves

E
N
S
W

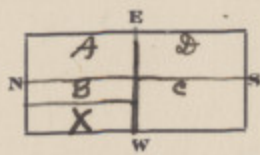
X Grave on this date	
Cremation <u>@ a Min & P. B</u>	5.00
Urn	
Single Grave	
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to	
R. R. Ticket	
Cash advanced	
Telegram	
Minister <u>Rev</u>	
Casket Wagon <u>(1)</u>	5.00
Physician <u>Dr. Chappell</u>	
County or City Burial	
Automobiles <u>515</u>	15.00
Baggage or Express Train No.	300.00

Carey Hand Funeral Home

Name of deceased *Mrs Sara Hinkle*
 Date of death *Mon - Oct - 17 - 30*
 Cause of death *auto accident*
 Place of death *Vla Sem*
 Residence *Neas Semmes, Coant Home*
 Age *62* Yrs *5* Mo's *13* Days
 Weight *135* Height *5* ft. *5* in. Eyes
 Funeral at *Chapel*
 Date *Wed Oct 24 - 1930* *3 P* M
 Account charged *Mr Edgar T Hinkle*
 Address *Longwood Vla*
 Account guaranteed *Insurance*

Address
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket *6-3-514 Plush* 175.00
 Casket with Copper Lin.
 Style of Casket *Oct 1/2 - C -*
 No. of Casket *1427 Shires*
 Outside Box *R-9*
 Shipping Case or Vault
 Handles *Ext*
 Pillow Set *yes*
 Name Plate
 Cemetery *Winters Park*
 Section *72 H 1/2* Lot *B*

I Other Graves

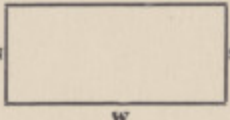


X Grave on this date

Cremation
 Urn *music* 5.00
 Single Grave 15.00
 Opening and Closing Grave *97 cl*
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister *Rev John Hanger of W.P.* 5.00
 Casket Wagon
 Physician *Dr Evans*
 County or City Burial 15.00
 Automobiles *S + S* 250.00
 Baggage or Express Train No.

250.00

Carey Hand Funeral Home

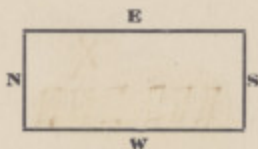
Name of deceased Miss Woodrow Foster
 Date of death Oct-18-38 11 A.M.
 Cause of death Pul T. B.
 Place of death State T B Hospital
 Residence Lake City
 Age 24 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1938 M
 Account charged Wilson Funeral Home
 Address Lake City Fla
 Account guaranteed _____
 Address _____
 Embalming
 Robe, Suit, Dress _____ 25.00
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Wilson and Co
 No. of Casket Cameja Body
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____ 25.00
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Rolla Reel
 Date of death Oct 17-38 PM
 Cause of death air plain crash
 Place of death Sanford Fla
 Residence Sanford
 Age 58 Yrs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Baptist Church Sanford
 Date Wed Oct 19 1938 2:30 P. M
 Account charged Mrs Rolla Reel
 Address Sanford Fla
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Helena
 Outside Box Reg- Adams
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Patrick on Lake Hill
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave to be 15.00

Body Shipped to Emberson of Sanford

R. R. Ticket had all of the service

Cash advanced to the church

Telegram He completed the service

Minister was Extra Large Funeral

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles S 45 15.00

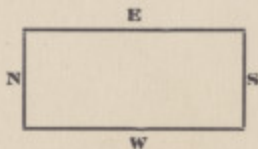
Baggage or Express Train No. B 37.50

Gary Hand Funeral Home

Name of deceased Frederick A. Ronske
 Date of death Oct 18 - 8:30 P.M.
 Cause of death auto accident
 Place of death near Sevensport in State Hw Highway
 Residence Lake Wales Fla
 Age 36 Y'rs Mo's Days
 Weight Height ft. in. Eyes
 Funeral at Church
 Date Sat 1938 M
 Account charged Mrs Betty Ronske
 Address Lake Wales Fla
 Account guaranteed Fla Motor Line
 Address
 Embalming See ck
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-5-2
 Casket with Copper Lin.
 Style of Casket Oct 3-P.T
 No. of Casket 54-2
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section Lot

Nov-9-1938
 Duval County
 Home Cemetery

I Other Graves

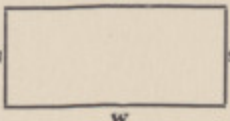


X Grave on this date

Cremation Auto
 Urn County Burial \$ 1450
 Single Grave White
 Opening and Closing Grave etc
 Body Shipped to
 R. R. Ticket 6250
 Cash advanced Cline F. Home \$ 7500
 Telegram
 Minister Rev F. Turner
 Casket Wagon To Harris City
 Physician
 County or City Burial
 Automobiles 505
 Baggage or Express Train No.

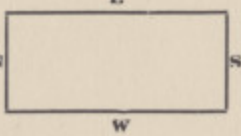
auto accident
Fla Motor Line
will pay acct
Mrs Ralph Hornby 7500
County pay 1450
 \$ 25700
 \$ 25000
 \$ 8950

Carey Hand Funeral Home

Name of deceased Harry Fluhart
 Date of death Oct 15-38
 Cause of death Stroke - Dementia
 Place of death Res
 Residence De Land Fla
 Age 77 Y'rs 8 Mo's 12 Days
 Weight 150 Height 6 ft. 1 in. Eyes Blue
 Funeral at Allen F. H. De Land
 Date _____ 1938 M
 Account charged Allen & Sumnerhill
 Address De Land Fla
 Account guaranteed ok
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket flat 1st
 Casket with Copper Lin Body wood
 Style of Casket by auto 9-PM
 No. of Casket Thru 10-20-38
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 9-AM-10-21-38
 Pillow Set _____
 Name Plate will call for Ashes
 Cemetery _____
 Section _____ Lot _____
wooden box
 I Other Graves _____
 X Grave on this date 

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased James Harty Poole
 Date of death Oct-19-38 8-PM
 Cause of death Hoising Byford's Machinery
 Place of death O.S.H.
 Residence Winter Garden
 Age 1 Y'rs 1 Mo's 13 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave
 Date _____ 1938 _____ M
 Account charged Shirley W Poole
 Address Winter Garden
 Account guaranteed insurance
 Address _____
 Embalming Care of Body 10.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket ~~2-4~~ 3-0-H 2, 5 27.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Garden
 Section _____ Lot _____
 I Other Graves 
 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave De Box & etc 10.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Daniel
 Casket Wagon _____
 Physician Dr. Osineup
 County or City Burial _____
 Automobiles Clard Car 5.00
 Baggage or Express Train No. 5250

52.50

Carey Hand Funeral Home

Name of deceased Wm A Roberson
 Date of death Oct 22 - 38 4 20 A.M.
 Cause of death Cancer of Stomach
 Place of death Res
 Residence Bureau S. of Winter Garden
 Age 77 Y'rs 4 Mo's 24 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sun Oct 23 1938 4 P.M.
 Account charged Mrs Wm A. Roberson
 Address Winter Garden
 Account guaranteed Wilder Robinson
 Address Windermer Va Box 102
 Embalming & Dressing Yes 25.00
 Robe, Suit, Dress Blue Suez 12.50
 Underwear and Hose _____ 1.00
 Casket 6-3-Gr - Cloth 150.00
 Casket with Copper Lin.
 Style of Casket Oct No. 1
 No. of Casket S-1411 Shiner
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set Yes
 Name Plate
 Cemetery Woodlawn
 Section C Lot 88

I Other Graves E

N
S
W

X Grave on this date

Cremation _____
 Urn Organ Only
 Single Grave _____
 Opening and Closing Grave T & etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced _____
 Telegram _____
 Minister Rev John Eschus
 Casket Wagon W & Res 5.00
 Physician Dr Schindler
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 22350

Cash - 25.00
New Payments

Carey Hand Funeral Home

Name of deceased Vigil T. Yamborough
 Date of death Sat Oct 22 1938 8:30 AM
 Cause of death Typhoid
 Place of death Y.H.
 Residence Orlande Rt-4- S M. S.

Age 61 Yrs. — Mo's 29 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____

Funeral at Chapel
 Date Sun Oct 23 1938 2 P. M

Account charged Mrs V.T. Yamborough
 Address Orlande Rt 4-

Account guaranteed deposits
 Address _____

Embalming Yes 25.00

Robe, Suit, Dress Blue 12.50

Underwear and Hose _____ 1.00

Casket 6-3- 90 90.00

Casket with Copper Lin.
 Style of Casket Oct H. C

No. of Casket 1927 Tampa

Outside Box Reg

Shipping Case or Vault
 Handles Ext

Pillow Set yes

Name Plate

Cemetery Greenwood

Section E 2 Lot 48

I Other Graves Bought by J. Cook

Lot left to same

X Grave on this date

Cremation Burial Lot 30.00

Urn None 5.00

Single Grave Aut Min 5.00

Opening and Closing Grave T & C 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister R. W.

Casket Wagon (1) 5.00

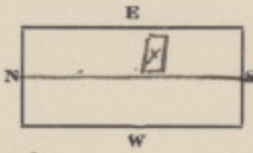
Physician Dr Anderson

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. 8

203.50



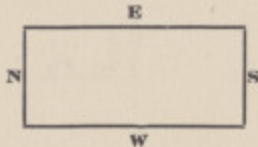
Garey Hand Funeral Home

Witchmondal

Name of deceased *Infant Myrtle Kue*
 Date of death *Sat Oct-22-38* PM
 Cause of death *Palmaturity*
 Place of death *D. G. G. G.*
 Residence *Blonde Rt - 18*
 Age Y'rs Mo's Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave side*
 Date *Sunday Oct 23* 19*38*
 Account charged *Wail Hitchmondal* H. P. M
 Address *Blonde Rt - 18*
 Account guaranteed
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0-H-P* 120 50
 Casket with Copper Lin. _____
 Style of Casket *See*
 No. of Casket *H. 20*
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Gotha*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave *4 cuts* 250

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister *Rev. Trap*

Casket Wagon _____

Physician *Dr. D. M. Egan*

County or City Burial _____

Automobiles _____

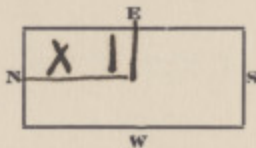
Baggage or Express Train No. 15.00

John in Charge

Carey Hand Funeral Home

Name of deceased *Mrs. Sarah E. Lofler*
 Date of death *Sat Oct-22-32* PM
 Cause of death *Pulmonary Tuberculosis*
 Place of death *Res -*
 Residence *718 West Church St*
 Age *63* - Y'rs *10* Mo's *28* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Chapel*
 Date *Mon Oct 24* 193*2* *4 P. M*
 Account charged *Mrs. Maddy Newman*
 Address *221 Anderson St*
 Account guaranteed *Ins* *Met*
 Address _____
 Embalming *& Dressing* *25.00*
 Robe, Suit, Dress *Orchid* *5.00*
 Underwear and Hose ✓ *75.00*
 Casket *6-3-1/2 Op*
 Casket with Copper Lin. ✓
 Style of Casket *Pat N. E*
 No. of Casket *1312 - Show*
 Outside Box *1719*
 Shipping Case or Vault ✓
 Handles *Short*
 Pillow Set *gor*
 Name Plate ✓
 Cemetery *Greenwood*
 Section *NE 1/4 53* Lot *9-*

I Other Graves _____
cement marker
cement marker
for Mrs Lofler
 X Grave on this date



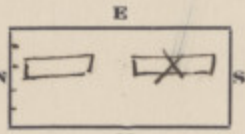
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave *Tute* *15.00*
 Body Shipped to _____
 R. R. Ticket *Cent N. Chy.*
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Mathews*
 County or City Burial _____
 Automobiles *S & S* *15.00*
 Baggage, or Express Train No. *135.00*
Fromely Day Port only *9.15*
have \$120.00 ins *\$120.00*
\$ 200.00

Carey Hand Funeral Home

Name of deceased Mrs Emma L Green
 Date of death Oct 22- 38- 7:35 P
 Cause of death Myocarditis (Chronic)
 Place of death Res
 Residence 14 N. Larsona Blvd
 Age 75 Yrs 5 Mo's 5 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at Chapel
 Date Tues Oct 25 1938 3:30 P, M
 Account charged Chas Larman
 Address 14-N Larsona Blvd
 Account guaranteed Payments
 Address

Embalming Yes Dressing 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket 6-3 1/2 Cupe 90.00
 Casket with Copper Lin. ✓
 Style of Casket Oct 2nd
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault ✓
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section M Lot 37
 Lower Lot

I Other Graves
 Head of Grave North
 Cement Marker
 X Grave on this date

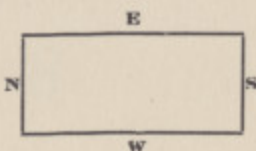


Cremation Quick Min + P.B 5.00
 Urn
 Single Grave
 Opening and Closing Grave T & etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon (1) 5.00
 Physician Frank Harris
 County or City Burial
 Automobiles S & S 15.00
 Baggage or Express Train No. 76 165.00
Monthly Payments

Carey Hand Funeral Home

Name of deceased George Kenneth Klein
 Date of death Oct 25 1938 39 m.
 Cause of death Pulmonary Tuberculosis
 Place of death State T.B. Hospital
 Residence Miami Fla
 Age 27 Y'rs 8 Mo's 29 Days
 Weight 135 Height 6 ft. 3 in. Eyes _____
 Funeral at Leet
 Date Oct 1938 M
 Account charged Mrs George K. Klein
 Address 12 S.E. - 8th St Miami Fla
 Account guaranteed W. U. Craft
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress H. Linen 18.50
 Underwear and Hose 25.50 1.25
 Casket 6-3 1/2 Gr Cloth 135.00
 Casket with Copper Lin.
 Style of Casket Coat - H. C.
 No. of Casket S 1411-5
 Outside Box
 Shipping Case or Vault Air Seal 100.00
 Handles Short
 Pillow Set yes
 Name Plate Quartz
 Cemetery Miami Fla
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Miami Fla

R. R. Ticket from Tusculum 6.35

Cash advanced _____

Telegram _____

Minister Leet

Casket Wagon To Hospital 5.00

Physician Dr R. W. Thompson

County or City Burial _____

Automobiles To Tusculum 25.00

Baggage or Express Train No. \$ 319.10

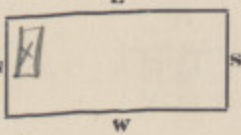
Drive to Tusculum for
the F.E. Coast 120 A.M.

Carey Hand Funeral Home

Name of deceased Gloria Rivers
 Date of death Oct 25
 Cause of death slid from car wreck
 Place of death Gainesville Fla
 Residence Albando Fla
 Age 31 Y'rs 11 Mo's 28 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Oct 26 1938 10 a.m
 Account charged Jess Rivers
 Address Albando Fla
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress Body arrived from
 Underwear and Hose Gainesville by
 Casket 6-4 1/2 x 2 1/2 Auto 10 A.M.
 Casket with Copper Lin. Yes 10-25-38
 Style of Casket std 1/2-e
 No. of Casket _____
 Outside Box
 Shipping Case or Vault air seat
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section P Lot 46
Sam Union Lot

I Other Graves _____
 Monument Marker _____



X Grave on this date _____

Cremation <u>Surviv</u>	25.00
Urn _____	
Single Grave _____	
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to _____	
R. R. Ticket <u>Auto Min</u>	5.00
Cash advanced _____	
Telegram _____	
Minister <u>Father Bishop</u>	
Casket Wagon _____	
Physician <u>Dr</u>	
County or City Burial _____	
Automobiles <u>S & S</u>	15.00
Baggage or Express Train No. _____	60.00

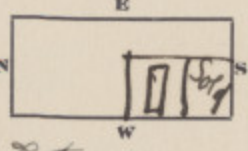
Body was brought to
Albando by James F. Home
Gainesville Fla.
Tuesday 9 a.m. Oct 25-6 1938

Carey Hand Funeral Home

Name of deceased Jack Phillips
 Date of death Oct-25-38
 Cause of death Truck turned
Crushed Chest over on him
 Place of death about 8-Miles N of Brookville
 Residence Alcoa, Fla
 Age 22 Y'rs 7 Mo's 23 Days
 Weight 130 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Sat Oct 28 1938 11:00 AM
 Account charged C. W. Johnson
 Address 1627 E. Concord
 Account guaranteed Insurance
 Address _____

Embalming Yes Dressing 35.00
 Robe, Suit, Dress Bel B C 25.00
 Underwear and Hose 1.50
 Casket 6-6 metal 225.00
 Casket with Copper Lin.
 Style of Casket Style 1/2 - e
 No. of Casket Rehlay
 Outside Box Reg
 Shipping Case or Vault
 Handles Yes
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section S R 1/4 B Lot 82
also in Grave

I Other Graves _____
Two other Lot
on his next with
Wes in Lot
 X Grave on this date _____
cannot make



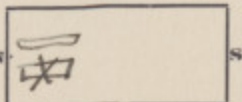
Cremation Burial Lot 15.00
 Urn Car minister 5.00
 Single Grave Car P. B. 5.00
 Opening and Closing Grave etc 15.00
 Body Shipped to Auto 5.00
 R. R. Ticket C. W. & Brookville 35.00
 Cash advanced _____
 Telegram _____
 Minister Rev Fred Turner
 Casket Wagon _____
 Physician County Judge
 County or City Burial _____
 Automobiles SIS 15.00
 Baggage or Express Train No. 838 50

\$ 388.50

Carey Hand Funeral Home

Name of deceased Frank W. Congdon
 Date of death Oct 26 2:15 P.M.
 Cause of death Nephritis - Chro.
 Place of death Res.
 Residence 123 E. Colonial Drive
 Age 80 Y'rs 4 Mo's 29 Days
 Weight 145 Height 5 ft. 8 in. Eyes
 Funeral at Chapel
 Date Sat Oct 29 1938 11 A.M.
 Account charged Jennie B. Curtis
 Address 123 E. Colonial Drive
 Account guaranteed Estate
 Address

Embalming & Dressing 35.00
 Robe, Suit, Dress 25.50
 Underwear and Hose 5.00
 Casket 6-3-G. Bd. C. 356.00
 Casket with Copper Lin.
 Style of Casket State N. C.
 No. of Casket 7218 Shiner
 Outside Box
 Shipping Case or Vault Am Seal 125.00
 Handles Ext. Shaded & Sil
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section M. Lot 40
Cement marker also for Mrs Congdon
 I Other Graves
 Head of Grave Nath



X Grave on this date
 Cremation Carmin & P. B. 5.00
 Urn Wood Car Family 5.00
 Single Grave
 Opening and Closing Grave etc 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Gas Lawrence (C.S.) 5.00
 Casket Wagon (1)
 Physician Dr. John Redding
 County or City Burial
 Automobiles SVS 15.00
 Baggage or Express Train No.

\$ 581.50
5.00
586.50

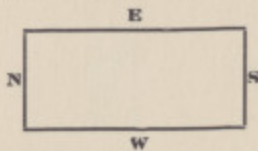
To Mr Lawrence
Bladen

Carey Hand Funeral Home

Name of deceased Georgia Ann Meek
 Date of death Oct 26^E 11:25 P.M.
 Cause of death Pneumonia
 Place of death A. S. N.
 Residence Oveido, Fla
 Age 67 Y'rs 1 Mo's 26 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Methodist Church Oveido Fla
 Date Friday Oct 28 1938 3 P.M.
 Account charged Mrs Wm A. Meek
 Address Oveido, Fla.
 Account guaranteed _____
 Address _____

Embalming <u>✓ Dressing</u>	35.00
Robe, Suit, Dress <u>✓</u>	
Underwear and Hose <u>✓</u>	
Casket <u>6-3-1st Plush</u>	150.00
Casket with Copper Lin. <u>✓</u>	
Style of Casket <u>Oct H.C.</u>	
No. of Casket <u>2017. Shur</u>	
Outside Box <u>✓</u>	
Shipping Case or Vault <u>air seal</u>	125.00
Handles <u>short</u>	
Pillow Set <u>yes</u>	
Name Plate <u>✓</u>	
Cemetery <u>Oveido Fla</u>	
Section _____ Lot _____	

I Other Graves

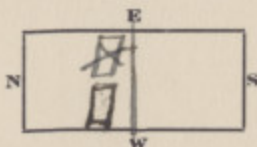


X Grave on this date

Cremation _____	
Urn _____	
Single Grave _____	
Opening and Closing Grave <u>etc</u>	15.00
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Rev Norton</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Andrews</u>	
County or City Burial _____	
Automobiles <u>545</u>	25.00
Baggage or Express Train No. _____	345.00
	30
<u>Net of Pd in 10 da %</u>	315.00

Carey Hand Funeral Home

Name of deceased Frank T. Cashion
 Date of death Oct 27 12:15 P.M.
 Cause of death Cerebral Thrombosis
 Place of death Residence
 Residence 640 Clayton St
 Age 57 Y'rs 9 Mo's 15 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday Oct 30 1938 10 A.M.
 Account charged Beary Cashion (Wife)
 Address 640 Clayton St
 Account guaranteed Insurance
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 1/3 Grey Plush 190.00
 Casket with Copper Lin.
 Style of Casket Oct H.C. 1/2 Cash
 No. of Casket 1927 Shires
 Outside Box _____
 Shipping Case or Vault Steel Vault 125.00
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section J. N 1/2 Lot 21
 Cement marker
 I Other Graves _____
 X Grave on this date _____
 Cremation 2 - P. B. Car 10.00
 Urn Car Min 5.00
 Single Grave _____
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev 5.00
 Casket Wagon (1)
 Physician Dr. Anderson
 County or City Burial _____
 Automobiles S.S. 15.00
 Baggage or Express Train No. 400000



Garey Hand Funeral Home

Name of deceased Infant (Reams)
 Date of death Oct 27th 9 AM
 Cause of death Spinal meningitis
 Place of death Fla Santa
 Residence Winter Park Fla.
 Age Y'rs Mo's Days 3
 Weight Height ft. in. Eyes
 Funeral at
 Date 1938 M
 Account charged Garey Reams
 Address Winter Park Fla Box 114
 Account guaranteed
 Address

Embalming
 Robe, Suit, Dress
 Underwear and Hose Cremation 5.00
 Casket
 Casket with Copper Lin.
 Style of Casket
 No. of Casket
 Outside Box
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery Cremation
 Section Lot

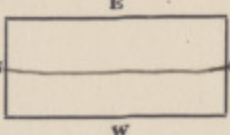
I Other Graves E
N S
W

X Grave on this date
 Cremation Will call for Urn
 Urn

Single Grave Body cremated 9-AM
 Opening and Closing Grave Sat 10-29-38
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician Dr. Knowles
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 5.00

Garey Hand Funeral Home

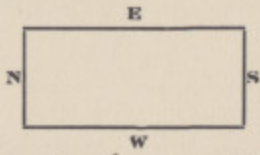
Name of deceased Lorna Joan Sewell
 Date of death Oct 27 1:15 AM
 Cause of death Acute Primary Bronchitis
 Place of death D. F. H.
 Residence Cor - Mich Ave & So Slippe
 Age Y'rs Mo's 3 Days
 Weight Height ft. in. Eyes
 Funeral at Chapel
 Date Friday Oct 28 1938 5 P. M
 Account charged Aubrey C. Sewell
 Address Cor Mich Ave & So-Slippe
 Account guaranteed Insurance
 Address
 Embalming 15 00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2/6 White 25 00
 Casket with Copper Lin.
 Style of Casket
 No. of Casket Tampa 103
 Outside Box Req.
 Shipping Case or Vault
 Handles
 Pillow Set
 Name Plate
 Cemetery
 Section E 1/2 Lot 52 62 50
 I Other Graves 
 X Grave on this date
 Cremation
 Urn Closed Car 5 00
 Single Grave
 Opening and Closing Grave etc 5 00
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev. W. Cornell
 Casket Wagon
 Physician Dr. Sinclair
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 112.50

Carey Hand Funeral Home

Name of deceased Lydia E. Long
 Date of death Oct 26
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence Miami, Fla
 Age 82 Y'rs 1 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Miami Fla
 Date Oct 1938 M
 Account charged W. L. Philbrick Unde
 Address Miami Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by express 3:15 a.m.
 Outside Box Oct 28-38
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Sat 8 a.m.
 Cemetery Oct 29-38
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Ashes expressed to
 Urn W. L. Philbrick Unde
 Single Grave Miami, Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

~~37.50~~ 37.50

Garey Hand Funeral Home

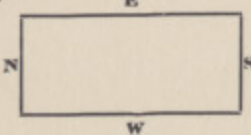
Name of deceased John Scott
 Date of death Oct 31 - 38 6:30 P.M.
 Cause of death Chole Endocarditis
 Place of death Res
 Residence Cherry Highway Mar Kate Jones
 Age about 58 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Nov 1 1938 11 A M
 Account charged County

Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Case 14.50 ✓
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn

Section Thomys Lot Lot _____
 I Other Graves _____

X Grave on this date



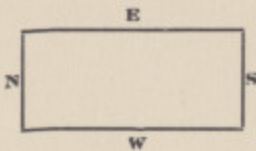
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave by the
 Body Shipped to Woodlawn Cemetery
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister B
 Casket Wagon _____
 Physician Dr Redding
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

Name of deceased Nicholas Tamney
 Date of death Nov 1 - 38 12:30 A.M.
 Cause of death Myocardial infarctus
 Place of death Atlanta
 Residence 832 Atlanta ave
 Age 58 Y'rs. Mo's _____ Days _____
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at M. C. Church
 Date Thurs Nov 3 1938 3-P, M
 Account charged Mrs Nicholas Tamney
 Address 832 Atlanta ave
 Account guaranteed Insurance Prudential
 Address _____
 Embalming Dress 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Dr. Brk Plank 190.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2 - e
 No. of Casket 1927 - 3
 Outside Box Reg
 Shipping Case or Vault
 Handles cut
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section 9 Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave White

Opening and Closing Grave T + D

Body Shipped to P. B. car

R. R. Ticket Car Min

Cash advanced _____

Telegram _____

Minister Rev A. Fred Turner

Casket Wagon _____

Physician Dr. Orr

County or City Burial _____

Automobiles S V S \$ 15.00

Baggage or Express Train No. 2 273.00

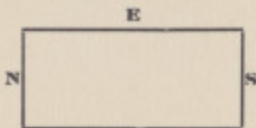
Flower car
mince

	7.00
	15.00
	3.00
	5.00
	273.00
	5.00
	2.50
	279.50

Carey Hand Funeral Home

Name of deceased Maria H. Powers
 Date of death Oct 28
 Cause of death Myofastatic Pneumonia
 Place of death St Petersburg Fla
 Residence St Petersburg, Fla
 Age 58 Y'rs 7 Mo's 23 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at St Petersburg Fla
 Date Oct 1938 M
 Account charged Cooksey F. Home.
 Address St Petersburg, Fla
 Account guaranteed check
 Address _____
 Embalming Cremation. 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by air to Tuesday
 Outside Box 94.m. Nov 2 - 1938
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate Wed 94.m.
 Cemetery Nov 2nd 1938
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation ashes expressed to
 Urn Cooksey F. Home
 Single Grave St Petersburg Fla
 Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

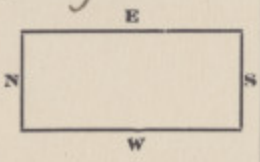
Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Mr. Nick Mouchos
 Date of death Nov 2nd 193 49 m.
 Cause of death Cancer
 Place of death County Home Hospital
 Residence Beul Hotel W. Church St
 Age about 65 Yrs. Mo's _____ Days _____
 Weight 134 Height 5 ft. 5 in. Eyes _____
 Funeral at Deat
 Date _____ 193 _____ M
 Account charged John Barros
 Address H. Can ave N. Y Hat shop
 Account guaranteed Insurance Greek fund
 Address _____
 Embalming Yes Dissection 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Emb Doe 25.00
 Casket with Copper Lin. _____
 Style of Casket Spr H C
 No. of Casket 2413-3-X
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set Yes
 Name Plate Taylor Springs
 Cemetery Aradia Fla
 Section Greek Cemetery of _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave Taylor Springs
 Body Shipped to Aradia Fla.
 R. R. Ticket _____
 Cash advanced Express 8.40
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr. Quillman
 County or City Burial _____
 Automobiles _____

Baggage or Express Train No. 75 \$ 68.40

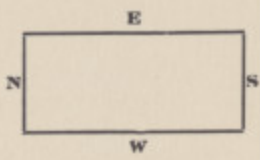
Sat morning 11-5-38

acct. 133
840
743.40

Garey Hand Funeral Home

Name of deceased Mrs Eva Lotger
 Date of death Nov 3 1938
 Cause of death Corymb. Occlusion
 Place of death C. S. N.
 Residence Deland Rt 19 Box 222
 Age 73 Yrs 5 Mo's 8 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Home
 Date Nov 8 1938 M
 Account charged Jacob Lotger
 Address Deland Rt 19 Box 222
 Account guaranteed _____
 Address _____
 Embalming Y Dressing 35.00
 Robe, Suit, Dress 10.00
 Underwear and Hose _____
 Casket 6-3 In Maple 90.00
 Casket with Copper Lin. _____
 Style of Casket Let N. E
 No. of Casket 1972
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery West
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Jackson Mich
 R. R. Ticket 3642-2582 62.24

Cash advanced _____

Telegram _____

Minister Home
 Casket Wagon (1) 10.00

Physician Dr Hamner
 County or City Burial arrl Sw 5.00

Automobiles _____

Baggage or Express Train No. 92 212.24

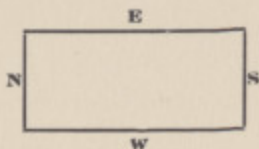
Sat-11-5+38 Cash for R. 62.24
8150.00

Del 25⁰⁰
Pr 9mo

Garey Hand Funeral Home

Name of deceased Mrs Luda Moorman Brown
 Date of death Nov-3-38 8:30 P.M.
 Cause of death Heart Failure - Myocarditis
 Place of death Res.
 Residence Winter Garden
 Age 81 Y'rs 10 Mo's 20 Days
 Weight 135 Height 5 ft. 5 in. Eyes
 Funeral at M. E. Church W. Garden
 Date Sat - Nov - 5 1938 2-P. M.
 Account charged J. L. Moorman
 Address Deland Fla
 Account guaranteed Payments
 Address
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hosiery
 Casket 6-3-52 Doe 135.00
 Casket with Copper Lin.
 Style of Casket Def. H. C.
 No. of Casket 51811-S
 Outside Box R-9
 Shipping Case or Vault
 Handles Ext
 Pillow Set Yes
 Name Plate
 Cemetery Woodlawn
 Section D- Lot 207

I Other Graves



X Grave on this date

Cremation

Urn

Single Grave

Opening and Closing Grave T & U 15.00

Body Shipped to

R. R. Ticket

Cash advanced

Telegram

Minister Paul M. F. Chase W. G. 5.00

Casket Wagon (1)

Physician Dr. Scanlon

County or City Burial

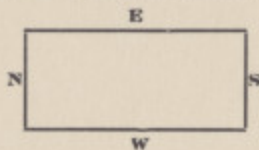
Automobiles S-S 15.00

Baggage or Express Train No. \$ 205.00

Carey Hand Funeral Home

Name of deceased Robert Collins Fryer
 Date of death Nov - 4 - 38 5:15 - AM
 Cause of death Senility
 Place of death Res.
 Residence 918 E. Cen Ave
 Age 84 Yrs 10 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Deat
 Date Nov 1938 M
 Account charged Clara Fryer
 Address 918 - E. Cen Ave
 Account guaranteed _____
 Address _____
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 63 Gr. Cope 90.00
 Casket with Copper Lin.
 Style of Casket Oct H. C
 No. of Casket 1972 - 7
 Outside Box R-19
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Manchester Ga.
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave Manchester Ga

Opening and Closing Grave _____

Body Shipped to Delia

R. R. Ticket 1225 825 20.50

Cash advanced _____

Telegram _____

Minister Deat

Casket Wagon (2) 10.00

Physician Dr. Jas Ford

County or City Burial _____

Automobiles _____

Baggage ~~or Express~~ Train No. 76

155.50

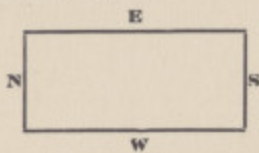
Nov - 11 - 4 - 38

Carey Hand Funeral Home

Name of deceased Sophia Kugler
 Date of death Nov 4 9:10 a.m.
 Cause of death Broncho. Pneumonia
 Place of death Residence
 Residence Apopka Fla
 Age 87 Y'rs 8 Mo's 2 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sat Nov 5th 1938 3 P. M
 Account charged Mrs J. W. Louis
 Address Apopka Fla
 Account guaranteed Cash
 Address _____

Embalming <input checked="" type="checkbox"/> <u>Shrining</u>	25.00
Robe, Suit, Dress _____	
Underwear and Hose _____	
Casket <u>1/3 Case + service</u>	20.00
Casket with Copper Lin. _____	
Style of Casket _____	
No. of Casket _____	
Outside Box _____	
Shipping Case or Vault _____	
Handles _____	
Pillow Set _____	
Name Plate _____	
Cemetery <u>Crematorium</u>	50.00
Section _____ Lot _____	

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev W. J. Ashworth
 Casket Wagon _____
 Physician Dr. Mc Bride
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

5.00

\$100.00

Carey Hand Funeral Home

Name of deceased Frannie Graves.
 Date of death Nov 5 1:30 a.m.
 Cause of death Heart Disease - Arterio Sclerosis
 Place of death C. G. N.
 Residence Mc Clay after - Orlando
 Age 79 Y'rs 5 Mo's 13 Days
 Weight 135 Height 5 ft. 4 in. Eyes
 Funeral at Destin Fla.
 Date Nov 1938
 Account charged Mrs N-B. Dan Gibson
 Address Mc Clay after -
 Account guaranteed Estate
 Address

Embalming + Dressing	35.00
Robe, Suit, Dress	
Underwear and Hose	5.50
Casket <u>6-6 Walnut</u>	525.00
Casket with Copper Lin.	
Style of Casket <u>State 1/2 - C.</u>	
No. of Casket <u>394 1/2</u>	Cin
Outside Box <u>Rig</u>	
Shipping Case or Vault	
Handles <u>Ext Yes</u>	
Pillow Set <u>Yes</u>	
Name Plate <u>Name & Date 1858-38</u>	
Cemetery <u>Waynesville N.C.</u>	
Section	Lot.

I Other Graves
Haywood Co

X Grave on this date

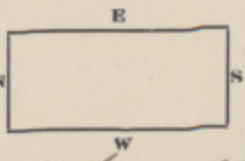
Cremation	
Urn <u>Burial at Waynesville</u>	
Single Grave <u>N.C.</u>	
Opening and Closing Grave	
Body Shipped to <u>Asheville N.C.</u>	\$ 65.75
R. R. Ticket <u>3-1875 1-325 1-80</u>	x
Cash advanced	
Telegram	
Minister	
Casket Wagon <u>12</u>	10.00
Physician <u>Dr. Spencer Folsom</u>	
County or City Burial	
Automobiles <u>amb</u>	5.00
Baggage or Express Train No. <u>92</u>	\$ 575.00
<u>Mar-Nov-7-38</u>	RR. x 65.75
<u>only cash</u>	640.75
	65.75
	\$ 575.00

Garey Hand Funeral Home

Name of deceased George A. Morse Jr.
 Date of death Nov 4
 Cause of death Cerebral Hemorrhage
 Place of death Lake Wales, Fla.
 Residence Babson Park Fla.
 Age 77 Y'rs 9 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Lake Wales Fla.
 Date Nov 1938 M
 Account charged Shaper Funeral Home
 Address Lake Wales, Fla.
 Account guaranteed Check.
 Address _____

Embalming _____
 Robe, Suit, Dress Cremation # 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body covered
 No. of Casket Yachts, Sat.
 Outside Box 10pm. Nov 5-38
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body cremated
 Name Plate Sat 5 P.M.
 Cemetery Nov 5 - 1938
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Ashes expressed
 Urn Shaper Funeral Home
 Single Grave Lake Wales Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Garey Hand Funeral Home

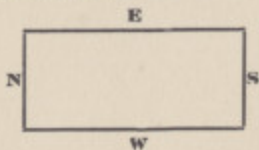
CHARLES

Name of deceased *James Arthur Stanley*
 Date of death *Nov - 5 - 38 - P.M.*
 Cause of death *Pneumonia*
 Place of death *Res*
 Residence *Apofka*
 Age *2* Yrs *5* Mo's *5* Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at *Grave side*
 Date _____ 193_____ M

Account charged *County*
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0- H.L.* 14.50
 Casket with Copper Lin. _____
 Style of Casket *Sgt. H. M.*
 No. of Casket _____
 Outside Box *Reg*
 Shipping Case or Vault _____
 Handles *small*
 Pillow Set _____
 Name Plate _____
 Cemetery *Apofka New*
 Section _____ Lot _____

I Other Graves



X Grave on this date

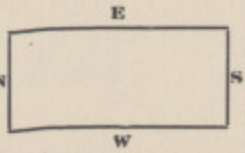
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr. Gamsel*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

Garey Hand Funeral Home

Name of deceased Charles W. Small
 Date of death Nov-1-38
 Cause of death Suicide
 Place of death Res Fla
 Residence Sarasota Fla
 Age 52 Yrs 0 Mo's 20 Days
 Weight 165 Height 5 ft. 8 in. Eyes
 Funeral at Sarasota
 Date _____ 1938 M
 Account charged Thacker & Sam Gilder
 Address Sarasota Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Ljn. Body arrived
 Style of Casket by Express a c 2
 No. of Casket 76-
 Outside Box Sun morning
 Shipping Case or Vault Nov 6-38
 Handles _____
 Pillow Set Body cremated 9 AM
 Name Plate 11-6-38
 Cemetery _____
 Section _____ Lot _____

I Other Graves
wooden box



X Grave on this date

Cremation Ashes expressed to
 Urn Thacker & Sam Gilder
 Single Grave Sarasota Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

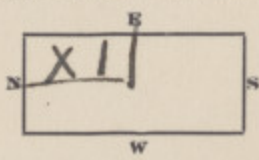
\$ 37.50

Garey Hand Funeral Home

Name of deceased Mrs Anna M Budge
 Date of death Nov-7-38 9-PM
 Cause of death Intestinal obstruction
 Place of death County Home
 Residence 713 Franklin st
 Age 72 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Love Side
 Date Nov-8 1938 3 P M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Case 14.50
 Casket with Copper Lin. _____
 Style of Casket Sp
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section N.E. 1/4 83 Lot B

I Other Graves _____
 X Grave on this date _____



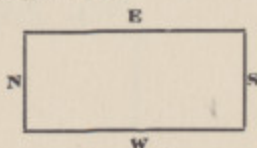
Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician Dr Quillman
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14.50

Carey Hand Funeral Home

Name of deceased William P. Reams
 Date of death Nov 8 - 10:45 P.M.
 Cause of death General paresis (Parkinson)
 Place of death Residence
 Residence Winter Garden, Fla.
 Age 76 Yrs 3 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Methodist Church, Winter Garden
 Date Thurs Nov 10 - 1938 2 P.M.
 Account charged Mrs Mimi P. Reams
 Address Winter Garden Fla Wife
 Account guaranteed Cash 5000 - Bal. Payment
 Address _____
 Embalming Dressing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 43 Guy cloth 90.00
 Casket with Copper Lin. _____
 Style of Casket Oct. N. Cap.
 No. of Casket 54 - Walker
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Lot
 Pillow Set yes
 Name Plate ✓
 Cemetery Berulah
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Cement Vault
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 15 00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced Labot material for Vault 24 95
 Telegram _____
 Minister Rev Peeler
 Casket Wagon _____ 5 00
 Physician Dr. Wheatly
 County or City Burial _____
 Automobiles SVS 15 00
 Baggage or Express Train No. _____

#189.95

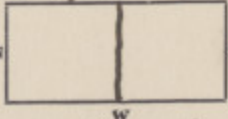
Carey Hand Funeral Home

Name of deceased Mrs Lucy A. Ployd
 Date of death Nov-9-38
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence East of Conway
 Age 78 Yrs 5 Mo's 13 Days
 Weight 110 Height 5 Ft. 2 in. Eyes Blue
 Funeral at Grave
 Date Monday Nov 14 - 1938 11 A. M.
 Account charged Mrs Stella V. Howard
 Address Rt 1 - Box 36 - N Orlando Fla
 Account guaranteed Payments
 Address _____

Embalming _____
 Robe, Suit, Dress Estimation 30.00
 Underwear and Hose _____

Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket Body Cremated
 Outside Box 4:30 P. M.
 Shipping Case or Vault Thursday
 Handles Nov 10 - 1938

Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section J - 2 1/2 Lot 154
Trumble Rd

I Other Graves _____


X Grave on this date _____
 Cremation Ashes scattered
 Urn in Greenwood
 Single Grave Cemetery on
 Opening and Closing Grave Mrs

Body Shipped to Frank Trumble
 R. R. Ticket Lot 154 - J. 2 1/2
 Cash advanced Monday 11 A. M.
 Telegram Nov 14 - 1938

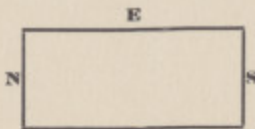
Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$50.00

Carey Hand Funeral Home

Name of deceased Mrs. Francis A. Reed
 Date of death Nov 8
 Cause of death Polar Pneumonia
 Place of death Res
 Residence Eustis
 Age 71 Y'rs 7 Mo's 10 Days
 Weight 170 Height 5 ft. 7 in. Eyes
 Funeral at Eustis Fla
 Date Nov 1938 M
 Account charged Geller & Rehtaum Mdd & Co
 Address Eustis Fla
 Account guaranteed Check
 Address
 Embalming Cremation 3750
 Robe, Suit, Dress
 Underwear and Hose
 Casket Body Arrived
 Casket with Copper Lin. 5 P. M
 Style of Casket Thursday
 No. of Casket Nov 10 - 1938
 Outside Box by auto
 Shipping Case or Vault
 Handles
 Pillow Set Body Cremated
 Name Plate Thurs 5:30 P M
 Cemetery Nov 10 - 1938
 Section Lot

I Other Graves



X Grave on this date

Cremation Ashes Expressed
 Urn to Geller & Rehtaum
 Single Grave Und Co - Eustis
 Opening and Closing Grave Fla
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister
 Casket Wagon
 Physician
 County or City Burial
 Automobiles
 Baggage or Express Train No.

\$ 37 50

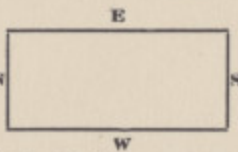
Garey Hand Funeral Home

Name of deceased Mrs Knudson
 Date of death Nov-8-38 AM
 Cause of death Coronary Thrombosis
 Place of death in Hotel Baltimore incl
 Residence Pine Castle
 Age _____ Yrs _____ Mo's _____ Days _____
 Weight 170 Height 5 ft. 8 in. Eyes _____
 Funeral at Chapel
 Date Sun Nov-13 1938 3 P.M
 Account charged Mrs Knudson
 Address Pine Castle
 Account guaranteed Insurance 250.00
 Address all insurance Co

M. Knudson

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-4 C
 Casket with Copper Lin. _____
 Style of Casket Oct. No. C
 No. of Casket _____
 Outside Box Req
 Shipping Case or Vault _____
 Handles Mat
 Pillow Set yes
 Name Plate _____
 Cemetery Oak Ridge
 Section _____ Lot _____

I Other Graves



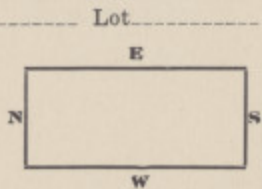
X Grave on this date

Cremation L. L. Phare-Balt- 3.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave TV etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced C. V. LEXINGTON Baltimore 200.00
 Telegram _____
 Minister Walt G. Murphy
 Casket Wagon (1)
 Physician _____
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. \$ 39.00

Body arrived on Nov 24 75 233.00
Tue Morning

Carey Hand Funeral Home

Name of deceased Mrs Nellie P. Ayton
 Date of death Sat Nov-12-38 AM
 Cause of death Cerebral Hemorrhage
 Place of death Res
 Residence 429 - E. Pine St
 Age 60 Y'rs 4 Mo's 12 Days
 Weight 135 Height 5 ft. 5 in. Eyes Grey
 Funeral at Chapel
 Date Monday Nov 14 - 1938 2P M
 Account charged Mrs Howard H. Ayton
 Address 429 E. Pine St
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00 ✓
 Robe, Suit, Dress
 Underwear and Hose
 Casket Leis Chg 35.00 ✓
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves Wooden
By



X Grave on this date

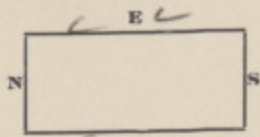
Cremation 50.00 ✓
 Urn Body Cremated
 Single Grave Monday 4 P. M.
 Opening and Closing Grave Nov 14-38
 Body Shipped to _____
 R. R. Ticket Will call for Ashes
 Cash advanced _____
 Telegram _____
 Minister Rev M. C. Nair
 Casket Wagon 4 5.00 ✓
 Physician Dr. J. Redding
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 12500

Bronze Urn 70-22 30.
 Engraving 5
160.

Garey Hand Funeral Home

Name of deceased Mrs Norma A Smith
 Date of death Nov-9-38
 Cause of death acute Pancreatitis
 Place of death Res
 Residence Daytona Beach Fla
 Age 39 Yrs 4 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach
 Date _____ 1938 M
 Account charged Neig & Brooks
 Address Daytona Beach Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 30-
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by auto
 Style of Casket 1130 of a m
 No. of Casket Set Nov 12-38
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles 1-P.M. 11-12-38
 Pillow Set _____
 Name Plate Express Inp. To
 Cemetery Neig & Brooks
 Section Daytona Beach

I Other Graves
Bronze Urn
70 22



X Grave on this date

Cremation Bronze Urn 27 00

Urn _____
 Single Grave Infant Baby in
 Opening and Closing Grave Casket
 Body Shipped to with the mother
 R. R. Ticket No Extra charge

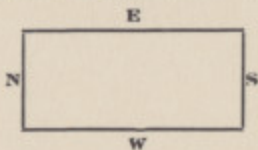
Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$64.50

Carey Hand Funeral Home

Name of deceased Baby Joseph
 Date of death Nov - 9 - 30
 Cause of death Pneumonia
 Place of death Res
 Residence Daytona Beach
 Age 1 Y'rs 1 Mo's 1 Days 1 Hr
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged _____
 Address _____
 Account guaranteed No Charge
 Address _____
 Embalming Body placed in the
 Robe, Suit, Dress _____
 Underwear and Hose Casket with
 Casket the mother
 Casket with Copper Lin. _____
 Style of Casket Mrs Norma A Smith
 No. of Casket _____
 Outside Box _____
 Shipping Casket or Vault
 Handles King + Brest
 Pillow Set 1/2 doz. of Duffin
 Name Plate _____
 Cemetery Beach in City
 Section _____ Lot _____

I Other Graves



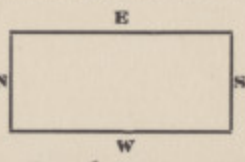
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased Mr Anthony Wayne Knapp
 Date of death Nov 9-38
 Cause of death Central Hemorrhage
 Place of death Res
 Residence Daytona Beach
 Age 88 Y'rs 0 Mo's 21 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Daytona Beach
 Date _____ 1938 M
 Account charged Haig + Brooker
 Address Daytona Beach Fla
 Account guaranteed ok
 Address _____
 Embalming Cremated 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body unmov'd
 Casket with Copper Lin. by auto
 Style of Casket BPM
 No. of Casket _____
 Outside Box Set Nov-12-38
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set 9g-m. Sunday
 Name Plate Nov 13-38
 Cemetery _____
 Section _____ Lot _____

I Other Graves
wooden Box



X Grave on this date

Cremation Ashes expressed to
 Urn Haig + Brooker Ind Co
 Single Grave Daytona Beach
 Opening and Closing Grave Fla

Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

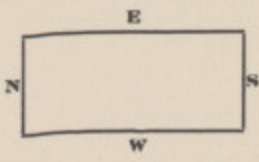
37.50

Carey Hand Funeral Home

Name of deceased Bess M McHenry
 Date of death Sat Nov 12-38 1-A.M.
 Cause of death Pul T. B.
 Place of death _____
 Residence San Antonio Tex
 Age 67 Y'rs 2 Mo's 11 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1938 _____ M
 Account charged _____
 Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket T. L. Blount of Tampa come
 Casket with Copper Lin. for the Body
 Style of Casket and completed
 No. of Casket the service
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

35.00

I Other Graves _____

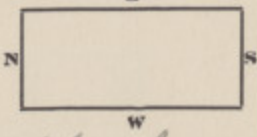


X Grave on this date _____

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

35.00

Gary Hand Funeral Home

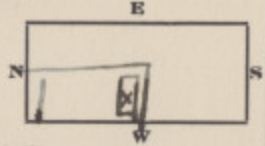
Name of deceased Mrs. Ella C. Lillibridge
 Date of death Nov. 7 - 38
 Cause of death Found Dead
 Place of death Res
 Residence Review Fla
 Age 86 Y'rs 3 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Plots F.H. Tampa
 Date _____ 1938 _____ M
 Account charged C. F. Blount
 Address Tampa Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body wrapped
 Casket with Copper Lin. 5-P m
 Style of Casket Sat Nov 12 - 38
 No. of Casket _____
 Outside Box Body cremated
 Shipping Case or Vault Sunday
 Handles 9 a.m. Nov 14 - 38
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
wood Box
 I Other Graves 
 X Grave on this date _____
 Cremation will notify when
 Urn to ship ashes
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____ 37.50
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased John H. Ware
 Date of death Sun Nov-13- 12:15 AM
 Cause of death _____
 Place of death O. G. H. Maui
 Residence Palet 21st Angelt Orlando Rd 3
 Age 10 Yrs 1 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Nazine Church Angelt
 Date Mon Nov 14 1935 2 P. M
 Account charged Mr. E. L. Ware
 Address Orlando Rd 3 - Box 478
 Account guaranteed Insurance
 Address _____

Embalming & Dressing 25.00
 Robe, Suit, Dress Robe } 6.95
 Underwear and Hose Shirts & ties }
 Casket H-6 - H. Plush 95.00
 Casket with Copper Lin.
 Style of Casket Oct H. Top
 No. of Casket 427 S-1
 Outside Box Reg
 Shipping Case or Vault
 Handles Shut
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section J - NW 1/4 Lot 147

I Other Graves _____



X Grave on this date _____

Cremation 1 - auto 5.00
 Urn 1 - auto - No Chg
 Single Grave _____
 Opening and Closing Grave To site 12.50
 Body Shipped to
 R. R. Ticket
 Cash advanced Towns 5.00 2.50 7.50
 Telegram _____
 Minister Rev. W. T. Higgs
 Casket Wagon _____
 Physician Dr. J. S. M. Carr
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. _____

166.95

Mr. Medlin who truck killed the boy will pay the acct

Gary Hand Funeral Home

Name of deceased Joyain Mrs & Mr L. R. Williams
 Date of death Nov 13 - 38 6 AM
 Cause of death _____
 Place of death Res
 Residence Windermer
 Age Y'rs Mo's Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date _____ 1938 _____ M
 Account charged Loren R Williams
 Address Windermer 7th
 Account guaranteed ok
 Address _____
 Embalming
 Robe, Suit, Dress
 Underwear and Hose
 Casket 2-0 W.P. 10. 00
 Casket with Copper Lin. _____
 Style of Casket Spr. H. M.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault
 Handles Small
 Pillow Set _____
 Name Plate _____
 Cemetery Woodlawn
 Section in the Lot _____
Rosser Lot E
 I Other Graves S

N
S
W

 X Grave on this date _____
 Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave 2. 00
 Body Shipped to Family Bought
 R. R. Ticket Casket done thru
 Cash advanced own work
 Telegram we have permit for
 Minister same
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 12. 00
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased Mr Arthur A Bigham
 Date of death Nov 12-38
 Cause of death Conary Occulsion
 Place of death Lakeland Fla
 Residence Silver Springs Md
 Age 92 Y'rs 1 Mo's 1 Days
 Weight 160 Height 6 ft. in. Eyes
 Funeral at _____
 Date _____ 1938 M
 Account charged Gentry Funeral Home
 Address Lakeland Fla
 Account guaranteed ok
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by auto
 Style of Casket by - P M Sun 11-13-38
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles 8 - a m 11-14-38
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E

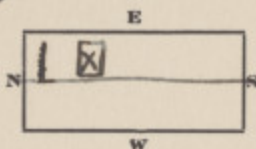
N
S

 X Grave on this date W
 Cremation ashes Expressed to
 Urn Warner & Pumphrey
 Single Grave 8424 Garden ave
 Opening and Closing Grave Silver Spring Md.
 Body Shipped to _____
 R. R. Ticket by air mail express
 Cash advanced Tuesday morning
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 37.50
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased Mrs Elizabeth B Dillinger
 Date of death Nov 12 - 38 - PM
 Cause of death Acute Dysentery, Stomach
 Place of death Res -
 Residence 322 - Magnolia
 Age 30 Y'rs 1 Mo's 0 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Nov - 14 1938 4 P M
 Account charged Mrs E. M. Dillinger
 Address 322 Magnolia
 Account guaranteed _____
 Address _____
 Embalming Yes
 Robe, Suit, Dress Robe
 Underwear and Hose _____
 Casket 6-3- In In Plunk
 Casket with Copper Lin.
 Style of Casket Open
 No. of Casket 1927
 Outside Box Reg
 Shipping Case or Vault
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Greenwood
 Section B E 1/2 Lot 76

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave Yes 15.00

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev Turner 5.00

Casket Wagon Yes 5.00

Physician No

County or City Burial _____

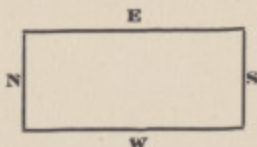
Automobiles Yes 15.00

Baggage or Express Train No. Yes 254.00

Garey Hand Funeral Home

Name of deceased Mrs. Doris Tomlinson
 Date of death Nov - 13 - 38 7: PM
 Cause of death Struck by auto
 Place of death Greene
 Residence Greene
 Age 34 Y'rs 11 Mo's 10 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Nov 15 - 1938 11 A M
 Account charged E. & Clark
 Address Winter Garden
 Account guaranteed _____
 Address _____
 Embalming Yes Dussing 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 - Ev large 90.00
 Casket with Copper Lin.
 Style of Casket Set H. E
 No. of Casket 1311-5
 Outside Box Reg
 Shipping Case or Vault
 Handles Short
 Pillow Set Yes
 Name Plate _____
 Cemetery Greene
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave See Chg - at top 10.00

Opening and Closing Grave Set

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister Rev James T. H. G.

Casket Wagon (1) 5.00

Physician Robinson J. P.

County or City Burial _____

Automobiles S & S 15.00

Baggage or Express Train No. \$ 45.00

Gary Hand Funeral Home

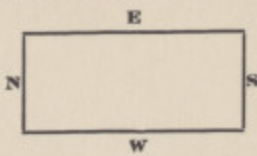
Name of deceased Patience Ford
 Date of death Nov-4-38
 Cause of death crushed skull
 Place of death Res
 Residence New Smyrna
 Age 8 Yrs 9 Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1938 _____ M
 Account charged Robinson & Turner
 Address N.S. New Smyrna
 Account guaranteed ck-
 Address _____
 Embalming Cremation 18.75
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body Arrived
 Style of Casket by auto 4:30 PM
 No. of Casket Mon 11-14-38
 Outside Box _____
 Shipping Case or Vault Body cremated
 Handles Tue 8-2 AM
 Pillow Set 11-15-38
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E
N S
 X Grave on this date W
 Cremation Ashes Exposed to
 Urn Robinson & Turner
 Single Grave New Smyrna
 Opening and Closing Grave J. J. J.
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____ 18.75
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Albert O M^c Guire
 Date of death Nov-15-38
 Cause of death Fracture of Skull
 Place of death O.S.H.
 Residence 2856 S. Jefferson
 Age 44 Y'rs 9 Mo's 11 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at North Park Baptist Church
 Date Friday Nov 18 1938 10A.M
 Account charged _____

Address _____
 Account guaranteed Insurance
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress Blue 5- 15.00
 Underwear and Hose _____
 Casket 6-3- Silver Plunk 150.00
 Casket with Copper Lin. _____
 Style of Casket Oct H. Cap
 No. of Casket 2017
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Sylvan Lake Cemetery
 Section Near Sanford Rd Lot _____

I Other Graves _____
 X Grave on this date _____



Cremation Auto 5.00
 Urn Amo Ser 5.00
 Single Grave _____
 Opening and Closing Grave T & etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev. W. R. Clarke 5.00
 Casket Wagon (1)
 Physician Hal Beardall
 County or City Burial _____
 Automobiles S Y S 20.00
 Baggage or Express Train No. _____ 250.00

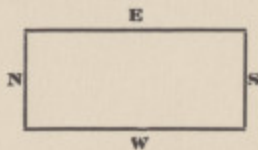
Lucious Count
not pay acct

Garey Hand Funeral Home

Name of deceased Mollie O. Troeger
 Date of death Nov-15-38
 Cause of death Cardiac Decompensation
 Place of death Res
 Residence Sebring Fla
 Age 76 Y'rs 1 Mo's 9 Days
 Weight 145 Height 5 ft. 6 in. Eyes _____
 Funeral at Sebring
 Date _____ 1938 M
 Account charged Stephens F. Home
 Address Sebring Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body covered
 Casket with Copper Lin. by Anti PM
 Style of Casket Mid
 No. of Casket _____
 Outside Box Body cremated
 Shipping Case or Vault _____
 Handles _____
 Pillow Set ashes exposed to
 Name Plate Stephens F. H
 Cemetery Sebring Fla
 Section _____ Lot _____

I Other Graves

wooden box



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to _____

R. R. Ticket _____

Cash advanced _____

Telegram _____

Minister _____

Casket Wagon _____

Physician _____

County or City Burial _____

Automobiles _____

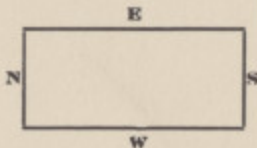
Baggage or Express Train No. _____

37.50

Carey Hand Funeral Home

Name of deceased Wm. H. Cantrell
 Date of death Wed Nov-16-38 6-PM
 Cause of death Multiple Fracture right hip
 Place of death Ret
 Residence Pine Castle Fla
 Age 57 Y'rs 4 Mo's 16 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at West
 Date Nov 1938 M
 Account charged Wm. H. Cantrell
 Address Pine Castle Fla.
 Account guaranteed Insurance
 Address _____
 Embalming Yes Dressing 35.00
 Robe, Suit, Dress Suit 25.00
 Underwear and Hose _____
 Casket 4-3 Gr Cloth 125.00
 Casket with Copper Lin. Yes
 Style of Casket Pat H. C.
 No. of Casket 5 1411 3
 Outside Box R-19
 Shipping Case or Vault Yes
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery New Vienna, Ohio
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to New Vienna, Ohio

R. R. Ticket 3045 - 2050 50.95

Cash advanced 15.00

Telegram (2) 113 - 76 1.89

Minister West -

Casket Wagon (2) 10.00

Physician Dr. Joseph Selger

County or City Burial _____

Automobiles _____

Baggage ~~or Express~~ Train No. 76 262.84

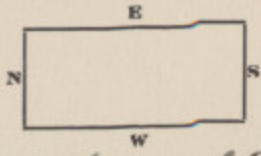
Thursday Night

Nov-17-38

Garey Hand Funeral Home

Name of deceased Mr. Bernard Sandfeld.
 Date of death Nov 16.
 Cause of death Gangrene of Gall Bladder.
 Place of death Miami Fla
 Residence Miami Fla
 Age 74 Y'rs Mo's _____ Days _____
 Weight 150 Height 5 ft. 9 in. Eyes Brown
 Funeral at Miami Fla
 Date Nov 1938 M
 Account charged Joseph P. Mc Shan F. Home
 Address Miami Fla
 Account guaranteed Check
 Address _____
 Embalming _____
 Robe, Suit, Dress Cremation 37.50
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket Express
 Outside Box Thursday
 Shipping Case or Vault 11:25 a.m.
 Handles _____
 Pillow Set Body Cremated
 Name Plate 4:30 P.M.
 Cemetery Thursday Nov 17-38
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Asker expressed to
 Urn Joseph P. Mc Shan
 Single Grave F. Home
 Opening and Closing Grave Miami Fla
 Body Shipped to _____
 R. R. Ticket Metal Casket N. Case
 Cash advanced Bill 9.00
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

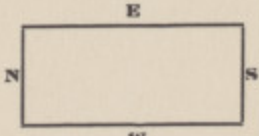
Carey Hand Funeral Home

Name of deceased Chas Hall
 Date of death Nov - 17 - 38
 Cause of death Structural appendicitis acute
 Place of death Hospital at Lakeland
 Residence Lakeland
 Age 75 Y'rs 8 Mo's 13 Days
 Weight 150 Height 5 ft. 1 in. Eyes
 Funeral at _____
 Date _____ 1938 _____ M
 Account charged Bertha Hall
 Address Washington N. Y.
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation 50.00
 Section _____ Lot _____
 I Other Graves E
N S
W
 X Grave on this date _____
 Cremation Body Cremated
 Urn Monday 9 a.m. Nov 21-38
 Single Grave _____
 Opening and Closing Grave Tele call
 Body Shipped to for Ashes
 R. R. Ticket _____
 Cash advanced X Century T. Home 50.00
 Telegram _____
 Minister _____
 Casket Wagon X Lakeland 25.00
 Physician Joe M. Baurville
 County or City Burial _____
 Automobiles 125.00
 Baggage or Express Train No. _____

Sarey Hand Funeral Home

Name of deceased Frank Jas Wm Carroll
 Date of death Nov 19
 Cause of death Pulmonary
 Place of death Vet Hospital Bay Pines Fla
 Residence Cocoa Fla
 Age 47 Y'rs — Mo's 23 Days
 Weight 170 Height 5 ft. 10 1/2 in. Eyes Grey
 Funeral at Cocoa Fla
 Date Nov 27th 1938 P. M
 Account charged Woods F. Home
 Address Cocoa Fla
 Account guaranteed check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by auto
 Outside Box _____
 Shipping Case or Vault Tuesday 5^{pm}
 Handles _____
 Pillow Set _____
 Name Plate Wed 9 a.m.
 Cemetery Nov 23-38
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Ashes expressed to
 Urn Woods F. Home
 Single Grave Titusville Fla.
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

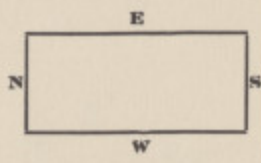
37.50

Carey Hand Funeral Home

Name of deceased Lulu Adel Brown
 Date of death Nov 23 - 12:30 P.M.
 Cause of death Chg Nephritis - Cerebral Hemorrhage
 Place of death Residence
 Residence 304 - E. Central Ave
 Age 57 Y'rs 7 Mo's 20 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Episcopal Church
 Date Nov 23 1938 4 P.M.
 Account charged Arthur C. Brown
 Address 304 E. Central Ave
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress Cremation 50.00
 Underwear and Hose _____
 Casket 6-3 Case 35.00
 Casket with Copper Lin. _____
 Style of Casket Sp. H. M.
 No. of Casket H.M.
 Outside Box Bronze Wagon 45.00
 Shipping Case or Vault _____
 Handles Short
 Pillow Set _____
 Name Plate _____
 Cemetery Cremation
 Section _____ Lot _____

I Other Graves



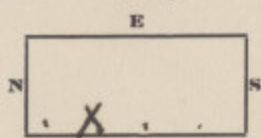
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Dean Johnson 5.00
 Casket Wagon (1)
 Physician Dr. M. Mallory
 County or City Burial _____
 Automobiles SVS 15.00
 Baggage or Express Train No. 105 00

Gary Hand Funeral Home

Name of deceased Miss Nettie Berry
 Date of death Thurs. Nov-24-38
 Cause of death _____
 Place of death 2-Miles S. of Island
 Residence Black Mountain N. C.
 Age 66 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Wed Nov 25 1938 10-AM
 Account charged Fannie Berry
 Address Island Fla
 Account guaranteed _____
 Address _____
 Embalming Disposing 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-1/2 Bd P 145.00
 Casket with Copper Lin.
 Style of Casket Oct N. C.
 No. of Casket 5 1411-3
 Outside Box
 Shipping Case or Vault Johnson 125.00
 Handles flat
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section A Lot 118

I Other Graves



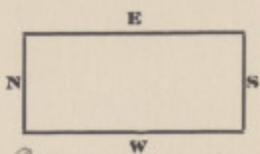
X Grave on this date

Cremation Auto Mint ^{W Bays} 5.00
 Urn Organ only
 Single Grave _____
 Opening and Closing Grave T & C 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev A Fred Turner
 Casket Wagon to Island 15.00
 Physician Dr Stahn of Island
 County or City Burial _____
 Automobiles S & S 15.00
 Baggage or Express Train No. 345 00

Gary Hand Funeral Home

Name of deceased Mrs Norma Remberting
 Date of death Nov 20
 Cause of death Lung cancer
 Place of death West Palm Beach
 Residence Lake Worth Fla
 Age 36 Y'rs 0 Mo's 23 Days
 Weight 100 Height 5 ft. 1 in. Eyes
 Funeral at Lake Worth
 Date _____ 193 M
 Account charged Smith T. Home
 Address Lake Worth Fla
 Account guaranteed ok
 Address _____
 Embalming Cumulator 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Body arrived
 Shipping Case or Vault 1130 - A M
 Handles Thurs 11-24-38
 Pillow Set _____
 Name Plate Body cremated
 Cemetery 1 - P M Thurs Nov 24
 Section _____ Lot _____

Other Graves
wooden box
 Grave on this date



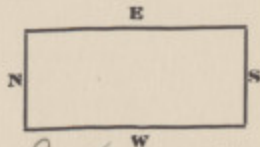
Cremation ashes expressed to
 Urn Smith Funeral Home
 Single Grave Lake Worth Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

Garry Hand Funeral Home

Name of deceased Freida M Froehlich
 Date of death Nov 22- 38
 Cause of death Cancer of Uterus
 Place of death Miami
 Residence Miami
 Age 49 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at _____
 Date _____ 1938 M _____
 Account charged W. H. Combs F. Home
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Body arrived
 Casket with Copper Lin. _____
 Style of Casket by express
 No. of Casket 11 PM
 Outside Box Thurs 11-24-38
 Shipping Case or Vault _____
 Handles Body cremated
 Pillow Set _____
 Name Plate 3-PM, 11-24-38
 Cemetery _____
 Section _____ Lot _____

I Other Graves
wooden Box



X Grave on this date

Cremation ashes Expressed
 Urn W. H. Combs, F. Home
 Single Grave Miami Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Sarey Hand Funeral Home

Name of deceased Otto H. Leifeste
 Date of death Thurs Nov 24 38
 Cause of death Pul Tuberculosis
 Place of death State T. B Hospital
 Residence Fit myers -
 Age 56 Y'rs 2 Mo's 22 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1938 M
 Account charged Lawrence Powell
 Address T. D. Fit myers Fla
 Account guaranteed _____
 Address _____
 Embalming V Dussing 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

Other Graves E
N S
 Grave on this date W

Cremation Mr Powell of
 Urn Fit myers come for
 Single Grave the Body
 Opening and Closing Grave Permit
 Body Shipped to filed for same
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 35.00
 Baggage or Express Train No. _____

Garey Hand Funeral Home

Name of deceased Eula B. Howard
 Date of death Nov 23 30 PM
 Cause of death _____
 Place of death Moody Timpfent's Camp
 Residence Newauhae tee
 Age 19 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 1930 M
 Account charged Moody Timpfent's Co
 Address Newauhae tee
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3 Case + Box 15.00
 Casket with Copper Lin. _____
 Style of Casket Spr A M
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves _____

X Grave on this date _____

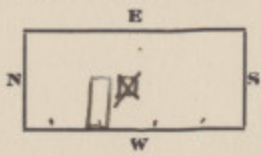
Cremation Came in Casket
 Urn done this aurr
 Single Grave work - and
 Opening and Closing Grave filed
 Body Shipped to thru permit
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 15.00
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Infant Twins H.
 Date of death Nov 27 morning A.P. Donahue
 Cause of death Myxomatosis & Galangulosis
 Place of death G.H. Sun Nov 27-38
 Residence Delondo 4-PM & 10-PM
 Age Yrs Mo's Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave side
 Date Nov 28 1938 3 P.M
 Account charged Albert P. Donahue
 Address Delondo
 Account guaranteed Payments
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2-0 H.M. W.P. 12.50
 Casket with Copper Lin.
 Style of Casket See H.M.
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault
 Handles Small
 Pillow Set _____
 Name Plate _____
 Cemetery Greenwood
 Section B- Lot 137

I Other Graves _____



X Grave on this date _____

Cremation _____
 Urn _____
 Single Grave 200 150
 Opening and Closing Grave + Tent 3.50
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Russell
 Casket Wagon _____
 Physician Dr. M. M. Andrews
 County or City Burial _____
 Automobiles Cloud Car 2.50
 Baggage or Express Train No. B-1 8.50

Both babies in same casket
Have (2) permits

Carey Hand Funeral Home

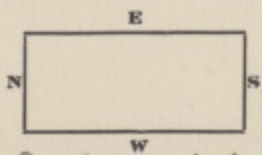
Name of deceased *Mr. Thos. J. Thompson*
 Date of death *Mon. Nov. 28th 1938* A.M.
 Cause of death *Angina Pectoris*
 Place of death *Dr. Hattus office*
 Residence *Home Garden, Fla.*
 Age *67* Y'rs *8* Mo's *14* Days
 Weight *165* Height *5 ft. 7* in. Eyes
 Funeral at *Chapel*
 Date *Wed. Nov 30* 1938 *3 P* M
 Account charged *Clarence Thompson*
 Address *Home Garden Fla.*
 Account guaranteed *cash*
 Address

Embalming <i>+ Suring</i>	35.00
Robe, Suit, Dress <i>Home Home</i>	
Underwear and Hose	
Casket <i>6-6 Metal</i>	225.00
Casket with Copper Lin.	
Style of Casket <i>Style 1/2 - Custom</i>	
No. of Casket <i>Floral Colum</i>	
Outside Box <i>Reg</i>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <i>Ext</i>	
Pillow Set <i>yes</i>	
Name Plate	
Cemetery <i>Woodlawn</i>	
Section _____ Lot _____	
<div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> I Other Graves <div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; width: 100px; margin: 0 auto;"> N E </div> <div style="display: flex; justify-content: space-between; width: 100px; margin: 0 auto;"> W S </div> </div> </div>	
X Grave on this date	
Cremation _____	
Urn <i>Musie</i>	5.00
Single Grave _____	
Opening and Closing Grave <i>T & H</i>	15.00
Body Shipped to _____	
R. R. Ticket <i>Tic</i>	1.00
Cash advanced <i>Flowers & Clothing</i>	19.70
Telegram _____	
Minister _____	
Casket Wagon <i>(1)</i>	5.00
Physician <i>Dr. Horder</i>	
County or City Burial _____	
Automobiles <i>945</i>	15.00
Baggage or Express Train No. _____	
<u>320.70</u>	
<i>11-29 - Co Cash</i>	<u>320.00</u>
	120.00
<i>Pa Mo</i>	<u>200.00</u>

Carey Hand Funeral Home

Name of deceased Carl A. Anderson
 Date of death Nov 25-38
 Cause of death Cancer of Liver & Stomach
 Place of death Los Angeles, Ca
 Residence Sebring Fla Hawthala
 Age 57 Y'rs 2 Mo's 25 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Sebring
 Date _____ 1938 _____ M
 Account charged Stimpson T. Home
 Address Sebring Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____ Body cremated
 Casket with Copper Lin _____
 Style of Casket 10-Pl. No. 11-28-38
 No. of Casket _____
 Outside Box Body cremated
 Shipping Case or Vault 9-AM 11-29-38
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____

I Other Graves
wooden
box



X Grave on this date

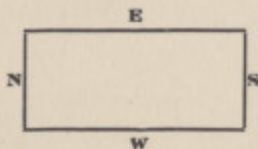
Cremation ashes expressed to
 Urn Phillip Malmisten
 Single Grave 3320 48th Ave So
 Opening and Closing Grave Minneapolis
 Body Shipped to Minn
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased Mrs Martha A. Mc Guire
 Date of death Nov 29 - 29
 Cause of death Fracture at base of skull
 Place of death 9th St
 Residence 2556 E. Jefferson
 Age 40 Y'rs 18 Mo's 18 Days
 Weight 145 Height 5 ft. 3 in. Eyes
 Funeral at N. Park Baptist Church
 Date Thursday Dec 1 1938 10 a.m
 Account charged Miss Mc Guire
 Address 2556 E. Jefferson
 Account guaranteed Insurance
 Address
 Embalming Y Dressing
 Robe, Suit, Dress Dress Black
 Underwear and Hose
 Casket 6-3- Sil Plush
 Casket with Copper Lin. Y
 Style of Casket Set 1/2-C
 No. of Casket 1927 - Shur
 Outside Box R-29
 Shipping Case or Vault Y
 Handles Ext
 Pillow Set yes white
 Name Plate Y
 Cemetery Sylvan Lake Fla
 Section _____ Lot _____

35.00
 7.00
 1.00
 175.00

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave Del Box etc 15.00

Body Shipped to _____

R. R. Ticket Family Car 5.00

Cash advanced _____

Telegram _____

Minister Rev Sutter & Rev Clark 5.00

Casket Wagon (1)

Physician Dr. H. Beardall

County or City Burial _____

Automobiles S & S 20.00

Baggage or Express Train No. 2 58.00

pd-12-1-38

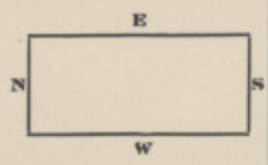
by G.H.

5.00
263.00

Carey Hand Funeral Home

Name of deceased Lila H. Swift.
 Date of death Nov 29 - 11:30 P.M.
 Cause of death Coronary Thrombosis
 Place of death D. G. H.
 Residence Wellesley Hills, Mass.
 Age 66 Yrs 1 Mo's 6 Days
 Weight 133 Height 5 ft. 5 in. Eyes _____
 Funeral at Destination
 Date Dec 1 1938 M
 Account charged Phyllis S. Buxton.
 Address 110 Bay State Rd. Boston
 Account guaranteed Postal Draft Mass
 Address _____
 Embalming Dussing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3 Mr. Finch 125.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2 - e
 No. of Casket 1596 - Belmont -
 Outside Box Reg -
 Shipping Case or Vault
 Handles Ext - Set 9 in
 Pillow Set yes
 Name Plate
 Cemetery Wellesley Hills Mass
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn auto & Sov 5.00
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Wellesley Hills Mass 51.80
 R. R. Ticket RR + P.
 Cash advanced _____
 Telegram (1) 3.12
 Minister Destination
 Casket Wagon (2) 10.00
 Physician Dr. Ruth Hart.
 County or City Burial \$229.92
 Automobiles _____
 Baggage or Express Train No. 92 2.92

Recd 11-30-30

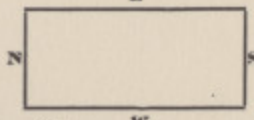
\$227.00

Gary Hand Funeral Home

Colored

Name of deceased Lizzie Williams
 Date of death Nov 18
 Cause of death Pneumonia (Lobar)
 Place of death Res
 Residence Winter Park Fla
 Age 55 Y'rs Mo's _____ Days _____
 Weight _____ Height _____ ft. in. Eyes _____
 Funeral at Winter Park
 Date Nov 19 1938 M
 Account charged County

Address _____
 Account guaranteed _____
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Coffin 14 50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Winter Park Fla
 Section _____ Lot _____

I Other Graves 
 X Grave on this date _____

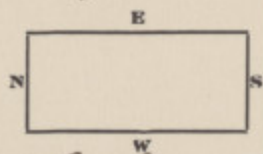
Cremation Stark and Strong got
 Urn the call. we furnished
 Single Grave the case they
 Opening and Closing Grave Completed
 Body Shipped to the work-
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Colored
 Casket Wagon _____
 Physician Sh. Wells,
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

14 50

Garey Hand Funeral Home

Name of deceased Mother E. Shunk
 Date of death Nov 30 - 9 A.M.
 Cause of death Crushed Head & Skull - ^{auto} accident
 Place of death O. Y. N.
 Residence Reading Pa.
 Age 33 Y'rs 1 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Destination
 Date Dec 1 1938 M
 Account charged Harold Shunk
 Address Reading Pa.
 Account guaranteed Insurance
 Address 90 Harold Condict
 Embalming Shuning 35.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 1/3 Guy B. Cloth 225.00
 Casket with Copper Lin. _____
 Style of Casket Oct Full Couch
 No. of Casket _____
 Outside Box Reg.
 Shipping Case or Vault _____
 Handles Yes
 Pillow Set Yes
 Name Plate _____
 Cemetery Reading Pa
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Amb- 5.00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Reading Pa.
 R. R. Ticket (2) 56.55
 Cash advanced _____
 Telegram Tele 1.89
 Minister _____
 Casket Wagon (2) 10.00
 Physician Dr. Frank Gray
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. 92 \$

12-1-38 \$333.44
12-1-38 - C. by Cash \$30.00
303.44

Carey Hand Funeral Home

Name of deceased <u>Nannie Buttery.</u>	
Date of death <u>Wed. Nov 30 - 38</u>	
Cause of death <u>Syphilis Antik.</u>	
Place of death <u>D. Y. N.</u>	
Residence <u>315 E. Spruce St.</u>	
Age <u>38</u> Y'rs	<u>6</u> Mo's <u>19</u> Days
Weight _____	Height _____ ft. _____ in. Eyes _____
Funeral at <u>Destination</u>	
Date <u>Dec 1</u> 19 <u>38</u>	M
Account charged <u>Mrs. Mable Hildebrand</u>	
Address <u>315 E. Spruce St.</u>	
Account guaranteed <u>Payments</u>	
Address _____	
Embalming & Dressing	35.00
Robe, Suit, Dress <u>White</u>	5.00
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3</u>	
Casket with Copper Lin. <input checked="" type="checkbox"/>	
Style of Casket <u>Oct - N. C.</u>	75.00
No. of Casket <u>Walker 54</u>	
Outside Box <u>Reg</u>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>yes</u>	
Name Plate <input checked="" type="checkbox"/>	
Cemetery <u>Destination</u>	
Section _____	Lot _____
I Other Graves	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> E W N S </div>
X Grave on this date	
Cremation _____	
Urn _____	
Single Grave _____	
Opening and Closing Grave _____	
Body Shipped to <u>Bronwood, La.</u>	
R. R. Ticket <u>RR-1050-710</u>	17.60
Cash advanced _____	
Telegram _____	
Minister <u>Destination</u>	
Casket Wagon <u>(2)</u>	10.00
Physician <u>Dr. Carson.</u>	
County or City Burial _____	
Automobiles _____	142.60
Baggage or Express Train No. <u>92</u>	22.60
<u>12-2-38</u>	120.00

Carey Hand Funeral Home

Name of deceased Claudine Barnes
 Date of death Nov 30-38 2:30 AM.
 Cause of death _____
 Place of death Res
 Residence Winter Park Fla.
 Age 60 Y'rs 6 Mo's 1 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes Blue
 Funeral at Chapel
 Date Friday Dec 2 1938 11 A-M
 Account charged Anne Perrin Gilmore
 Address 491 Glendon Rd. W. Park
 Account guaranteed _____
 Address _____
 Embalming Blessing 35 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Iron City 45 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box _____
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery Esplanade 50 00
 Section _____ Lot _____

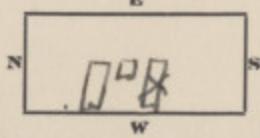
I Other Graves Warden Bt

X Grave on this date _____

Cremation Body Cremated
 Urn 9-AM Sat Dec-3-38
 Single Grave will call for ashes
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev.
 Casket Wagon (1) 5 00
 Physician Dr. Howard
 County or City Burial W. Park \$ 135 00
 Automobiles _____
 Baggage or Express Train No. _____

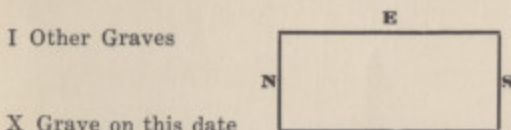
Gary Hand Funeral Home

See entries

Name of deceased Nettie M. Lemahue
 Date of death Dec 1st 12:15 A.M.
 Cause of death Cardiac Dilatation
 Place of death D. C. N.
 Residence Orlando Rt #1
 Age 39 Y'rs 4 Mo's 2 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Sunday Dec 4 1938 3 P.M.
 Account charged Albert P. Lemahue
 Address Rt 1 - Orlando Fla
 Account guaranteed Payments
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-yr Supr 75.00
 Casket with Copper Lin.
 Style of Casket Oct H. C
 No. of Casket 1972 Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles int
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section B- Lot _____
 I Other Graves _____
 X Grave on this date _____

 Cremation _____
 Urn unto P. B. & M. 5.00
 Single Grave _____
 Opening and Closing Grave T + tite 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister Rev Russell
 Casket Wagon (1) 5.00
 Physician Dr. W. Andrews
 County or City Burial _____
 Automobiles S v S 15.00
 Baggage or Express Train No. \$750.00

Carey Hand Funeral Home

Name of deceased Gertrude L. Feller
 Date of death Dec 1-38 - 2 a.m.
 Cause of death auto accident
 Place of death O. G. H.
 Residence Orlando Rt 1
 Age 41 Y'rs 9 Mo's 12 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Church
 Date Oct 12-3- 1938 2:30 P. M
 Account charged Earl Feller
 Address Orlando Rt 1
 Account guaranteed _____
 Address _____
 Embalming Dressing 35.00
 Robe, Suit, Dress Blue Velvet 17.00
 Underwear and Hose
 Casket 6-8 Sil Plush 175.00
 Casket with Copper Lin.
 Style of Casket Oct 1/2-C
 No. of Casket 1927 Simple
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Greenwood
 Section _____ Lot _____



X Grave on this date _____
 Cremation aut. P. B. & M 5.00
 Urn _____
 Single Grave Single Grave 7.00
 Opening and Closing Grave etc 15.00
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram 228-126 3.54
 Minister S. E. Lewis
 Casket Wagon (1) 5.00
 Physician Dr. F. Gray
 County or City Burial unb sew 5.00
 Automobiles S & S 15.00
 Baggage or Express Train No. # 282 54
L. & Phone & submit 1.55
284 09
Films 5.00
289 09

Carey Hand Funeral Home

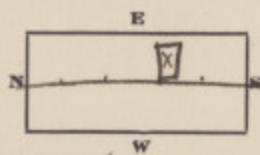
Name of deceased Infant Buchanan
 Date of death Dec 1 - 38 8:15 a.m.
 Cause of death _____
 Place of death Residence
 Residence Crystal Lake Drive
 Age _____ Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Graveside
 Date Friday Dec 2nd 1938 109 M
 Account charged Arthur Buchanan
 Address Crystal Lake Drive
 Account guaranteed _____
 Address _____
 Embalming Care of body 2 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 2 1/2 White H.M. 10 00
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Short
 Pillow Set yes
 Name Plate _____
 Cemetery Greenwood
 Section _____ Lot _____
 I Other Graves E
N S
W
 X Grave on this date _____
 Cremation Baby Grave 3 50
 Urn _____
 Single Grave _____
 Opening and Closing Grave etc 2 00
 Body Shipped to _____
 R. R. Ticket Auto 2 00
 Cash advanced _____
 Telegram _____
 Minister Rev Clarke
 Casket Wagon _____
 Physician Lh.
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

19.50

Carey Hand Funeral Home

Name of deceased Levey Swindell.
 Date of death Dec 2nd 1938 - 9 a.m.
 Cause of death _____
 Place of death O. G. H.
 Residence 64 Cheney Place.
 Age 36 Y'rs 8 Mo's 11 Days
 Weight 200 Height 5-11 ft. in. Eyes _____
 Funeral at Crapel F. Home
 Date Sunday Dec 4th 1938 4:30 P.M.
 Account charged Mrs Levey Swindell
 Address 64 - Cheney Place
 Account guaranteed Insurance.
 Address _____
 Embalming & Dressing.
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-6 - Metal Sil Tin
 Casket with Copper Lin.
 Style of Casket Style 1/2 - e
 No. of Casket Thalis
 Outside Box
 Shipping Case or Vault Johnson
 Handles Ext 4 in Seal
 Pillow Set yes
 Name Plate
 Cemetery Greenwood.
 Section J - E 1/2 - Lot 51

I Other Graves



X Grave on this date

Cremation <u>Burial Lot</u>	62.50
Urn <u>2 P. & Cars 8"</u>	10.00
Single Grave <u>Car Inn</u>	5.00
Opening and Closing Grave <u>etc.</u>	15.00
Body Shipped to <u>Music</u>	5.00
R. R. Ticket <input checked="" type="checkbox"/>	
Cash advanced <input checked="" type="checkbox"/>	
Telegram _____	
Minister <u>Clark + Tucker</u>	
Casket Wagon <u>Benson</u> <u>(1)</u>	5.00
Physician <u>John S. McEwan</u>	
County or City Burial _____	
Automobiles <u>S.V.S</u>	15.00
Baggage or Express Train No. _____	5.00
	502.50

Carey Hand Funeral Home

Name of deceased Wintthrop Coffin
 Date of death Dec 2nd 38 80 P.M.
 Cause of death Cerebral Hemorrhage
 Place of death Barren Hall North Park
 Residence Central Hemminger
 Age 75 Y'rs 5 Mo's 29 Days
 Weight 175 Height 5 ft. 11 in. Eyes _____
 Funeral at _____
 Date _____ 1938 M
 Account charged Mrs Gertrude B. Coffin
 Address 45 Haven St Brooklyn Mass
 Account guaranteed Estate
 Address _____
 Embalming 20 00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Gen Chg 50 00
 Casket with Copper Lin. _____
 Style of Casket urn Exposed to
 No. of Casket Mrs B. Coffin
 Outside Box 4 1/2 Walled at
 Shipping Case or Vault Brooklyn Mass
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E

E
N
S
W

 X Grave on this date _____
 Cremation Cremation 50 00
 Urn Brnze 35 00
 Single Grave Name + Date Eng
 Opening and Closing Grave _____
 Body Shipped to Body Cremated
 R. R. Ticket 1-P.M. Sat 12-3-38
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (1) 5 00
 Physician Dr. Howard
 County or City Burial 160 00
 Automobiles _____
 Baggage or Express Train No. _____

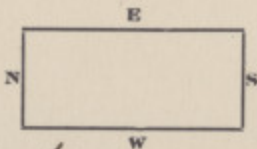
Carey Hand Funeral Home

Name of deceased John Charles Rowan
 Date of death Dec 2nd 1938 8 P.M.
 Cause of death Rheumatic Heart Disease
 Place of death Residence
 Residence Pine Castle, Fla.
 Age 31 Y'rs 6 Mo's 27 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Rest

Date _____ 1938 M
 Account charged Mrs. J. C. Rowan
 Address Pine Castle, Fla.
 Account guaranteed Insurance
 Address _____

Embalming + Dressing 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-Gr Cup 90.00
 Casket with Copper Lin.
 Style of Casket Det No. 1
 No. of Casket 1992 Tampa
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Rest
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation usual at
 Urn Nashville Ga
 Single Grave _____

Opening and Closing Grave _____
 Body Shipped to Adel Ga
 R. R. Ticket 8.50 5.70 14.20
 Cash advanced clothing 2.25
 Telegram _____

Minister _____
 Casket Wagon (2) 10.00
 Physician Dr. Hatfield

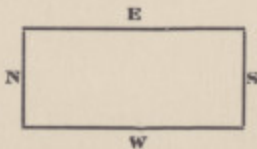
County or City Burial _____
 Automobiles 1 41.45
 Baggage or ~~Express~~ Train No. 72 16.45

Tue Night 12-2-38 125.00
City Cash 50.00
75.00

Carey Hand Funeral Home

Name of deceased *Mr David O Mc Mullin*
 Date of death *Fri Dec - 2 - 38 -* P.M.
 Cause of death *Chol. Myocarditis*
 Place of death *O. J. H.*
 Residence *Easton Mass*
 Age *83* Yrs *10* Mo's *9* Days
 Weight *165* Height *5* ft. *10* in. Eyes
 Funeral at *East*
 Date _____ 193__ M
 Account charged *Mr David O Mc Mullin*
 Address *215 Windsor Rd Haver Mass*
 Account guaranteed *ok*
 Address _____
 Embalming *& Dressing* 35.00
 Robe, Suit, Dress ✓
 Underwear and Hose ✓
 Casket *6-6 Metal Sit Fin* 250.00
 Casket with Copper Lin. ✓
 Style of Casket *Slats 1/2 - c*
 No. of Casket *Lowe Tampa*
 Outside Box *Reg*
 Shipping Case or Vault ✓
 Handles *Ext*
 Pillow Set *yes*
 Name Plate *Name & Date*
 Cemetery *East*
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to *Columbus Ohio*

R. R. Ticket *& A.* 124.29

Cash advanced *3. Coffin Case* 1.50

Telegram ✓

Minister ✓

Casket Wagon *2* 10.00

Physician *Dr Mullins*

County or City Burial _____ #

Automobiles _____

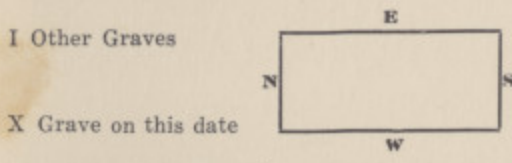
Baggage or Express Train No. *92 -*

420.79

Sat 12-3-38

Carey Hand Funeral Home

Name of deceased Patrick Barry
 Date of death Dec 12-3-38 11:40 AM
 Cause of death Tuberculosis of Lungs
 Place of death St. T. B. Hospital
 Residence Winter Park
 Age 33 Y'rs 8 Mo's 4 Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Catholic Church - Jacksonville
 Date Mon Dec 5 1938 9 A M
 Account charged Bishop, Barry
 Address St. Augustine Fla
 Account guaranteed Fisher
 Address Deland
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-6 Metal Set Form 200.00
 Casket with Copper Lin.
 Style of Casket Style A @ -
 No. of Casket Thaller
 Outside Box Reg
 Shipping Case or Vault
 Handles cut
 Pillow Set yes
 Name Plate enamel in
 Cemetery at Jacksonville
 Section _____ Lot _____



Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to Jacksonville Fla 8 80
 R. R. Ticket 2 440 80
 Cash advanced chair
 Telegram _____
 Minister _____
 Casket Wagon (2) 10.00
 Physician Dr Thompson
 County or City Burial _____
 Automobiles _____
 Baggage on ~~Express~~ Train No. 92 254.60

Sun Dec 4-38

Garey Hand Funeral Home

Name of deceased John. H. Neville
 Date of death Dec 2 1938
 Cause of death Pleurocy. Chro. Myocarditis
 Place of death Ala. Fla.
 Residence Ala. Fla.
 Age 62 Y'rs 2 Mo's 28 Days
 Weight 175 Height 5 ft. 10 in. Eyes Blue
 Funeral at Ala. Fla.
 Date Dec 1938 M
 Account charged Garey F. Home
 Address Ala. Fla.
 Account guaranteed Check
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. _____
 Style of Casket Body arrived
 No. of Casket by order Sunday
 Outside Box 12 noon Dec 4-38
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Ashes cremated
 Name Plate 8 a.m. Monday
 Cemetery Dec 5-38
 Section _____ Lot _____
 I Other Graves E

N
S
W

 X Grave on this date
 Cremation Ashes expressed to
 Urn Peter Neville
 Single Grave Belle Carter Ohio
 Opening and Closing Grave When
 Body Shipped to Notified
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

37.50

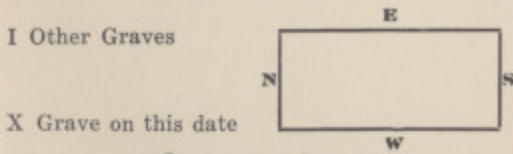
Gary Hand Funeral Home

Name of deceased Mr Daniel N. Seely-
 Date of death Dec-3-38-
 Cause of death Diabetes Nephritis
 Place of death Res
 Residence Cocoa
 Age 81 - Y'rs 11 Mo's 4 Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Chapel
 Date Mon Dec 5 1938 2:30 P. M
 Account charged Keen T. Home
 Address Cocoa Fla
 Account guaranteed OK
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket State 5. vol. 2
 Casket with Copper Lin. _____
 Style of Casket Body unvarnished
 No. of Casket at 2:30 P.M.
 Outside Box Mon 12-5-38 by auto
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Body Cremated
 Name Plate 338 - P. M. 12-5-38
 Cemetery _____
 Section will call for order

 I Other Graves E
wooden Box N S
W
 X Grave on this date _____
 Cremation Service in Chapel
 Urn with three minutes from
 Single Grave Cocoa
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Ms Sara A Stauffer
 Date of death Dec 5. 38 P.M.
 Cause of death Coronary Thrombosis
 Place of death 614 Lakeport Circle
 Residence _____
 Age 82 Y'rs 6 Mo's 12 Days
 Weight 165 Height 5 ft. 6 in. Eyes Blue
 Funeral at Chapel
 Date Wed Dec 7 1938 10-A M
 Account charged Ms May & Song
 Address 614 Lakeport Circle
 Account guaranteed _____
 Address _____
 Embalming Yes 35.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-4 75.00
 Casket with Copper Lin.
 Style of Casket Set H. C
 No. of Casket 54 - Walker
 Outside Box
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Cumston's
 Section _____ Lot _____



Cremation Cumston's 50.00
 Urn Brnze # 1743 45.00
 Single Grave _____
 Opening and Closing Grave Body
 Body Shipped to Cumston's Wed
 R. R. Ticket 12-7-38 3 PM
 Cash advanced _____
 Telegram _____
 Minister Rev A Tud Turner
 Casket Wagon (1) 5.00
 Physician Dr John Halford
 County or City Burial _____ \$ 210.00
 Automobiles _____
 Baggage or Express Train No. _____

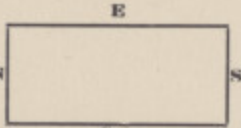
Express Train to
J. F Fisher E. Orange St
Lancaster Pa

Carey Hand Funeral Home

Name of deceased James Bennett
 Date of death Dec - 5 - 38 - 1-AM
 Cause of death _____
 Place of death Res -
 Residence Winter Garden
 Age 48 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at Grave Side
 Date Tues Dec 6 1938 2 P M
 Account charged County
 Address _____
 Account guaranteed _____
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-3-Case \$ 14.50
 Casket with Copper Lin. _____
 Style of Casket _____
 No. of Casket _____
 Outside Box Reg
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery County Home
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation Smith and Sonant
 Urn got the Call
 Single Grave gone Body & us
 Opening and Closing Grave 12-4-38
 Body Shipped to No Relatives ✓
 R. R. Ticket No Money
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 14.50
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased Frank A Gandy
 Date of death Thurs Dec - 6 - 38 12:30 PM
 Cause of death Left cerebral toe abscess
 Place of death Apopka Fla
 Residence Apopka Fla
 Age 33 Y'rs 1 Mo's 7 Days
 Weight 145 Height 5 ft. 7 in. Eyes _____
 Funeral at Gravestone
 Date Thurs Dec 8th 1938 3rd M
 Account charged Mrs. Frank A. Gandy
 Address Apopka Fla.
 Account guaranteed _____
 Address _____
 Embalming Dressing 25.00
 Robe, Suit, Dress
 Underwear and Hose
 Casket 6-3-92 Box 75.00
 Casket with Copper Lin.
 Style of Casket Det - H. C.
 No. of Casket Walter 54-
 Outside Box Reg
 Shipping Case or Vault ement
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Apopka Fla
 Section near Cemetery
 I Other Graves
6 - Soil cement
1 - y of sand
1 - y of rock.
 Grave on this date

Cremation Labor & material for
 Urn Wood 29.40
 Single Grave _____
 Opening and Closing Grave To do 15.00
 Body Shipped to
 R. R. Ticket
 Cash advanced amb sew 5.00
 Telegram
 Minister at Apopka Fla. 5.00
 Casket Wagon W 5.00
 Physician Dr. Day
 County or City Burial _____
 Automobiles S Y S 15.00
 Baggage or Express Train No. _____

\$ 169.40

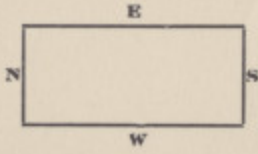
Gary Hand Funeral Home

Name of deceased Percy M. Donald
 Date of death Tues Dec - 6 - 38 - 1:30 P.M.
 Cause of death Branch Pneumonia
 Place of death Per
 Residence Plymouth Tla
 Age 74 Y'rs 9 Mo's 2 Days
 Weight 170 Height 5 ft. 10 in. Eyes _____
 Funeral at Residence
 Date Thurs Dec 8th 1938 10 A.M.
 Account charged Estate

Address _____
 Account guaranteed _____
 Address _____

Embalming + Dressing 35⁰⁰
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 Metal Set 225⁰⁰
 Casket with Copper Lin. _____
 Style of Casket State 1/2
 No. of Casket Public Shrine
 Outside Box 419
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate _____
 Cemetery Tangerine Cemetery
 Section _____ Lot _____

I Other Graves



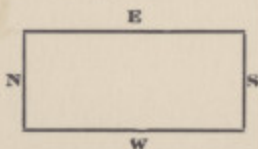
X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave T.D. 15⁰⁰
 Body Shipped to
 R. R. Ticket
 Cash advanced
 Telegram
 Minister Rev. A. F. Carr 5⁰⁰
 Casket Wagon 1
 Physician Dr. M. Guide
 County or City Burial _____
 Automobiles S + S 20⁰⁰
 Baggage or Express Train No. P 300⁰⁰

Gary Hand Funeral Home

Name of deceased My Millie Luther P.M.
 Date of death Tue Dec-6-38
 Cause of death Valvular heart
 Place of death Res
 Residence Little Tavern
 Age 73 Y'rs 9 Mo's 4 Days
 Weight 200 Height 5 ft. 6 in. Eyes
 Funeral at Rest
 Date Dec 1938 M
 Account charged George B. Luther
 Address Orlando Fla Rt # 3
 Account guaranteed Estate
 Address
 Embalming & Dressing 35.00
 Robe, Suit, Dress
 Underwear and Hoses
 Casket 6-6- Metal Set Tin 325.00
 Casket with Copper Lin. Inner
 Style of Casket Stat H.C
 No. of Casket Harrison Shier
 Outside Box Reg
 Shipping Case or Vault
 Handles Ext
 Pillow Set yes
 Name Plate
 Cemetery Destinations
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____

Urn _____

Single Grave _____

Opening and Closing Grave _____

Body Shipped to Grand Rapids Mich

R. R. Ticket _____

Cash advanced Express to Grd Rapids 75.22

Telegram _____

Minister Rest -

Casket Wagon (2) 10.00

Physician Dr. Gray

County or City Burial _____

Automobiles _____

Baggage or Express Train No. _____

445.22
+ 45.22
300.00

Set morning by Express
To Metcalf Ft. Home

Garey Hand Funeral Home

Name of deceased Ella G. M^e Adow
 Date of death Malaga of Gaston, N.C.
 Cause of death _____
 Place of death Boea Grand
 Residence _____
 Age 60 Y'rs _____ Mo's _____ Days _____
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193 _____ M
 Account charged Van Patten Funeral Home
 Address Wendia Fla.
 Account guaranteed let
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket _____
 Casket with Copper Lin. Body unwood
 Style of Casket ly out 7-PM
 No. of Casket Fun Dec 6-38
 Outside Box _____
 Shipping Case or Vault Body Cremated
 Handles 9-AM. Held 12-7-38
 Pillow Set _____
 Name Plate 2 pass ashes to the
 Cemetery Van Patten Home
 Section Wendia Fla. Lot _____

I Other Graves wooden box
Water 4

X Grave on this date

E

N
S

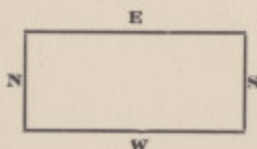
W

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____ 37.50
 Automobiles _____
 Baggage or Express Train No. _____

Gary Hand Funeral Home

Name of deceased Emily S. Harvey.
 Date of death Dec 4 - 1938
 Cause of death Cancer of Stomach
 Place of death Res.
 Residence Lakeland Fla
 Age 80 Y'rs 1 Mo's 16 Days
 Weight 100 Height 5 ft. 5 in. Eyes Blue
 Funeral at Lakeland Fla
 Date Dec 1938 M
 Account charged Gentry Funeral Home
 Address Lakeland, Fla
 Account guaranteed Check
 Address _____
 Embalming Cremation # 3750
 Robe, Suit, Dress _____
 Underwear and Hose Body arrived Wed
 Casket 40m by auto Dec 7-38
 Casket with Copper Lin. _____
 Style of Casket Body Cremated
 No. of Casket 5 P.M. Wed
 Outside Box Dec 7-38
 Shipping Case or Vault _____
 Handles _____
 Pillow Set Ashes expressed
 Name Plate Gentry F. Home
 Cemetery Lakeland Fla
 Section _____ Lot _____

I Other Graves



X Grave on this date

Cremation _____
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

\$ 37.50

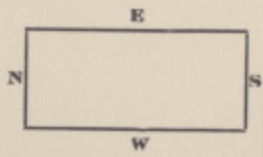
Garey Hand Funeral Home

Name of deceased *Infant Gresham*
 Date of death *Dec 8-38*
 Cause of death *Still Born*
 Place of death *Ogden*
 Residence *335 Irwin St*
 Age Y'rs Mo's Days
 Weight _____ Height _____ ft. _____ in. Eyes _____
 Funeral at _____
 Date _____ 193_____ M
 Account charged *Cleo Gresham*
 Address _____
 Account guaranteed *Payonants*
 Address _____

Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket *2-0 Case # 7*
 Casket with Copper Lin. _____
 Style of Casket *Sp & M*
 No. of Casket _____
 Outside Box *None used*
 Shipping Case or Vault _____
 Handles _____
 Pillow Set _____
 Name Plate _____
 Cemetery *Greenwood*
 Section _____ Lot _____

9.50
~~*10.00*~~

I Other Graves



X Grave on this date

Cremation _____
 Urn *Auto - & Lin*
 Single Grave *Baby Grave*
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician *Dr Anderson*
 County or City Burial _____
 Automobiles _____
 Baggage or Express Train No. _____

1.00
~~*2.50*~~
2.50

15.00

Carey Hand Funeral Home

Name of deceased Francis T. Howard
 Date of death Thurs Dec 8 - 38 PM
 Cause of death Arteriosclerosis
 Place of death Dr Redding's office
 Residence West Woodstock Vt
 Age 74 Y'rs 3 Mo's 8 Days _____
 Weight 160 Height _____ ft. _____ in. Eyes _____
 Funeral at Deat
 Date _____ 1938 _____ M
 Account charged Mrs F. T. Howard
 Address West Woodstock Vt + Tanguine Pla
 Account guaranteed Estate
 Address _____
 Embalming Yes 30.00
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket 6-6 Metal Sil Lin 235.00
 Casket with Copper Lin. _____
 Style of Casket State 1/2-C
 No. of Casket Helena Shiner
 Outside Box Reg
 Shipping Case or Vault _____
 Handles Ext
 Pillow Set Yes
 Name Plate _____
 Cemetery Deat
 Section _____ Lot _____
 I Other Graves E

N
S
W

 X Grave on this date _____
 Cremation Funial at
 Urn West Hartford Vt
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to White River Jct Vt
 R. R. Ticket 4351 - 3015 93.66
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon (2) 10.00
 Physician Dr Redding
 County or City Burial _____ 373.66
 Automobiles _____
 Baggage or ~~Express~~ Train No. 92

Sat - Dec - 11 - 38

Carey Hand Funeral Home

Name of deceased Harry H. Birt
 Date of death Casey of Prostate Dec 5-38
 Cause of death Per
 Place of death Miami
 Residence Miami
 Age 79 Y'rs 10 Mo's 28 Days
 Weight 150 Height 5 ft. 9 in. Eyes
 Funeral at Miami
 Date _____ 1938 M
 Account charged H. H. Combs Funeral Service
 Address Miami Fla
 Account guaranteed _____
 Address _____
 Embalming Cremation 37.50
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Spr 447
 Casket with Copper Lin. Body moved
 Style of Casket by Express
 No. of Casket 1230 Fla
 Outside Box Dec 9-38
 Shipping Case or Vault _____
 Handles Body cremated 9 AM
 Pillow Set Not Dec 10-38
 Name Plate _____
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E

S
W
N

 X Grave on this date _____
 Cremation ashes expressed to
 Urn H. H. Combs Funeral Service
 Single Grave Miami Fla
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon _____
 Physician _____
 County or City Burial _____
 Automobiles 37.50
 Baggage or Express Train No. _____

Carey Hand Funeral Home

Name of deceased <u>Mr John Aldredge</u>	
Date of death <u>Dec 12 1938</u>	<u>9:30</u> a.m.
Cause of death <u>Adeno Carcinoma - Uterus</u>	
Place of death <u>614 S. Summerlin St</u>	
Residence <u>614 S. Summerlin</u>	
Age <u>84</u> Yrs	Mo's <u>1</u> Days
Weight <u>150</u>	Height <u>5 ft. 8</u> in. Eyes
Funeral at <u>Chapel</u>	
Date <u>Mon Dec 12 1938</u>	<u>4 P</u> M
Account charged <u>Mrs Mary A Reed</u>	
Address <u>614 - S Summerlin</u>	
Account guaranteed _____	
Address _____	
Embalming <u>Yes</u>	35.00
Robe, Suit, Dress <input checked="" type="checkbox"/>	
Underwear and Hose <input checked="" type="checkbox"/>	
Casket <u>6-3-32 Doe</u>	35.00
Casket with Copper Lin.	
Style of Casket <u>Oct-12</u>	
No. of Casket <u>W-54</u>	
Outside Box <input checked="" type="checkbox"/>	
Shipping Case or Vault <input checked="" type="checkbox"/>	
Handles <u>Ext</u>	
Pillow Set <u>Yes</u>	
Name Plate <input checked="" type="checkbox"/>	
Cemetery <input checked="" type="checkbox"/>	
Section _____	Lot _____
I Other Graves <u>wooden Box</u>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> E W N S </div>
X Grave on this date _____	
Cremation <u>Cremated</u>	50.00
Urn <u>Body cremated 9-AM</u>	
Single Grave <u>Trus-12-13-38-</u>	
Opening and Closing Grave <u>with call for</u>	
Body Shipped to _____	
R. R. Ticket _____	
Cash advanced _____	
Telegram _____	
Minister <u>Dean Johnson</u>	5.00
Casket Wagon <u>(1)</u>	
Physician <u>Dr. Orr</u>	
County or City Burial _____	45.00
Automobiles <u>Carey Van # 129</u>	30.00
Baggage or Express Train No. _____	75.00
\$ 75.00	

Carey Hand Funeral Home

Name of deceased Mr Geo W Coulic
 Date of death Oct Dec-10- PM
 Cause of death apoplexy
 Place of death Res
 Residence Mt Dora
 Age 60 Y'rs 11 Mo's 10 Days
 Weight 150 Height 5 ft. 7 in. Eyes
 Funeral at
 Date 193 M
 Account charged Mr Geo W Coulic
 Address Mt Dora - 354 Highland ave
 Account guaranteed Cash
 Address _____
 Embalming _____
 Robe, Suit, Dress _____
 Underwear and Hose _____
 Casket Sw 35 00
 Casket with Copper Lin. By Request
 Style of Casket No Lumber Held
 No. of Casket _____
 Outside Box Body Cremated 9 AM
 Shipping Case or Vault Nov-12-13-38
 Handles _____
 Pillow Set ashes to be scattered
 Name Plate Greenwood Cemetery
 Cemetery _____
 Section _____ Lot _____
 I Other Graves E
N S
W
 X Grave on this date _____
 Cremation Cremation 50 00
 Urn _____
 Single Grave _____
 Opening and Closing Grave _____
 Body Shipped to _____
 R. R. Ticket _____
 Cash advanced _____
 Telegram _____
 Minister _____
 Casket Wagon Mt Dora 15 00
 Physician _____
 County or City Burial _____
 Automobiles 100 00
 Baggage or Express Train No. _____