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June 12, 1937 to July 4, 1941.

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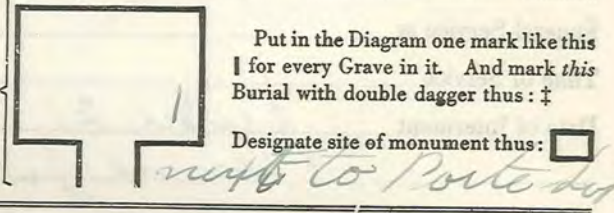
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RECORD AND BILL OF ITEMS

Yearly No. 32 FOR THE FUNERAL OF Joshua Wright Total to date 1203

Residence Sparks Ave. W. Sautucket
 Place of Death Taunton State Hosp 17 day Wife or Widow of Viola Wilkes
 Date of Birth 1 (Year) June 18 (Month) 1855 (Day) Age { 55 Years { Sex Female { Color or Race Colored
 Date of Death 1937 (Year) June 18 (Month) 18 (Day) { Months { Single {
 Maiden Name _____ Days { Married {
 Birth-place Sparks Maryland Occupation Caretaker
 Name of Father Horace Wright His Birth-place Sparks Maryland
 Maiden Name of Mother Margaret Ringold Her Birth-place _____
 Cause of Death—Primary Septic Parotitis Secondary Bronchopneumonia
 Certifying Physician _____ Residence _____
 Place of Burial Colored, Taunton Cemetery Colored
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment June 21, 1937 Section _____
Viola Wright



Casket or Coffin No. <u>2853</u>	165 00	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	15 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Ed Willis Dagen</u>	40 00
Embalming			
Washing and Dressing			
Shaving			
Services <u>Personal</u>	10 00		
Use of Chairs		Transportation Charges <u>Express</u>	5 70
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>S. Phuels</u>	210 00
Cemetery Charges	10 00	Amount of Bill	255 70
Music		Goods Ordered by <u>Viola Wright</u>	
Flowers		Bill Charged to <u>"</u>	

DR. 215 00 CR.

			July 7, 1937	Check	255	70
				PAID		
				By <u>Leila J. Carlisle</u>		

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1204

Anna Murray

Residence 60 Orange St.

Place of Death " " " Wife or Widow of John Murray

Date of Birth 1 Apr. 28 Age 76 Years Sex Female Color or Race White
 (Year) (Month) (Day) { 1 Months Single
 Date of Death 19 June 19 { 22 Days Married
 (Year) (Month) (Day)

Maiden Name Graciosa Gross Occupation House work own home

Birth-place Graciosa Gross His Birth-place Unknown

Name of Father Mathew Spangler Her Birth-place " "

Maiden Name of Mother Clara Secondary Cause of Death Embolus, Cardiac decomposition

Cause of Death—Primary Mesenteric Certifying Physician Lewis Residence Prospect Hill

Place of Burial Nantucket Cemetery Prospect Hill

Funeral Service at " " Lot No. 383 Grave No. 1

Time of Service " " Section " "

Date of Interment June 21, 1937 Anna J. Murray

1

Put in the Diagram one mark like this ¶ for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus: □

Casket or Coffin No. <u>B. 247 Walnut</u>	<u>185 00</u>	Candles	
Size <u>18x24</u> Made by <u>" "</u>		Gloves	
Lining and Pillow Set No. <u>" "</u>		Bearers or Porters	
Handles <u>" "</u>		Hearse to <u>" "</u>	
Plate <u>" "</u>		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit <u>" "</u>		Newspaper Notices	
Slippers <u>" "</u>		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman <u>Fr. Daley</u>	
Washing and Dressing <u>" "</u>		Amount of Bill	<u>275 00</u>
Shaving <u>" "</u>		Goods Ordered by <u>Anna Murray</u>	
Services <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u>" "</u>	
Use of Chairs <u>" "</u>			
Church Charges <u>" "</u>			
Cemetery Charges <u>" "</u>	<u>10 00</u>		
Music <u>" "</u>			
Flowers <u>Candles & Condolance</u>	<u>5 00</u>		
DR. 275.00		CR.	

	Jan 12	1938	Check	275 00
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 1.5em; margin: 0;">PAID</p> <p style="margin: 0;">Jan. 12, 1937</p> <p style="margin: 0;">Agnes Harriet Adams</p> </div>				

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1211

Adelle M. Hall

Residence 9 Hamilton St. Salem Mass

Place of Death M.C. Hospital Wife or Widow of Henry G. Hall

Date of Birth 1862 May 10 Age { 75 Years { Sex { Color or Race

(Year) (Month) (Day)

Date of Death 1937 July 26 { 2 Months { Single Wid. {

(Year) (Month) (Day)

Maiden Name { 16 Days { Married {

Birth-place Salem Mass Occupation at Home

Name of Father Walter M. Phillips His Birth-place Salem Mass

Maiden Name of Mother Adelle Budlong Her Birth-place Pawtucket, R.I.

Cause of Death—Primary Toxic hepatitis Secondary

Certifying Physician Fine Residence

Place of Burial Salem Mass Cemetery Harmony Grove

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment Section Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of monument thus:

Edward R. Hall, Baltimore Md.

Casket or Coffin No. <u>190 black</u>	<u>165</u>	<u>00</u>	Candles
Size..... Made by.....			Gloves
Lining and Pillow Set No.....			Bearers or Porters.....
Handles			Hearse to
Plate			Removal.....
Outside Box or Vault <u>Pine</u>	<u>15</u>	<u>00</u>	Automobiles
Burial Suit .....			.....
Slippers			Newspaper Notices.....
Embalming <u>of services</u>	<u>35</u>	<u>00</u>	.....
Washing and Dressing .....			.....
Shaving .....			.....
Services <u>Trans from hosp</u>	<u>5</u>	<u>00</u>	.....
Use of Chairs <u>to Boat</u>	<u>5</u>	<u>00</u>	Transportation Charges.....
Church Charges.....			Officiating Clergyman.....
Cemetery Charges.....			Amount of Bill..... <u>225</u>
Music.....			Goods Ordered by.....
Flowers			Bill Charged to.....

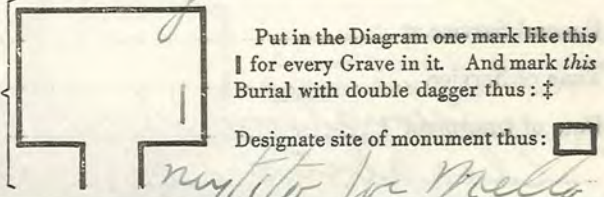
DR. \$ 225.00

Admtd.	Name	Date	Description	Amount	CR.
	<u>George W. Ameridge</u>	<u>Oct 6</u>	<u>1937 Check</u>	<u>225.00</u>	
	<u>53 State St.</u>				
	<u>Boston</u>				
	<u>Mass.</u>				
			PAID		
			<u>By George W. Ameridge</u>		
			<u>Admtd.</u>		

RECORD AND BILL OF ITEMS

Yearly No. 50 FOR THE FUNERAL OF Blanche W. Martin Total to date 1221

Residence 5 Coon St.
 Place of Death " Wife or Widow of "
 Date of Birth 1917 May 25 Age 20 Years 5 Months 10 Days Sex Female Color or Race Mulatto
 Date of Death 1937 Sept 4 Single ✓ Married
 Maiden Name "
 Birth-place Nantucket Occupation At Home
 Name of Father Ornival J. Martin His Birth-place Frogg Cape, Nantucket
 Maiden Name of Mother Bernice E. Barrett Her Birth-place Hatfield, Mass
 Cause of Death—Primary Cerebral Hem. Secondary "
 Certifying Physician Wenger Residence "
 Place of Burial Nantucket Cemetery St Marys
 Funeral Service at " Lot No. "
 Time of Service " Grave No. "
 Date of Interment Sept 7, 1937 Section "
Ornival J. Martin



Casket or Coffin No. <u>White half Coach</u>	<u>125 00</u>	Candles	
Size <u>"</u> Made by <u>"</u>		Gloves	
Lining and Pillow Set No. <u>"</u>		Bearers or Porters	
Handles <u>"</u>		Hearse to	
Plate <u>"</u>		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit <u>"</u>		Newspaper Notices	
Slippers <u>"</u>		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman <u>J. O. Riley</u>	
Washing and Dressing <u>"</u>		Amount of Bill	<u>213 00</u>
Shaving <u>"</u>		Goods Ordered by	
Services <u>"</u>		Bill Charged to	
Use of Chairs <u>"</u>			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music <u>"</u>			
Flowers <u>Car for Priest</u>	<u>3 00</u>		

DR. \$ 213.00 CR.

Sept 13	Pd. Tung Cash	3 00	Sept 13	Check	213 00
				PAID	
				By Margaret H. Crosby	

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1223

Crastus Chapel

Residence 2 Ash St

Place of Death " " "

Date of Birth 1 851 Dec 2 (Year) (Month) (Day)

Date of Death 1937 Oct 2 (Year) (Month) (Day)

Maiden Name " " "

Birth-place Waterford Conn

Name of Father H. Crastus Chapel

Maiden Name of Mother Susan M. Maynard

Cause of Death—Primary Atherosclerosis

Certifying Physician Folan

Place of Burial Waukegan

Funeral Service at " " "

Time of Service " " "

Date of Interment Oct. 5th

Wife or Widow of Marietta Smith

Age 85 Years 10 Months 2 Days

Sex Single

Color or Race " " "

Occupation Fisherman Retired 5 yrs

His Birth-place Montville Conn

Her Birth-place Waterford "

Secondary Cause of Death " " "

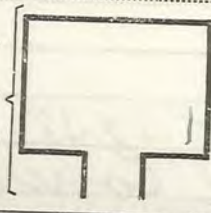
Residence " " "

Cemetery P.H.

Lot No. 756

Grave No. " " "

Section " " "



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:

Casket or Coffin No. <u>2852</u>	150	00	Candles		
Size..... Made by.....			Gloves		
Lining and Pillow Set No.....			Bearers or Porters		
Handles			Hearse to		
Plate			Removal		
Outside Box or Vault <u>None</u>	15	00	Automobiles		
Burial Suit			Newspaper Notices		
Slippers			Transportation Charges		
Embalming <u>Services</u>	35	00	Officiating Clergyman		
Washing and Dressing			Amount of Bill		240 00
Shaving			Goods Ordered by <u>E Chapel</u>		
Services <u>Transfer</u>	5	00	Bill Charged to <u>Adm.</u>		
Use of Chairs					
Church Charges <u>Funeral</u>	25	00			
Cemetery Charges	10	00			
Music					
Flowers					

DR. \$ 240.00

CR.

			Dec 31.	1937.	Check	240	00
PAID							
By James E Chapel							
Adm.							

RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 1227

Residence Mulberry St.
 Place of Death Taunton State Hosp. 1 1/2 yrs
 Date of Birth 1900 July 26
 Date of Death 1937 Oct 12
 Maiden Name Anna E. Mally
 Birth-place Roxbury Mass
 Name of Father Anthony J. Mally
 Maiden Name of Mother Mary Mc King
 Cause of Death—Primary Pulmonary TB
 Certifying Physician _____
 Place of Burial North
 Funeral Service at _____
 Time of Service Oct 15/37
 Date of Interment St Marys
 Wife or Widow of Thomas F. Curley
 Age { 37 Years { Sex _____ { Color or Race _____
 { 2 Months { Single _____
 { 16 Days { Married
 Occupation Housewife
 His Birth-place County Mayo Ireland
 Her Birth-place _____
 Residence _____
 Cemetery St Marys
 Lot No. _____
 Grave No. _____
 Section _____
 Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus: □



Casket or Coffin No. <u>175 12</u>	<u>150 00</u>	Candles	
Size..... Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	<u>Wells Dagen</u>	<u>35 00</u>
Use of Chairs		Transportation Charges <u>Express</u>	<u>5 70</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman	<u>140 00</u>
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>180 70</u>
Music		Goods Ordered by <u>Thos F. Curley</u>	
Flowers		Bill Charged to	

DR. 140.00

CR.

<u>180.70</u>		Jan. 21	1938 Cash	<u>50 00</u>
<u>130 00</u>		Jan. 28	" "	<u>20 00</u>
<u>50.70</u>		Mch 30	" "	<u>20 00</u>
<u>20 00</u>		Apr 30	" "	<u>20 00</u>
<u>30.70</u>		May 23	" "	<u>20 00</u>
		July 1	Gr. Stone	<u>5 00</u>
		Oct 31	Gr Cash	<u>15 00</u>
		Dec 7	39 "	<u>30 00</u>
				<u>180 00</u>
				<u>130.00</u>
				<u>150.00</u>
				<u>180 00</u>

PAID
 By Thos Curley

RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1230

John W. Sickels

Residence Whaled Lane

Place of Death "

Date of Birth 1852 Oct 20 Wife or Widow of Minnie R.
(Year) (Month) (Day) { 85 Years { Sex { Color or Race
 Date of Death 1937 Oct 18 Age { 11 Months { Single {
(Year) (Month) (Day) { 28 Days { Married {

Maiden Name

Birth-place New York City Occupation Merchant Retired 3 yrs

Name of Father John H. Sickels His Birth-place New York City

Maiden Name of Mother Abigail Stevenson Her Birth-place " " "

Cause of Death—Primary Cardiac insufficiency Secondary Senility

Certifying Physician Lewis M. Ed. Residence

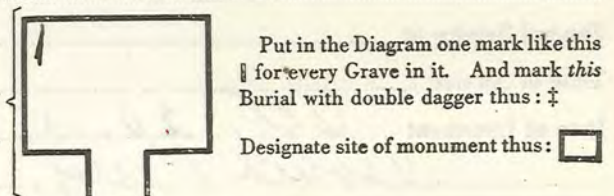
Place of Burial Went Cemetery P.D.

Funeral Service at Lot No. 773

Time of Service Grave No.

Date of Interment Oct. 21 Section

Minnie R. Sickels



Casket or Coffin No. <u>1753</u>	<u>100 00</u>	Candles	
Size <u> </u> Made by <u> </u>		Gloves	
Lining and Pillow Set No. <u> </u>		Bearers or Porters	
Handles <u> </u>		Hearse to <u> </u>	
Plate <u> </u>		Removal <u> </u>	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles <u>Wood / Car</u>	<u>6 00</u>
Burial Suit <u> </u>		Newspaper Notices	
Slippers <u> </u>			
Embalming <u>francis</u>	<u>35 00</u>		
Washing and Dressing <u> </u>			
Shaving <u> </u>			
Services <u>Transfer</u>	<u>3 00</u>	<u>Not. 7/10 773</u>	<u>30 00</u>
Use of Chairs <u> </u>		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Spheres</u>	
Cemetery Charges <u> </u>	<u>10 00</u>	Amount of Bill	<u>198 00</u>
Music <u> </u>		Goods Ordered by <u>Mrs Sickels</u>	<u>225 00</u>
Flowers <u> </u>		Bill Charged to <u>Vera Sickels</u>	

DR. 190.00 CR.

<u>Pat. Hubert Cash Nov 20</u>		<u>Nov 23 1937 Check</u>	<u>225 00</u>
<u>Jan 10 1938 Paid Marcus</u>			
<u>Randall Id No 773</u>	<u>30 00</u>		
		PAID	
		<u>137</u>	
		<u>Vera Sickels</u>	

RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 1231

William E. Burchell

Residence 13 No. Water St.

Place of Death " " " "

Date of Birth 1 884 Jan 9 Wife or Widow of Suey H. Tabor

Date of Death 19 37 Oct 28 Age 52 Years 9 Months 19 Days Sex Male Color or Race

Maiden Name Occupation Fisherman

Birth-place Chatham Mass His Birth-place Chatham Mass

Name of Father William E. Burchell Her Birth-place East Harwich

Maiden Name of Mother Lillian Bassett

Cause of Death—Primary Falgun Secondary

Certifying Physician Falgun Residence

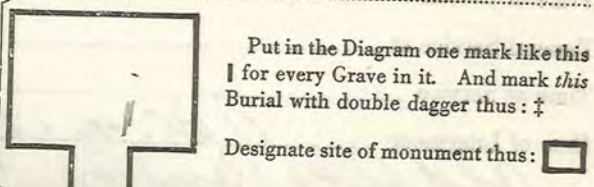
Place of Burial Went Cemetery PH

Funeral Service at Lot No. 820

Time of Service Grave No.

Date of Interment Nov 1 Section

William E. Burchell



Casket or Coffin No. <u>B 247. Mahan</u>	<u>185 00</u>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>None</u>	<u>15 00</u>	Automobiles	
Burial Suit <u>Blue serge</u>	<u>15 00</u>	Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>	Transportation Charges	
Cemetery Charges	<u>10 00</u>	Officiating Clergyman <u>Rogers</u>	
Music		Amount of Bill	<u>320 00</u>
Flowers		Goods Ordered by <u>William Burchell</u>	
		Bill Charged to	

DR. 290.00

CR.

Jan 11 1938	Paid Marcus		Dec 8	Check	100 00
	<u>Removal lot No 820</u>	<u>30 00</u>		" D.O.F.	75 00
			Dec 2	1938 C. Check	45 00
Aug	Oct. 1939 to Aug	<u>270 00</u>	Aug 4	1939 " "	50 00
			Aug 25	C. 22 mos garage	22 00
Oct 1939 to Aug 1941		<u>22 00</u>		1941 Check	28 00
		<u>295 00</u>			<u>320 00</u>
				PAID	
				By <u>Bill Burchell</u>	

Lawrence
 Lawrence, Cecil
 Enrollment No. 154-45-9
 M. S. 3rd Grade District
 Class 2
 Granted March 31, 1917
 of Washington Comm.
 for 4 yrs
 6-27-1
 Certificate No. 154-45-9
 H7 15-66
 Mack
 Mac 3-301 1921

End Park Park
 & small
~~Lawrence~~
 1937
 1868
 Estate
 Dec 26 1868-69
 Joseph H. Hunt
~~Lawrence~~
 Lawrence C. Church

20.00	ent
40.00	cash
15.00	P. Box
25.00	Dr. [unclear]
100	

|||||

Mrs. Lawrence C. Jewett
 died at 2 a.m. 11-3-37.
 Born Norwich, Conn.
 70 years old.
 notify Mrs. Wm.
 Jewett - a friend in Jewett.

RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to date 1239

Charles J. Fisher

Residence 28 Union St.

Place of Death " " "

Date of Birth 1860 March 16 (Year) (Month) (Day)

Date of Death 1937 Nov 27 (Year) (Month) (Day)

Maiden Name " " "

Birth-place Nantucket

Name of Father Joseph W. Fisher

Maiden Name of Mother Susan M. Allen

Cause of Death—Primary Coronary thrombosis

Certifying Physician Severis Med Ex

Place of Burial Nant

Funeral Service at " " "

Time of Service " " "

Date of Interment Nov 29

Wife or Widow of " " "

Age { 77 Years { Sex " " " { Color or Race " " "
 8 Months { Single {
 11 Days { Married {

Occupation Clerk retired eyes

His Birth-place Falmouth Mass

Her Birth-place Nantucket

Secondary died in sleep

Residence " " "

Cemetery North

Lot No. 135

Grave No. " " "

Section " " "

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:

Casket or Coffin No. <u>2855</u>	<u>165 00</u>	Candles	
Size		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer Room</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs <u>" to Hall</u>	<u>5 00</u>	Officiating Clergyman <u>Edw. Fellows</u>	
Church Charges	<u>25 00</u>	Amount of Bill <u>of services</u>	
Cemetery Charges	<u>10 00</u>	Goods Ordered by <u>Edith M. Sandelburg</u>	
Music		Bill Charged to	
Flowers			

DR. \$275.00

CR.

<u>Edith M. Sandelburg</u>	<u>Nov 7</u>	<u>1938 Check</u>	<u>275 00</u>
<u>25 Gaylord St</u>			
<u>Dorchester Center</u>			
<u>Mass</u>			
		PAID	
		<u>By M. Gardner Clemons</u>	
		<u>1. 294 Washington St</u>	
		<u>Boston</u>	

RECORD AND BILL OF ITEMS

Yearly No. 3 FOR THE FUNERAL OF Flourence L. Swain Total to date 1247

Residence 76 Main St.

Place of Death Wife or Widow of

Date of Birth 1875 Feb 1 (Year) (Month) (Day)

Date of Death 1938 Jan 9 (Year) (Month) (Day) Age { 62 Years { Sex { Color or Race

Maiden Name { 11 Months { Single {

Birth-place Occupation { 8 Days { Married {

Name of Father William J. Swain His Birth-place New London Conn

Maiden Name of Mother Sarah Cornish Her Birth-place Nantucket

Cause of Death—Primary Coronary thrombosis Secondary

Certifying Physician Sewis Residence

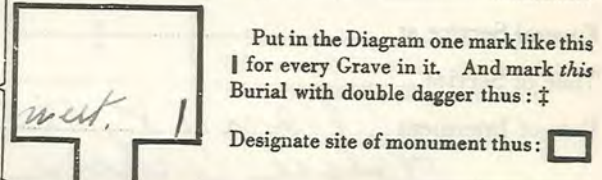
Place of Burial Nant Cemetery North

Funeral Service at Lot No. 162

Time of Service Grave No.

Date of Interment Jan 14 1938 Section met. 1

Sarah E. Phillips



Casket or Coffin No. <u>2853</u>	165 00	Candles	
Size <u>.....</u> Made by <u>.....</u>		Gloves	
Lining and Pillow Set No. <u>.....</u>		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clark Vault</u>	100 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>f. services</u>	50 00	Officiating Clergyman	
Washing and Dressing		Amount of Bill	350 00
Shaving		Goods Ordered by <u>Sarah E. Swain</u>	
Services		Bill Charged to <u>.....</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR. 350.00 CR.

				Jan 17	1939	Check	350	00	
						PAID			
						By Sarah E. Swain Adm.			

RECORD AND BILL OF ITEMS

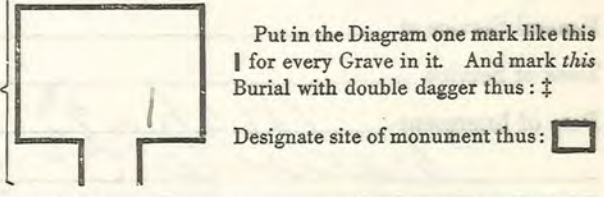
Yearly No. 13

FOR THE FUNERAL OF

Total to date 1257

Daniel C. Brayton

Residence 34 Centre St.
 Place of Death N. C. Hospital Wife or Widow of Sydia H. Chadwick
 Date of Birth 1853 (Year) Apr (Month) 14 (Day) Age 84 Years { Sex Male } Color or Race White
 Date of Death 1938 (Year) Mar (Month) 23 (Day) { 11 Months } { Single }
 Maiden Name Anna Weeden { 9 Days } { Married }
 Birth-place New York City Occupation Carpenter retired 9 yrs
 Name of Father Daniel C. Brayton His Birth-place Wantuck
 Maiden Name of Mother Anna Weeden Her Birth-place New York City
 Cause of Death—Primary Cardiac Secondary _____
 Certifying Physician Cardiac Residence _____
 Place of Burial Wantuck Cemetery P.H.M.V.
 Funeral Service at _____ Lot No. 6
 Time of Service _____ Grave No. _____
 Date of Interment Mar 26 Section _____
Sydia H. Brayton



Casket or Coffin No. <u>B. 247 Walnut</u>	<u>185 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles <u>H Wood 1.</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>	Transportation Charges	<u>275 00</u>
Use of Chairs _____		Officiating Clergyman <u>Blogett</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>280 00</u>
Cemetery Charges <u>10 00</u>	<u>10 00</u>	Goods Ordered by <u>Mrs Brayton</u>	
Music _____		Bill Charged to <u>Mrs J M Pinkney</u>	
Flowers _____			

DR. 275.00 CR.

<u>Mrs J. M. Pinkney</u>	<u>May</u>	<u>C. Cash & Check</u>	<u>180 00</u>
<u>106 So. Harrison St.</u>	<u>July 20</u>	<u>1938 Check</u>	<u>25 00</u>
<u>East Orange</u>	<u>Sept 14</u>	<u>" "</u>	<u>25 00</u>
<u>N. J.</u>	<u>Nov 7</u>	<u>" "</u>	<u>50 00</u>
			<u>280 00</u>
		PAID	
		<u>By J. M. Pinkney</u>	


RECORD AND BILL OF ITEMS

Total to date 1262

Yearly No. 18

FOR THE FUNERAL OF

Michael J. Davis

Residence 2 West Dover St
 Place of Death M. C. Hospital Wife or Widow of Ethel F. Lemming
 Date of Birth 1 496 Dec 12 (Year) (Month) (Day) Age { 41 Years { Sex { Color or Race
 Date of Death 19 38 Mar 3 (Year) (Month) (Day) { 3 Months { Single {
 Maiden Name { 22 Days { Married L {
 Birth-place Newfoundland Occupation Fishermen
 Name of Father George Davis His Birth-place Newfoundland
 Maiden Name of Mother Bridget Carew Her Birth-place Newfoundland
 Cause of Death—Primary Hodgkins disease Secondary
 Certifying Physician Folger Residence
 Place of Burial Nantucket Cemetery St Marys
 Funeral Service at Lot No. 
 Time of Service Grave No. Put in the Diagram one mark like this
 Date of Interment April 5 Section Burial with double dagger thus: †
St Davis Designate site of monument thus:

Casket or Coffin No. <u>1755</u>	<u>100 00</u>	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters.....	
Handles		Hearse to	
Plate		Removal.....	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices.....	
Slippers			
Embalming <u>J. Service</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer from home</u>	<u>5 00</u>	Transportation Charges.....	
Use of Chairs		Officiating Clergyman <u>F. O'Leary</u>	<u>190 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	
Cemetery Charges.....	<u>10 00</u>	Goods Ordered by <u>Ethel Davis</u>	
Music.....		Bill Charged to	
Flowers			
<u>\$190.00</u>			


DR.	CR.
	<u>May 23 1938 Cash</u>
	<u>190 00</u>
PAID	
<u>By Ethel Davis.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1263

Residence 92 Whittier St Nantucket R.I.
 Ella Louise King
 Place of Death " " " Wife or Widow of " " "
 Date of Birth 1866 March 22 Age 72 Years { Sex " } Color or Race "
 (Year) (Month) (Day) { 0 Months } Single ✓
 Date of Death 1938 April 6 { 14 Days } Married "
 (Year) (Month) (Day)
 Maiden Name "
 Birth-place Nantucket Occupation at Home
 Name of Father William E. King His Birth-place Nantucket
 Maiden Name of Mother Harriet Padlock Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Hem Secondary "
 Certifying Physician " Residence "
 Place of Burial Spout Point Cemetery P.H.
 Funeral Service at " Lot No. 553  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †
 Time of Service " Grave No. " Designate site of monument thus:
 Date of Interment April 9 Section "
Edward P. Rice

Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Funeral from Boat</u>	<u>20 00</u>
Embalming		<u>Cemetery Chgs</u>	<u>10 00</u>
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Rogers</u>	
Cemetery Charges		Amount of Bill	<u>30 00</u>
Music		Goods Ordered by <u>Edw. P. Rice</u>	
Flowers		Bill Charged to <u>" "</u>	

DR.		CR.	
		<u>May 9</u>	<u>1938 Check</u>
			<u>30 00</u>
		PAID	
		<u>By Edw. P. Rice</u>	
		<u>Admstr.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 1264

Margaret Brown

Residence 100 Liberty St

Place of Death " Wife or Widow of Henry W. Brown

Date of Birth 1853 Dec 5 Age 85 Years { Sex M } Color or Race
 (Year) (Month) (Day)

Date of Death 1938 Jan 17 Age 7 Months { Single }
 (Year) (Month) (Day)

Maiden Name Age 12 Days { Married }

Birth-place Nantucket Occupation Teacher

Name of Father Michael Ring His Birth-place Kilkeny Ireland

Maiden Name of Mother Margaret Cushing Her Birth-place Cork Ireland

Cause of Death—Primary Atherosclerosis Secondary Chronic Myo. Pulmonary Edema

Certifying Physician Folger Residence

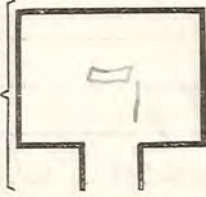
Place of Burial Nant Cemetery P. H.

Funeral Service at Lot No. 347

Time of Service Grave No.

Date of Interment Apr 20 Section

Ann Ring



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus: □

Casket or Coffin No. <u>5157 12</u>	<u>300 00</u>	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clark</u>	<u>100 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Blogett</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>485 00</u>
Music		Goods Ordered by <u>Ann Ring</u>	
Flowers		Bill Charged to <u>"</u>	

DR. 485.00 CR.

		Oct 2	1938	Check	485 00
				PAID	
				By <u>Ann Ring</u>	Admin.

RECORD AND BILL OF ITEMS

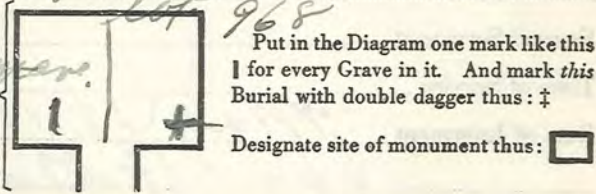
Yearly No. 25

FOR THE FUNERAL OF

Total to date 1269

Annie C. Dalman

Residence 4 Farmer St.
 Place of Death U. S. Post Office Wife or Widow of _____
 Date of Birth 1860 Dec 27 Age { 77 Years { Sex _____ { Color or Race _____
 (Year) (Month) (Day) { 4 Months { Single
 Date of Death 1938 Apr 23 (Year) (Month) (Day) { 9 Days { Married _____
 Maiden Name _____
 Birth-place New York City Occupation at Home
 Name of Father Levi C. Dalman His Birth-place Germany
 Maiden Name of Mother Mary Johnson Her Birth-place Hamburg, Germany
 Cause of Death—Primary Heart Failure Secondary presumably Coronary thrombosis
 Certifying Physician David Med. Ex. Residence _____
 Place of Burial Nantucket Cemetery P. H. Nor. 1941 Removed to new
 Funeral Service at _____ Lot No. 280
 Time of Service _____ Grave No. 968
 Date of Interment April 26 1938 Section 968



Casket or Coffin No. <u>2853</u>	165 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	15 00	Automobiles	
Burial Suit _____		<u>Single Grave</u>	15 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	35 00		
Washing and Dressing _____			
Shaving _____		Transportation Charges	
Services <u>Transfer</u>	5 00	Officiating Clergyman <u>Blogett</u>	
Use of Chairs _____		Amount of Bill	270 00
Church Charges <u>Funeral</u>	25 00	Goods Ordered by <u>Minnie H. Dalman</u>	
Cemetery Charges	10 00	Bill Charged to _____	
Music _____			
Flowers _____			

DR.

CR.

<u>Med. Ex. transfer</u>	<u>5 00</u>	<u>May 21, 1938</u>	<u>Cash</u>	<u>100 00</u>
<u>rd May 6.</u>		<u>July 2</u>	<u>" "</u>	<u>170 00</u>
				<u>270 00</u>
			PAID	
			<u>By Minnie H. Dalman</u>	

RECORD AND BILL OF ITEMS

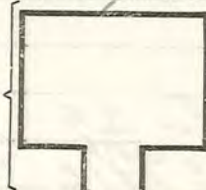
Yearly No. 41

FOR THE FUNERAL OF

Total to date 1285

Charles W. Brown

Residence 84 Magazine St. Cambridge
 Place of Death Jetties, Bathing beach Wife or Widow of Elizabeth Wilson
 Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 63 Years { Sex { Color or Race
 Date of Death 19 (Year) 8 (Month) 23 (Day) { Months { Single
 Maiden Name (Year) (Month) (Day) { Days { Married
 Birth-place Edinburgh Scotland Occupation Carpenter
 Name of Father Charles W. Brown His Birth-place Sondon England
 Maiden Name of Mother Elizabeth Tolhurst Her Birth-place Sondon England
 Cause of Death—Primary Accidental Secondary Drowning
 Certifying Physician Lewis Med. Ex. Residence _____
 Place of Burial Boston Cemetery Mt. Hope
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Shipped July 23 Section _____
Copeland Funeral Home



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □

Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>for services</u>	<u>35 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>63 40</u>
Shaving <u>Transfer to Boat</u>	<u>5 00</u>	Goods Ordered by <u>B. F. Copeland</u>	
Services <u>Exp to Boston</u>	<u>7 90</u>	Bill Charged to	
Use of Chairs <u>Death Certificate</u>	<u>50</u>		
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

863.40

CR.

<u>Med Ex. transfer</u>	<u>pd. 5 00</u>	<u>July 27</u>	<u>1938 Check</u>	<u>63 40</u>
<u>Copeland Funeral Home</u>				
<u>1286 Franklin St</u>				
<u>Cambridge</u>				
			PAID	
			<u>By B. F. Copeland</u>	

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 1287

Herbert Mc Cleave

Residence 82 Centre St.
 Place of Death Polpis Rd. Wife or Widow of Mary J. Feeley
 Date of Birth 1 27 9 (Year) Dec (Month) 25 (Day) Age 58 Years { Sex Male } Color or Race
 Date of Death 19 38 (Year) July (Month) 26 (Day) Age 7 Months { Single }
 Maiden Name 1 Days { Married }
 Birth-place Wanucket Occupation Fisherman
 Name of Father William W. Mc Cleave His Birth-place Wanucket
 Maiden Name of Mother Emily B. Fitzgerald Her Birth-place Wanucket
 Cause of Death—Primary Coronary infarct Secondary
 Certifying Physician Sevis A. Wood Esq. Residence
 Place of Burial Wanucket Cemetery P.H.
 Funeral Service at Wanucket Lot No. 697
 Time of Service July 29 Grave No.
 Date of Interment Aug 1 1938 Section Mc Cleave

1

Put in the Diagram one mark like this [] for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus:

Casket or Coffin No. <u>B. 247 Wd.</u>	180 00	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>None</u>	15 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	35 00	Officiating Clergyman <u>George Norton</u>	275 00
Washing and Dressing		Amount of Bill	
Shaving <u>Transfer</u>	5 00	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR. \$275.00 CR.

	180 00	Oct 21	Cr. Checks	180 00
	95 00	Dec 7	Cash	90 00
				270 00
				5 00
			PAID	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 1287

Sadie Butler Alias Smith

Residence End Park Street + 3 East 119th St. N.Y. City

Place of Death W. C. Hospital Wife or Widow of Sully Smith 3 yrs

Date of Birth 1 (Year) (Month) (Day)

Date of Death 19 38 Aug 2 (Year) (Month) (Day) Age { Years { Sex { Color or Race

Maiden Name _____ Months { Single {

Birth-place King Williams Co Va Occupation House work Days { Married Common Law

Name of Father Henry Butler His Birth-place King Williams Co Va

Maiden Name of Mother Maria Her Birth-place " "

Cause of Death—Primary Acute Appendicitis Secondary diffuse peritonitis

Certifying Physician Fine Residence _____

Place of Burial Long Island N.Y. Cemetery Cypress Hill

Funeral Service at _____ Lot No. _____

Time of Service Stopped Aug 3 Grave No. _____

Date of Interment _____ Section _____



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus: □

Maria Smith 3 East 119th St. N.Y. City, April 5

Casket or Coffin No.....		Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal.....	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles.....	
Burial Suit		Newspaper Notices.....	
Slippers		Transportation Charges.....	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman.....	
Washing and Dressing		Amount of Bill.....	<u>81 70</u>
Shaving		Goods Ordered by <u>John E Yates</u>	
Services <u>Transfers</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs			
Church Charges.....			
Cemetery Charges.....			
Music.....			
Flowers <u>Express Chgs</u>	<u>21 70</u>		

DR.

81.70

CR.

<u>John E Yates</u>	<u>Aug 18</u>	<u>1938 Check</u>	<u>81 70</u>
<u>225 W. 138th St</u>			
<u>N.Y. City</u>			
		PAID	
		<u>Yates Funeral Service</u>	
		<u>N.Y.</u>	

RECORD AND BILL OF ITEMS

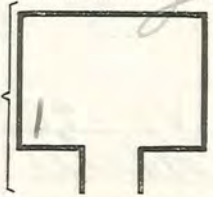
Yearly No. 46

FOR THE FUNERAL OF

Total to date 1290

John R Reis

Residence 11 Back St.
 Place of Death 11 Back St. Wife or Widow of Mary S Reis
 Date of Birth 1873 Dec 1 (Year) (Month) (Day) Age { 64 Years { Sex Male { Color or Race White
 Date of Death 1938 Aug 24 (Year) (Month) (Day) { 8 Months { Single Married {
 Maiden Name Piko { 23 Days { Married Separated {
 Birth-place Piko Cyprus Occupation Day laborer
 Name of Father Manuel R Reis His Birth-place Piko Cyprus
 Maiden Name of Mother Yapel Conciaco Her Birth-place Piko
 Cause of Death—Primary Hemorrhage Secondary from stomach perforating ulcer
 Certifying Physician Lewis Med Dr Residence St Marys
 Place of Burial Nantucket Cemetery St Marys
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Aug 26 1938 Section _____
Mary S Reis



Put in the Diagram one mark like ¶ for every Grave in it. And mark Burial with double dagger thus: †
 Designate site of monument thus: []

Casket or Coffin No. <u>1752</u>	<u>100 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Fr Daley</u>	
Washing and Dressing _____		Amount of Bill <u>195 00</u>	
Shaving _____		Goods Ordered by <u>Mary S Reis</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to <u>John Reis Jr</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges <u>10 00</u>			
Music <u>Prayer Roll</u>			
Flowers <u>Candelabra & Candles</u>	<u>5 00</u>		

DR.	<u>195 00</u>				CR.
<u>Wid by transfer</u>	<u>10 50</u>	<u>Sept 12</u>	<u>1938 Check</u>	<u>195 00</u>	
			<u>Slue</u>	<u>5 00</u>	
			PAID		
			<u>By John Reis Jr</u>		

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1299

Fred Syle Austin

Residence Eton Georgia

Place of Death 8 Middle Peach St. 4mth Wife or Widow of _____

Date of Birth 1885 March 4 Age { 53 Years { Sex _____ { Color or Race _____

Date of Death 1938 Oct 20 { 7 Months { Single { _____

Maiden Name _____ { 22 Days { Married _____ { _____

Birth-place Duval, Brook La Ga Occupation Baggage Master N.E. Steamship Co

Name of Father _____ His Birth-place _____

Maiden Name of Mother _____ Her Birth-place _____

Cause of Death—Primary poisoning self Secondary administered Paraldehyde GDE

Certifying Physician Newis Med Ex Residence while in hospital

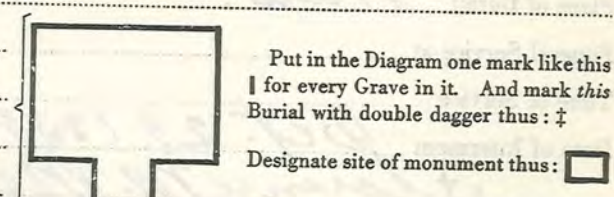
Place of Burial Duvalman Ga Cemetery _____

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment _____ Section _____

77 of life Mrs. Policy



Casket or Coffin No. <u>1753</u>	<u>100 00</u>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine & holly</u>	<u>18 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>services</u>	<u>35 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	
Shaving <u>Transfer from house</u>	<u>5 00</u>	Goods Ordered by	
Services <u>to Boat</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR. 163.00

CR.

<u>Mrs Frank Patrick</u>	<u>Duvalman Ga</u>	<u>Dec 27</u>	<u>1938 Check</u>	<u>163 00</u>
<u>McGowan Maxwell Co</u>	<u>Duvalman Ga</u>		PAID	
			<u>By Mrs Frank Patrick</u>	

RECORD AND BILL OF ITEMS

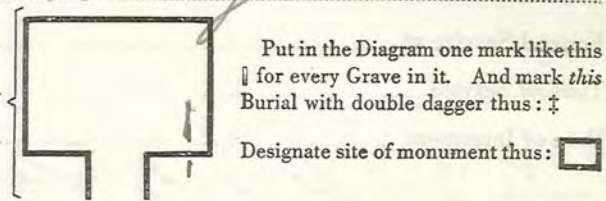
Yearly No. 56

FOR THE FUNERAL OF

Total to date 1300

Margaret J. Warren

Residence 2 Coffin St
 Place of Death N.E. Hospital Wife or Widow of Thomas R. Warren
 Date of Birth 1889 June 25 Age 49 Years { Sex Female } Color or Race White
 Date of Death 1938 Oct 27 { 4 Months } { 2 Days } { Single }
 Maiden Name James Murphy
 Birth-place County Cork, Ireland Occupation Housewife
 Name of Father James Murphy His Birth-place Ireland
 Maiden Name of Mother Bridget Rooney Her Birth-place Ireland
 Cause of Death—Primary Chronic interstitial Secondary Nephritis, Hypertension
 Certifying Physician Foley Residence St. Marys
 Place of Burial Mount Cemetery St. Marys
 Funeral Service at Mount Lot No.
 Time of Service Grave No.
 Date of Interment Oct. 29 1938 Section
Florence M. McLean



Casket or Coffin No. <u>1157 12</u>	150 00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	15 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>& Services</u>	35 00		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	5 00	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Fr. Dalry</u>	
Church Charges <u>Funeral</u>	25 00	Amount of Bill	245 00
Cemetery Charges	10 00	Goods Ordered by	
Music <u>Prayer rail & Candles</u>	5 00	Bill Charged to	
Flowers			

DR. 18245.00 CR.

	<u>Rec from Florence.</u>	<u>McL 9th Co Check</u>	145 00
		<u>Oct. 14 1938 Co Check</u>	25 00
	245.00		
	170.00		
	75.00	Bal.	

1937-1941

RECORD AND BILL OF ITEMS

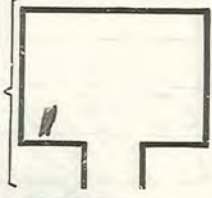
Yearly No. 57

FOR THE FUNERAL OF

Total to date 1301

Caroline Smith

Residence 82 Orange St.
 Place of Death 82 Orange St. Wife or Widow of Obed G. Smith
 Date of Birth 1843 Aug 25 Age { 95 Years { Sex Wid { Color or Race
 Date of Death 1938 Oct 28 { 2 Months { Single
 Maiden Name _____ { 3 Days { Married
 Birth-place Nantucket Occupation At Home
 Name of Father Charles H. Coleman His Birth-place Nantucket
 Maiden Name of Mother Mary Austin Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Hemm Secondary _____
 Certifying Physician Folger Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 419
 Time of Service _____ Grave No. _____
 Date of Interment Oct. 30 1938 Section _____
Mary C. Furber.



Put in the Diagram one mark like this
 | for every Grave in it. And mark this
 Burial with double dagger thus: †
 Designate site of monument thus: □

Casket or Coffin No. <u>B 8</u>	Candles
Size _____ Made by _____	Gloves
Lining and Pillow Set No. _____	Bearers or Porters
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles
Burial Suit _____	Newspaper Notices
Slippers _____	
Embalming _____	
Washing and Dressing _____	
Shaving _____	Transportation Charges
Services <u>Casket & Pine Box \$100.00</u>	Officiating Clergyman <u>Hodgers</u>
Use of Chairs _____	Amount of Bill
Church Charges _____	Goods Ordered by
Cemetery Charges _____	Bill Charged to
Music _____	
Flowers _____	

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 1305

Isabella Miller

Residence *54 Centre St.*

Place of Death *u u u* Wife or Widow of *Manuel Miller*

Date of Birth *1* Age *89* Years Sex *Female* Color or Race

Date of Death *1938 Nov. 14* (Year) (Month) (Day) Age Months Single

Maiden Name *Flores Agnes* Days Married

Birth-place *Flores Agnes* Occupation *at home*

Name of Father *Manuel Fratus* His Birth-place *Flores Agnes*

Maiden Name of Mother *Mary* Her Birth-place *Flores Agnes*

Cause of Death—Primary *congestive heart* Secondary *failure, Diabetes Mellitus*

Certifying Physician *Menges* Residence

Place of Burial *Waukeget* Cemetery *St. Mary's*

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment *Nov. 16, 1938* Section

Carrie C. Miller



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □

Casket or Coffin No. <i>2797 Walnut</i>	<i>385 00</i>	Candles	
Size <i>4/3</i> Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Clark</i>	<i>100 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>f services</i>	<i>50 00</i>	Officiating Clergyman <i>J. Griffin</i>	
Washing and Dressing		Amount of Bill	<i>575 00</i>
Shaving		Goods Ordered by	
Services		Bill Charged to <i>Carrie Miller</i>	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>10 00</i>		
Music <i>Prayer rail Candelabra</i>			
Flowers <i>& Candles</i>	<i>5 00</i>		
DR. \$575.00			

CR.

Dec 21 1938 Cash \$575.00

PAID

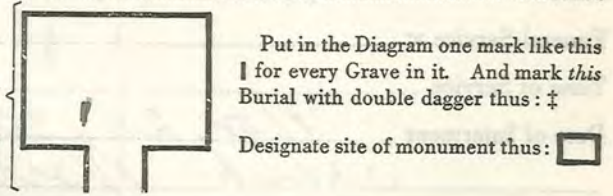
Carrie Miller

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 63 FOR THE FUNERAL OF Emma J. Dunham. Total to date 1307

Residence 70 Union St.
 Place of Death N. C. Hospital Wife or Widow of Loring A. Dunham
 Date of Birth 1849 Jan 11 (Year) (Month) (Day) Age { 89 Years { Sex { } Color or Race
 Date of Death 1938 Nov 17 (Year) (Month) (Day) { 10 Months { Single { }
 Maiden Name { } Days { Married { }
 Birth-place Nantucket Occupation Housework Dunham
 Name of Father Theophilus Keys His Birth-place Can not be learned
 Maiden Name of Mother Livie Her Birth-place " " "
 Cause of Death—Primary fracture right hip Secondary shock senility
 Certifying Physician Lewis Med. Exp. Residence _____
 Place of Burial Nantucket Cemetery Newtown
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Nov 19 1938 Section _____
Ethelbert Dunham



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit <u>Grey Dress</u>	<u>15 00</u>	Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <u>Rogers</u>	
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by	
Services <u>Casket & Bury</u>	<u>100 00</u>	Bill Charged to <u>Old Age Assistance</u>	<u>100 00</u>
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			
DR. 115.00		CR.	

	<u>Married Nov. 6 1873</u>	<u>Dec 10. 1838</u>	<u>Check</u>	<u>100 00</u>
	<u>Vital Statistic</u>	<u>Jan 8 1840</u>	<u>Cash</u>	<u>15 00</u>
	<u>Vol. 1 Page 231</u>			
PAID				
<u>By Town Treasurer</u>				

RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 1308

Edward Bruce Hayes

Residence Centre St.

Place of Death Sesachacha pond. Wife or Widow of _____

Date of Birth 1923 Oct 30 (Year) (Month) (Day) Age { 15 Years { Sex _____ { Color or Race _____
 { 0 Months { Single
 { 20 Days { Married _____

Date of Death 1938 Nov 19 (Year) (Month) (Day)

Maiden Name _____

Birth-place Nantucket Occupation At School

Name of Father Edward B. Hayes His Birth-place Stoneham Mass

Maiden Name of Mother Elizabeth W. Bailey Her Birth-place Boston

Cause of Death—Primary Accidental drowning Secondary _____

Certifying Physician Lewis Med Es Residence _____

Place of Burial Nantucket Cemetery P. H.

Funeral Service at _____ Lot No. 753

Time of Service _____ Grave No. _____

Date of Interment Nov 21, 1938 Section _____

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:



Casket or Coffin No. <u>297</u>	125	00	Candles _____
Size _____ Made by _____			Gloves _____
Lining and Pillow Set No. _____			Bearers or Porters _____
Handles _____			Hearse to _____
Plate _____			Removal _____
Outside Box or Vault <u>Pine</u>	15	00	Automobiles _____
Burial Suit _____			Newspaper Notices _____
Slippers _____			
Embalming <u>of service</u>	35	00	
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____			Transportation Charges _____
Church Charges _____			Officiating Clergyman <u>Bennett & Bond</u>
Cemetery Charges <u>Funeral</u>	25	00	Amount of Bill _____
Music _____	10	00	Goods Ordered by _____
Flowers _____			Bill Charged to _____

DR. 210.00 CR.

Mch	Exp amper			Dec 1	Cash	210 00
	Transfer		10 00			
	Paid Dec. 3, 1938					
					PAID	
					By Mrs North	

RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1325.00

Bertha C Jackson

Residence 9 North Water St.

Place of Death N.C. Hospital Wife or Widow of Samuel E. Jackson

Date of Birth 1881 Sept 12 Age 52 Years Sex Female Color or Race White

Date of Death 1939 Apr 9 Age 6 Months Single Married

Maiden Name Bertha Chase Birth-place New Bedford Occupation Housewife

Name of Father Filanda Chase His Birth-place Newport R.D.

Maiden Name of Mother Sucretia Her Birth-place Newport R.D.

Cause of Death—Primary Spinal cord removed Secondary from 2nd cervical vertebra fall after

Certifying Physician Lewis Meekley Residence diving spell

Place of Burial New Bedford Cemetery Rustat

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment Apr 12 1939 Section _____

Put in the Diagram one mark like this
| for every Grave in it. And mark this
Burial with double dagger thus: †
Designate site of monument thus: □

Casket or Coffin No. <u>175 12</u>	<u>100 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine & hals</u>	<u>18 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>Paid E. J. Wilson</u>	<u>30 00</u>
Embalming <u>of Survives</u>	<u>35 00</u>		<u>178 00</u>
Washing and Dressing _____			
Shaving <u>Transfer to boat</u>	<u>5 00</u>		
Services <u>Transfer to Boat</u>	<u>5 00</u>		
Use of Chairs _____		Transportation Charges	
Church Charges _____	<u>15 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____	<u>10 00</u>	Amount of Bill	<u>208 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

178.00

CR.

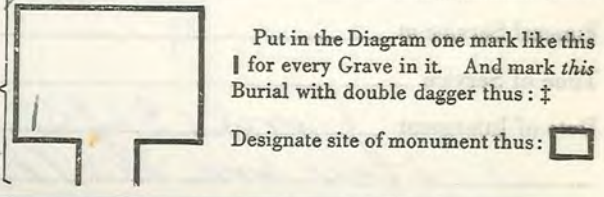
208.00		June 26	1939 Check	100 00
145		July 23	1940. Cash	20 00
<u>63.00</u>		June 24	1941 "	25 00
208.00				
100.00				
<u>108.00</u>				
20.00				
<u>88.00</u>				
25.00				
<u>63.00</u>				

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 21 FOR THE FUNERAL OF Eliza Myrick Hussey Total to date 1335

Residence Old Peoples Home
 Place of Death " Wife or Widow of "
 Date of Birth 1880 Apr 29 Age 59 Years 1 Months 19 Days Sex Female Color or Race "
 Date of Death 1939 June 17 Maiden Name "
 Occupation School teacher Retired 20 yrs
 Name of Father George B. Hussey His Birth-place Nantucket
 Maiden Name of Mother Miss M. Hussey Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Hem. Secondary Chronic Myo. Semility
 Certifying Physician Lewis Residence "
 Place of Burial Nantucket Cemetery Prospect Hill
 Funeral Service at " Lot No. 53
 Time of Service " Grave No. "
 Date of Interment June 19 1939 Section "
Susan E. Lewis Matron O.P.H.



Casket or Coffin No. <u>175 12</u>	<u>100 00</u>	Candles	
Size <u>Made by</u>		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing		Amount of Bill	<u>185 00</u>
Shaving		Goods Ordered by <u>J.W. Fuller</u>	
Services		Bill Charged to <u>Old Peoples Home</u>	
Use of Chairs			
Church Charges			
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music <u>10 00</u>			
Flowers			

DR. 185.00 CR.

		<u>July 25</u>	<u>1939. Check</u>	<u>185 00</u>
			<u>Disc to Home</u>	<u>10 00</u>
				<u>175 00</u>
			PAID	
			<u>Old Peoples Home</u>	

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1340

Clarie Cosmo

Residence Our Island Home

Place of Death " " "

Date of Birth 18 July 8 (Year) (Month) (Day) Wife or Widow of Joaquin Cosmo

Date of Death 1939 July 3 (Year) (Month) (Day) Age { 74 Years { Sex Female { Color or Race

Maiden Name " " " { 61 Months { Single

Birth-place Capo Verde Isls { 25 Days { Married

Occupation House work

Name of Father Joaquin Cosmo His Birth-place Silveson Portugal

Maiden Name of Mother Un Known Her Birth-place

Cause of Death—Primary Arteriosclerosis Secondary Chronic Myocarditis

Certifying Physician F. G. G. Residence

Place of Burial Nantucket Cemetery St. Marys

Funeral Service at John B. Adams Co. Lot No.

Time of Service " " " Grave No.

Date of Interment July 6, 1939 Section Joseph Cosmo 439 W. Middle St. New Bedford

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
Designate site of monument thus:

Casket or Coffin No. <u>B 247</u>	<u>185 00</u>	Candles		
Size Made by		Gloves		
Lining and Pillow Set No.		Bearers or Porters		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault <u>Pine Box</u>	<u>20 00</u>	Automobiles <u>Wood 1</u>	<u>15 00</u>	
Burial Suit		<u>Carlton West 2</u>	<u>10 00</u>	
Slippers		Newspaper Notices <u>Jerry 1</u>	<u>5 00</u>	
Embalmg. <u>Services</u>		<u>" 1</u>	<u>3 00</u>	
Washing and Dressing	<u>35 00</u>			
Shaving		Transportation Charges		<u>285 00</u>
Services <u>Transfer</u>	<u>5 00</u>	Officiating Clergyman <u>F. G. G.</u>		
Use of Chairs		Amount of Bill		<u>318 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Joseph Cosmo</u>		
Cemetery Charges	<u>15 00</u>	Bill Charged to <u>" "</u>		
Music				
Flowers				

DR. \$ 285.00

CR.

July 31	Pd Wood Cart	5 00	July 27	1939 Check	318 00
" "	" Jerry "	8 00			
	Credit W. T. on Bill				
				PAID	
				By <u>Joseph Cosmo</u>	

1937-1941

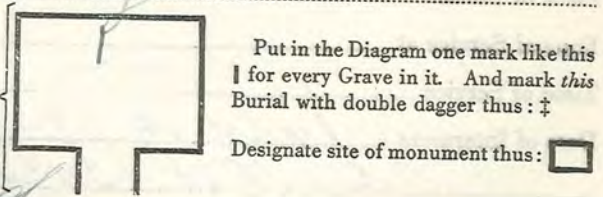
RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1343

Grace E. Keane
 Residence 322 Clinton St. New Bedford
 Place of Death "
 Date of Birth 1 (Year) July 5 (Month) 1939 (Day)
 Date of Death 19 (Year) July 5 (Month) 1939 (Day)
 Maiden Name "
 Birth-place Wareham Mass Occupation Housework
 Name of Father Wm Johnson His Birth-place Wareham Mass
 Maiden Name of Mother Stephnie Daffin Her Birth-place "
 Cause of Death—Primary Cancer of Chest Secondary Myocarditis
 Certifying Physician _____ Residence _____
 Place of Burial Nantucket Cemetery S. Marys
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment July 7, 1939 Section _____
Miss Marion Keane New Bedford



Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to <u>Cemetery per Boat</u> <u>25 00</u>
Plate _____	Removal <u>Cemetery Chgs</u> <u>10 00</u>
Outside Box or Vault _____	Automobiles <u>for Flowers</u> <u>3 00</u>
Burial Suit _____	<u>R. S. Shiddens 1</u>
Slippers _____	Newspaper Notices <u>Shiddens</u> <u>39 00</u>
Embalming _____	<u>Jerry 2</u> <u>8 00</u>
Washing and Dressing _____	Transportation Charges _____
Shaving _____	Officiating Clergyman <u>Fr. Galey</u>
Services _____	Amount of Bill <u>853 00</u>
Use of Chairs _____	Goods Ordered by _____
Church Charges _____	Bill Charged to _____
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.

CR.

<u>Aug 8</u>	<u>Paid Jerry Cash</u>	<u>8 00</u>	<u>July 31</u>	<u>1939 Check</u>	<u>51 00</u>
	<u>" Shiddens</u>	<u>5 00</u>			
	<u>at Boat.</u>				
				PAID	
				<u>By</u>	
				<u>New Bedford</u>	
				<u>Funeral Director</u>	

RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1344

Francis E. Folger

Residence *6 Fair Street*

Place of Death *u*

Date of Birth *1877 Oct 23*

Date of Death *1939 July 11*

Maiden Name _____

Birth-place *Charlestown Mass*

Name of Father *Frank E. Folger*

Maiden Name of Mother *Sarah Wilson*

Cause of Death—Primary *Copd disease*

Certifying Physician *McKenney*

Place of Burial *Nantucket*

Funeral Service at _____

Time of Service _____

Date of Interment *July 14 1939*

Wife or Widow of *Sizzie H. Chadwick*

Age { *61* Years { Sex _____ { Color or Race _____
 8 Months { Single _____ {
 16 Days { Married {

Occupation *Clerk of Courts*

His Birth-place *Nantucket*

Her Birth-place *Nantucket*

Secondary *Heart Disease*

Residence _____

Cemetery *P.H.*

Lot No. *649*

Grave No. _____

Section _____

Put in the Diagram one mark like this § for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:

Casket or Coffin No. <i>1753</i>	<i>100 00</i>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <i>Clark</i>	<i>100 00</i>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <i>Services</i>	<i>35 00</i>		
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Walter Mason</i>	
Cemetery Charges _____	<i>10 00</i>	Amount of Bill	
Music _____		Goods Ordered by _____	
Flowers <i>A. Soverino</i>	<i>5 00</i>	Bill Charged to _____	

DR. *275.00*

CR.

<i>Aug 7</i>	<i>Paid Soverino</i>	<i>5 00</i>	<i>July 31 1939</i>	<i>Cash</i>	<i>265 00</i>
				<i>Debit</i>	<i>10 00</i>
					<i>275 00</i>
				PAID	
				<i>By Sizzie H. Folger</i>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

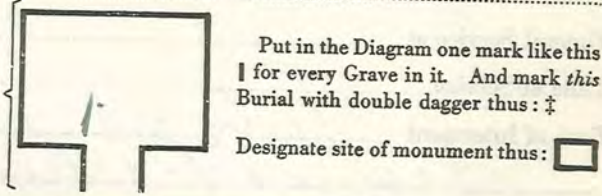
Total to date 1347

Edgar W. Jenney

Residence *13 Vestal St.*
 Place of Death *" "*
 Date of Birth *1869 Dec 11*
 Date of Death *1939 July 21*
 Maiden Name *" "*
 Birth-place *New Bedford*
 Name of Father *Joshua Jenney*
 Maiden Name of Mother *Sarah E. Mosher*
 Cause of Death—Primary *Coronary thrombosis*
 Certifying Physician *Sever*
 Place of Burial *Nantucket*
 Funeral Service at *" "*
 Time of Service *" "*
 Date of Interment *July 24 1939*
Elizabeth H. Jenney

Wife or Widow of *Kate W. Gilman*
 Age { *69* Years { Sex *" "*
 7 Months { Single *" "*
 10 Days { Married *" "*
 Color or Race *" "*

Occupation *Designer*
 His Birth-place *New Bedford*
 Her Birth-place *New Bedford*
 Secondary *Hypertension*
 Residence *" "*
 Cemetery *P.H.*
 Lot No. *717*
 Grave No. *" "*
 Section *" "*



Casket or Coffin No. <i>515 B</i>	<i>250 00</i>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>15 00</i>	Automobiles <i>Wood 1 Car</i>	<i>5 00</i>
Burial Suit		<i>J.A. Sovereign Truck</i>	<i>5 00</i>
Slippers		Newspaper Notices	
Embalming <i>Services</i>	<i>50 00</i>	<i>Mrs. Sharp of Mill</i>	<i>65 00</i>
Washing and Dressing			<i>360 00</i>
Shaving		Transportation Charges	
Services <i>2 Transfers</i>	<i>10 00</i>	Officiating Clergyman <i>Gardner</i>	
Use of Chairs		Amount of Bill	<i>435 00</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Goods Ordered by	
Cemetery Charges	<i>10 00</i>	Bill Charged to <i>Elizabeth H. Jenney</i>	
Music			
Flowers			

DR. *360.00* CR.

<i>Mrs. Sharp</i>	<i>65 00</i>	<i>Oct 5 1939</i>	<i>Check</i>	<i>435 00</i>
<i>J.A. Sovereign</i>	<i>5 00</i>			
<i>J.H. Wood 1 Car</i>	<i>5 00</i>			
PAID				
<i>By State Street Trust Co</i>				
<i>Boston Mass</i>				

RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 1350

Rose Amelia Gomes

Residence *Washington St.*

Place of Death *N. C. Hosp.*

Date of Birth *1919 Nov 7* (Year) (Month) (Day)

Date of Death *1939 Aug 18* (Year) (Month) (Day)

Maiden Name _____

Age *19* Years *9* Months *11* Days

Sex *Female* Single Married

Color or Race _____

Birth-place *Nantucket* Occupation *House work*

Name of Father *Manuel J. Gomes* His Birth-place *Brazo Capel Verde*

Maiden Name of Mother *Emilia Viera* Her Birth-place *Harwich Mass.*

Cause of Death—Primary *acute Rheumatism* Secondary *Heart Pan carditis Endocarditis*

Certifying Physician *David Davis* Residence _____

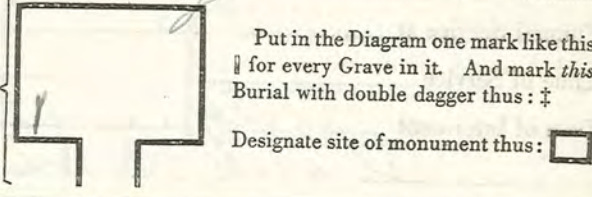
Place of Burial *Nantucket* Cemetery *St. Mary's*

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment *Aug 22 1939* Section _____

Manuel J. Gomes



Casket or Coffin No. <i>117 white plush</i>	<i>725 00</i>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <i>Pine</i>	<i>15 00</i>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <i>Services</i>	<i>35 00</i>	Officiating Clergyman <i>Fr. Daley</i>	
Washing and Dressing _____		Amount of Bill	<i>215 00</i>
Shaving _____		Goods Ordered by <i>Mrs. Gomes</i>	
Services <i>Transfer</i>	<i>5 00</i>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges <i>F</i>	<i>10 00</i>		
Music _____			
Flowers _____			
DR. 215 00			

DR.	CR.
	<i>Aug 31 1939 Cash 150 00</i>
<i>215 00</i>	<i>" 21 1945. " 25 00</i>
<i>150 00</i>	<i>" 31 1948 " 20 00</i>
<i>65 00</i>	<i>" 14 " 20 00</i>
<i>25 00</i>	
<i>40 00</i>	PAID
<i>20 00</i>	
<i>20 00</i>	

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1354

Louise B Emerson

Residence *67 Mulberry St. Springfield Mass*

Place of Death *Prospect St. 1 mo. 16 day* Wife or Widow of *Herbert C. Emerson*

Date of Birth *1* (Year) *1939* (Month) *Sept* (Day) *2* Age *73* Years { Sex *wid* } Color or Race

Date of Death *1939* (Year) *Sept* (Month) *2* (Day) { Single } { Married }

Maiden Name *Springfield Mass* Occupation *at home*

Birth-place *Springfield Mass* His Birth-place *Weatherfield Vt.*

Name of Father *Joseph Whitcomb* Her Birth-place *Ascutneyville Vt.*

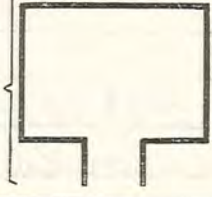
Maiden Name of Mother *Susan Hascall* Cause of Death—Primary *Asthma* Secondary

Certifying Physician *Finch* Residence

Place of Burial *Springfield Mass* Cemetery *Cremated*

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment *Shipped Sept 4* Section  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus:

Richards H Emerson

Casket or Coffin No. <i>5997 Mhq</i>	<i>350 00</i>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>20 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <i>services</i>	<i>50 00</i>		
Washing and Dressing			
Shaving <i>transfer from house</i>	<i>5 00</i>		
Services <i>to Boat</i>	<i>5 00</i>		
Use of Chairs		Transportation Charges <i>ticket to N.B.</i>	<i>2 20</i>
Church Charges		Officiating Clergyman	<i>330 00</i>
Cemetery Charges		Amount of Bill	<i>432 20</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

430.00

CR.

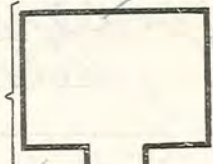
<i>Richards H Emerson</i>	<i>Oct 27</i>	<i>1939 Check</i>	<i>432 00</i>
<i>67 Mulberry St</i>			
<i>Springfield</i>			
<i>Mass.</i>			
<i>Shipped to</i>			
<i>Dickerman & Stearns Co</i>			
<i>305 State St.</i>			
<i>Springfield</i>			
<i>telephone 3-2629</i>			
		PAID	
		<i>By Third National Bank & Trust Co.</i>	
		<i>Springfield Mass</i>	

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 1306

George D. B. Bonbright
 Residence 950 East Ave, Rochester, N.Y.
 Place of Death 44 Orange, Wife or Widow of Isabel Hart
 Date of Birth 1 (Year) (Month) (Day) Age 64 Years Sex Single Color or Race
 Date of Death 1939 Sept 6 (Year) (Month) (Day) Age 64 Years Sex Single Color or Race
 Maiden Name Birth-place Philadelphia Pa Occupation Broker
 Name of Father James Bonbright His Birth-place Philadelphia Pa
 Maiden Name of Mother Georgine Hemming Her Birth-place
 Cause of Death—Primary Coronary Secondary Arteriosclerosis
 Certifying Physician Fine Residence
 Place of Burial Rochester, N.Y. Cemetery Mt. Hope
 Funeral Service at Lot No.  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Time of Service Grave No. Designate site of monument thus:
 Date of Interment Sept 9 1939 Section John H. Kitcher Rochester, N.Y.

Casket or Coffin No. 1297 oak	300 00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Chestnut	50 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming f Services	50 00		
Washing and Dressing			
Shaving			
Services Transfer to Boat	5 00		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	405 00
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. \$ 405.00 CR.

John H. Kitcher	833 University Ave	Rochester, N.Y.	Oct. 14 1939	Check	405 00
Shipped to			PAID		
Ingram & Nagle Co.					
137 Chestnut St			By Isabel H Bonbright		
Rochester, N.Y.					

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1359

Mary Virginia Clark

Residence 285 Union St Springfield

Place of Death M.C. Hospital Wife or Widow of _____

Date of Birth 1 (Year) _____ (Month) _____ (Day) _____ Age { 67 Years { Sex _____ { Color or Race _____

Date of Death 1939 Sept 15 (Year) _____ (Month) _____ (Day) _____ Age { _____ Months { Single ✓ { _____

Maiden Name _____ Days _____ Married ✓ { _____

Birth-place Springfield Mass Occupation None

Name of Father David Clark His Birth-place Unknown

Maiden Name of Mother Can not be learned Her Birth-place _____

Cause of Death—Primary _____ Secondary _____

Certifying Physician Cassaday Residence _____

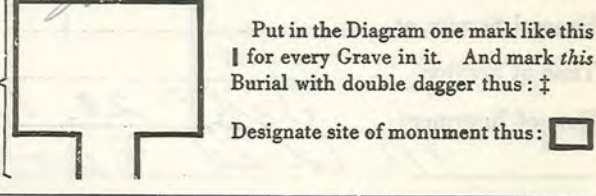
Place of Burial Cremated Cemetery Springfield

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment _____ Section _____

Mrs Seland Stillman 16 Garden St Mass.



Casket or Coffin No. <u>B 5</u>	<u>50 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>f hdds</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>f services</u>	<u>40 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>120 00</u>
Shaving		Goods Ordered by	
Services <u>Transfer to Room</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs <u>to Boat</u>	<u>5 00</u>		
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR. 8120 00

CR.

<u>Mrs Seland Stillman</u>	<u>Oct 27</u>	<u>1939 Check</u>	<u>120 00</u>
<u>108 E. 66th St</u>			
<u>New York City</u>			
<u>Shipped to</u>			
<u>Dickinson & Struts Co</u>			
		PAID	
		<u>By Elizabeth K Adams</u>	
		<u>P.O. Box 70, R.F.D.</u>	
		<u>Conway Mass</u>	

RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 1362

Edward S. Jones

Residence 12 City St.
 Place of Death " " " Wife or Widow of Louise Thompson
 Date of Birth 1859 Feb 6 Age 80 Years Sex Male Color or Race White
 (Year) (Month) (Day) { 7 Months {
 Date of Death 1939 Sept 24 { 24 Days { Married L
 (Year) (Month) (Day) { {
 Maiden Name Louise Thompson
 Birth-place Fond Du Lac Wisconsin Occupation Clerk Retail 44 yrs
 Name of Father Edward B. Jones His Birth-place Ridgefield Conn
 Maiden Name of Mother Elizabeth Northrop Her Birth-place " Conn
 Cause of Death—Primary Coronary thrombosis Secondary _____
 Certifying Physician F. O. G. A. S. Residence _____
 Place of Burial New Haven Conn Cemetery Evergreen
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Sept 27, 1939 Section _____
Louise S. Jones

Put in the Diagram one mark like this ¶ for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus: □

Casket or Coffin No. <u>285</u>	165 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine & shells</u>	18 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>f. Services</u>	35 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer to Room</u>	5 00		
Use of Chairs <u>to Boat</u>	5 00	Transportation Charges <u>Express</u>	17 40
Church Charges _____		Officiating Clergyman	228 00
Cemetery Charges _____		Amount of Bill <u>Mrs Jones</u>	245 40
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. <u>228 00</u>	CR.
	Jan 11, 1940 Check 245 40
	PAID
	By Louise S. Jones Ad.

RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1,368

Sullivan A. Sovereino

Residence 7 Lyon St. Nantucket

Place of Death " " Wife or Widow of William F. Sovereino

Date of Birth 1864 Sept 24 Age 75 Years { Sex Male } Color or Race _____
(Year) (Month) (Day)

Date of Death 1939 Oct 30 Age 1 Months { Single _____ } _____
(Year) (Month) (Day)

Maiden Name _____ { Married _____ } _____

Birth-place Nantucket Occupation Housework

Name of Father Fredrick W. Barnard His Birth-place Unknown

Maiden Name of Mother Clara McCann Her Birth-place " "

Cause of Death—Primary Coronary thrombosis Secondary _____

Certifying Physician F. J. F. J. F. Residence _____

Place of Burial Nantucket Cemetery Newtown

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment Nov 1, 1939 Section _____

Irving A. Sovereino

1

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
Designate site of monument thus:

Casket or Coffin No. <u>285 12</u>	<u>165 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Howard</u>	
Cemetery Charges _____	<u>10 00</u>	Amount of Bill _____	<u>255 00</u>
Music _____		Goods Ordered by <u>Irving Sovereino</u>	
Flowers _____		Bill Charged to _____	

DR.

255.00

CR.

	<u>May 22 1940</u>	<u>Check</u>	<u>255 00</u>
PAID			
By <u>Irving A. Sovereino</u>			

RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 1370

Mabel B. Burgess

Residence 4 Brooks Court, Nantucket
 Place of Death " Wife or Widow of Eugene S. Burgess
 Date of Birth 1877 July 24 (Year) (Month) (Day) Age 62 Years { Sex Female } Color or Race White
 Date of Death 1939 Nov. 13 (Year) (Month) (Day) Age 3 Months { Sex Female } Color or Race White
 Maiden Name " { Sex Female } Color or Race White
 Birth-place Nantucket Occupation Housewife
 Name of Father Francis H. Brown His Birth-place Nantucket
 Maiden Name of Mother Amelia Coleman Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Hem. Secondary "
 Certifying Physician Foley Residence "
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at " Lot No. 925
 Time of Service " Grave No. "
 Date of Interment Nov. 16, 1939 Section "
Eugene S. Burgess



Put in the Diagram one mark like the ¶ for every Grave in it. And mark the Burial with double dagger thus: †
 Designate site of monument thus: □

Casket or Coffin No. <u>117</u>	<u>150 00</u>	Candles	
Size <u> </u> Made by <u> </u>		Gloves	
Lining and Pillow Set No. <u> </u>		Bearers or Porters	
Handles <u> </u>		Hearse to <u> </u>	
Plate <u> </u>		Removal	
Outside Box or Vault <u>Clark</u>	<u>100 00</u>	Automobiles	
Burial Suit <u> </u>		Newspaper Notices	
Slippers <u> </u>		<u>Lot No 925 of P.H.</u>	<u>60 00</u>
Embalming <u>Services</u>	<u>35 00</u>		<u>320 00</u>
Washing and Dressing <u> </u>		Transportation Charges	
Shaving <u> </u>		Officiating Clergyman <u>Howard</u>	
Services <u> </u>		Amount of Bill	<u>380 00</u>
Use of Chairs <u> </u>		Goods Ordered by <u> </u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u> </u>	
Cemetery Charges <u> </u>	<u>60 00</u>		
Music <u> </u>			
Flowers <u> </u>			

DR. 320.00 CR.

<u>Mch 16</u>	<u>1940 P'd M. Remondell</u>	<u>Feb 8</u>	<u>1940 Check</u>	<u>380 00</u>
	<u>for lot No 925</u>		<u>lot</u>	<u>60 00</u>
				<u>320 00</u>
			PAID	
			<u>By Eugene S. Burgess</u>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1371

Rhoda A M. Correia

Residence 17 West York Lane

Place of Death W.C. Hospital Wife or Widow of Dionisio Correia

Date of Birth 1 (Year) 1939 (Month) Nov (Day) 14 (Day)
Age { 56 Years { Sex { } Color or Race {
 Months { Single {
 Days { Married {

Maiden Name _____ Birth-place New Brunswick Occupation House wife

Name of Father Henry Watts His Birth-place Virginia

Maiden Name of Mother Unknown Her Birth-place _____

Cause of Death—Primary Staphylococcal Infection Secondary Bacteremia

Certifying Physician Morgan Residence _____

Place of Burial Wantuck Cemetery Colored

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment Nov 17 1939 Section _____

Dionisio Correia



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □

Casket or Coffin No. <u>B^o special</u>	<u>75 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles <u>H Wood</u>	<u>5 00</u>
Burial Suit			<u>165 00</u>
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman <u>Howard</u>	
Services <u>Trans from Hosp</u>	<u>5 00</u>	Amount of Bill	<u>170 00</u>
Use of Chairs		Goods Ordered by <u>Dionisio Correia</u>	
Church Charges	<u>25 00</u>	Bill Charged to _____	
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR. 165.00

CR.

				<u>Dec 7 1939 Cash</u>	<u>170.00</u>
				PAID	
				<u>By</u>	
				<u>Dionisio Correia</u>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1373

Grace Hammond

Residence 179 Adams St Worcester

Place of Death Worcester State Hospital Wife or Widow of

Date of Birth 1

Date of Death 1939 Nov 23 Age 71 Years Sex Single Color or Race

Maiden Name Birth-place Waltham Mass Occupation Factory Worker Watch factory

Name of Father James G. Hammond His Birth-place Nantucket

Maiden Name of Mother Delia Sherman Her Birth-place Wayland Mass

Cause of Death—Primary Bronchitis Pneumonia Secondary

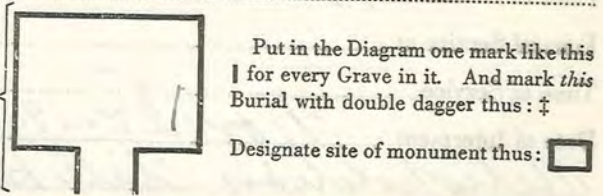
Certifying Physician Residence

Place of Burial Nantucket Cemetery North

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment Nov. 26 1939 Section



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to Cemetery from Boat	25 00
Plate		Removal Cemetery Chgo	10 00
Outside Box or Vault		Automobiles for Clergyman	5 00
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman Bond	5 00
Washing and Dressing		Amount of Bill	45 00
Shaving		Goods Ordered by George H. Longstreet	
Services		Bill Charged to Worcester	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

Nov 27 1939 Check 45 00

PAID PAID

By George H. Longstreet
Funeral Director
Worcester

RECORD AND BILL OF ITEMS

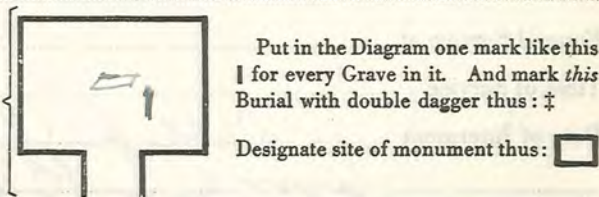
Yearly No. 61

FOR THE FUNERAL OF

Total to date 1375

Sophronia E. Blount

Residence 13 Union St
 Place of Death " Wife or Widow of William F. Blount
 Date of Birth 1 856 (Year) Feb (Month) 19 (Day) Age { 83 Years { Sex Wid { Color or Race
 Date of Death 1939 (Year) Nov (Month) 29 (Day) { 1 Months { Single
 Maiden Name _____ { 10 Days { Married
 Birth-place Asterville, Mass Occupation Housework
 Name of Father Charles G. Ellis His Birth-place Campden Me
 Maiden Name of Mother Abbie Lewis Her Birth-place Asterville
 Cause of Death—Primary Arteriosclerosis Secondary Chronic Myocarditis
 Certifying Physician F. J. O'Leary Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 679
 Time of Service _____ Grave No. _____
 Date of Interment Dec 1, 1939 Section _____
Charles H. Blount



Casket or Coffin No. <u>285 12</u>	<u>165 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>+ services</u>	<u>35 00</u>	Officiating Clergyman <u>Rogers</u>	
Washing and Dressing _____		Amount of Bill <u>250 00</u>	
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music <u>10 00</u>			
Flowers _____			

DR.

250.00

CR.

			<u>Dec 21</u>	<u>Cr. Check Dep.</u>	<u>450 00</u>
			<u>Jan 11</u>	<u>40 Check</u>	<u>200 00</u>
PAID					
<u>By Ches Blount</u>					

RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 1384

William Johnson

Residence *11 Mill St.*

Place of Death *N.C. Hosp.* Wife or Widow of _____

Date of Birth *1869 July 21* (Year) (Month) (Day) Age { *70* Years { Sex _____ { Color or Race _____
 Date of Death *1939 Dec 31* (Year) (Month) (Day) { *5* Months { Single {
 Maiden Name _____ { *10* Days { Married _____ {

Birth-place *Nantucket* Occupation *Painter*

Name of Father *Wm Johnson* His Birth-place *Nantucket*

Maiden Name of Mother *Mary Mankin* Her Birth-place *Nantucket*

Cause of Death—Primary *Pyloric obstruction* Secondary *due to carcinoma of pylorus*

Certifying Physician *Menas* Residence _____

Place of Burial *Nantucket* Cemetery *St. Marys*

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment *Jan 2 1940* Section _____

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus:

1
South

Casket or Coffin No. <i>1752</i>	100 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <i>Pine</i>	15 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <i>f Services</i>	35 00	Officiating Clergyman <i>Fr. Carroll</i>	
Washing and Dressing _____		Amount of Bill	195 00
Shaving _____		Goods Ordered by <i>Sadie Johnson</i>	
Services <i>Transfer from hosp</i>	5 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <i>Funeral</i>	25 00		
Cemetery Charges <i>F</i>	10 00		
Music <i>Prayer rail Candles</i>			
Flowers <i>f Candles</i>	5 00		
DR. 195.00		CR.	

	Feb 27 1940 Check	195 00
<p style="font-size: 2em; margin: 0;">PAID</p> <p style="font-size: 1.2em; margin: 0;"><i>Sarah Johnson Adm.</i></p>		

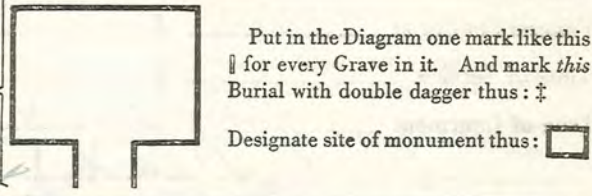
RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 1388

Residence Harriet N. Lee
8 Coffin St. 1044
 Place of Death N. W. Hospital 17 days Wife or Widow of _____
 Date of Birth 1863 Feb 76 Years { Sex _____ } Color or Race _____
 (Year) (Month) (Day) { _____ Months } { Single _____ }
 Date of Death 1940 Jan 27 { _____ Days } { Married _____ }
 (Year) (Month) (Day)
 Maiden Name _____
 Birth-place Nantucket Occupation House work
 Name of Father Charles W. Crocker His Birth-place Nantucket
 Maiden Name of Mother Betsy C. Fisher Her Birth-place Nantucket
 Cause of Death—Primary Broncho Pneumonia Secondary Hypertension, Arteriosclerosis
 Certifying Physician Canaday Residence _____
 Place of Burial Taunton Cemetery St. Francis
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Jan 31 Section _____
Selia M. Barrett Nantucket



Casket or Coffin No. <u>175¹²</u>	<u>100 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine & hals</u>	<u>18 00</u>	Automobiles	
Burial Suit <u>Grey Dress</u>	<u>12</u>	Newspaper Notices	
Slippers _____			
Embalming <u>& services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving <u>Transporthof</u>	<u>5 00</u>		
Services <u>to Boat</u>	<u>5 00</u>		
Use of Chairs _____		Transportation Charges <u>Express to</u>	<u>180 00</u>
Church Charges <u>Funeral</u>	<u>15 00</u>	Officiating Clergyman <u>Taunton</u>	<u>5 90</u>
Cemetery Charges <u>Funeral</u>		Amount of Bill	<u>195 70</u>
Music _____		Goods Ordered by <u>Miss Rose Lee</u>	
Flowers _____		Bill Charged to _____	

DR. 190.00 CR.

Miss Rose Lee O.A.A.	Mch 1.	1940 Check	100 00
162 Winthrop St	" 11.	" " "	95 70
Taunton			
Mass			195 70
PAID			
By O.A.A. and Rose Lee			

1937-1941

RECORD AND BILL OF ITEMS

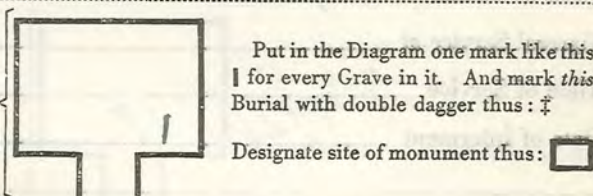
Yearly No. 5

FOR THE FUNERAL OF

Total to date 1389

Willard B. Marden

Residence 9 Milk St.
 Place of Death 9 Milk St. Wife or Widow of Annie M. Marden
 Date of Birth 1870 Feb 23 Age 69 Years { Sex Male } Color or Race 66 yrs
 Date of Death 1940 Feb 6 { 11 Months } Single {
 Maiden Name Emma H-1581520 { 14 Days } Married {
 Birth-place Nantucket Occupation Plumber
 Name of Father Wm C. Marden His Birth-place Providence R.I.
 Maiden Name of Mother Mary B. Lamb Her Birth-place Nantucket
 Cause of Death—Primary Coronary thrombosis Secondary
 Certifying Physician Wenger Med Ex Residence
 Place of Burial Nant. Cemetery P.H.
 Funeral Service at Lot No. 567
 Time of Service Grave No.
 Date of Interment Feb 9 Section



Casket or Coffin No. <u>515-12</u>	<u>250 00</u>	Candles	
Size <u> </u> Made by <u> </u>		Gloves	
Lining and Pillow Set No. <u> </u>		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>None</u>	<u>10 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges <u>13</u>	
Embalming <u>& services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing		Amount of Bill <u>Mrs Marden</u>	<u>335 00</u>
Shaving		Goods Ordered by <u> </u>	
Services		Bill Charged to <u> </u>	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR.

335.00

CR.

July 27 1940 Check 335 00

PAID

By Mrs. Marden

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1394

Residence 28 Union St.
 Place of Death "
 Date of Birth 1853 Sept 5 (Year) (Month) (Day)
 Date of Death 1940 March 10 (Year) (Month) (Day)
 Maiden Name _____
 Birth-place Nantucket
 Name of Father Wm E. Cathcart
 Maiden Name of Mother Martha Luce
 Cause of Death—Primary Coronary thrombosis
 Certifying Physician F. J. G. ...
 Place of Burial Nantucket
 Funeral Service at _____
 Time of Service _____
 Date of Interment March 12, 1940
 _____ Nancy S. Adams

Wife or Widow of Malace M. Adams
 Age { 86 Years { Sex _____
 6 Months { Single _____
 5 Days { Married _____
 Color or Race 89

Occupation House work
 His Birth-place Nantucket
 Her Birth-place Marthas Vineyard
 Secondary Atherosclerosis
 Residence _____
 Cemetery P.H.
 Lot No. 698
 Grave No. _____
 Section _____

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus:



Casket or Coffin No. <u>175¹²</u>	<u>100 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Pickett</u>	
Cemetery Charges _____	<u>10 00</u>	Amount of Bill	<u>185 00</u>
Music _____		Goods Ordered by <u>Nancy Adams</u>	
Flowers _____		Bill Charged to _____	

DR. 185.00

CR.

<u>185.00</u>	<u>Apr 17 40</u>	<u>Check</u>	<u>50 00</u>
<u>50 00</u>	<u>May 18</u>	<u>" "</u>	<u>35 00</u>
<u>135 00</u>	<u>July 1</u>	<u>" "</u>	<u>25 00</u>
<u>35 00</u>	<u>Oct 18</u>	<u>" "</u>	<u>25 00</u>
<u>100 00</u>	<u>Dec 16</u>	<u>" "</u>	<u>50 00</u>
<u>25 00</u>			<u>185 00</u>
<u>75 00 bal.</u>			
<u>25 00</u>			
<u>50 00 bal.</u>			

PAID
By Nancy Adams

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 1404

Margritha S. Stigum

Residence *Union St 1940*

Place of Death *W. C. Hosh 15 days* Wife or Widow of

Date of Birth *1 893 Dec 21* Age *49* Years Sex *Female* Color or Race

Date of Death *1940 Apr 14* Age *3* Months Single *L*

Maiden Name *24* Days Married

Birth-place *Bergen Norway* Occupation *Shop Proprietor*

Name of Father *Karl Stigum* His Birth-place *Trondhjem Norway*

Maiden Name of Mother *Cannot be learned* Her Birth-place

Cause of Death—Primary *Cerebral affection* Secondary *Shock from operation*

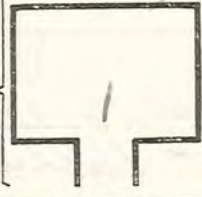
Certifying Physician *Gilpatrick* Residence

Place of Burial *Wants* Cemetery *P.H. single grave*

Funeral Service at Lot No. *280*

Time of Service Grave No.

Date of Interment *Apr 15, 1940* Section *Shirley Reil*



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus: □

Casket or Coffin No. <i>108 Shepley</i>	<i>55 00</i>	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>15 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<i>Single Grave</i>	<i>10 00</i>
Embalming <i>4 services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving			
Services <i>2 Transfers</i>	<i>10 00</i>		
Use of Chairs		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Bennett</i>	
Cemetery Charges	<i>10 00</i>	Amount of Bill	<i>160 00</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

150.00

CR.

<i>Pd. P.A.C.A. Dec 2</i>	<i>10 00</i>	<i>July 15 1940 Check</i>	<i>10 00</i>
<i>for single grave</i>		<i>Sept 20 " "</i>	<i>20 00</i>
		<i>Aug 2 1941 Check</i>	<i>30 00</i>
<i>16 0</i>		<i>Sept 24 1942 "</i>	<i>25 00</i>
<i>11 0</i>		<i>" 17 1943 "</i>	<i>25 00</i>
<i>55 0</i>		<i>June 19 1945 Money order</i>	<i>10 00</i>
<i>10</i>		<i>Aug 18 " " "</i>	<i>15 00</i>
<i>40</i>		<i>Nov 14 " " "</i>	<i>25 00</i>
<i>15</i>			
<i>25 Total</i>			
		PAID	
		<i>Shirley Reil</i>	

RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1406

Mary J. Linton

Residence 39 Fair St Pittsfield

Place of Death 39 Fair St Wife or Widow of _____

Date of Birth 18 Mar 30 Age 84 Years { Sex _____ } Color or Race _____
 (Year) (Month) (Day) { 0 Months } { Single }
 { 16 Days } { Married _____ }

Maiden Name _____

Birth-place Norwich Conn Occupation Companion

Name of Father Benjamin Linton His Birth-place Belfast Ireland

Maiden Name of Mother Martha McClure Her Birth-place _____

Cause of Death—Primary Broncho Pneumonia Secondary Cerebral Senility, Interworden

Certifying Physician Caraday Residence _____

Place of Burial Pittsfield Cemetery Pittsfield

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment Aug 8, 1940 Section _____

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:

Casket or Coffin No. <u>285¹²</u>	175 ⁰⁰	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Hermiter</u>	55 ⁰⁰	Automobiles	
Burial Suit <u>Transfer to Rooms</u>	5 ⁰⁰	Newspaper Notices	
Slippers _____		<u>Use of Tomb</u>	25 ⁰⁰
Embalming <u>of Arms</u>	25 ⁰⁰	<u>Welling to Funeral Home</u>	50 ⁰⁰
Washing and Dressing _____		<u>Table Linens</u>	1 ⁶⁶
Shaving _____		Transportation Charges	17 ⁰⁰
Services <u>Personal</u>	25 ⁰⁰	Officiating Clergyman <u>Bennett</u>	315 ⁰⁰
Use of Chairs _____		Amount of Bill	408 ⁶⁶
Church Charges <u>Funeral</u>	20 ⁰⁰	Goods Ordered by _____	
Cemetery Charges _____		Bill Charged to _____	
Music <u>Transfer to Rooms</u>	10 ⁰⁰		
Flowers _____			

DR. 315.00
CR.

	Oct. 20 1941 Check	408 66
PAID		
By <u>Ethel E. M. ...</u>		
Adm.		

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1410

William S Clark

Residence 158 Main St.
 Place of Death 158 Main St. Wife or Widow of Ida S Smith
 Date of Birth 1 Jan 3 (Year) (Month) (Day) Age 72 Years Sex Single Color or Race
 Date of Death 19 40 May 21 (Year) (Month) (Day) Age 4 Months Single
 Maiden Name 18 Days Married
 Birth-place Nantucket Occupation Clerk N.B. Steamship Co
 Name of Father Henry Clark His Birth-place Seiden Mass Retired 37
 Maiden Name of Mother Nancy J Hunter Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Haem Secondary
 Certifying Physician Folan Residence
 Place of Burial Nant Cemetery P.H.
 Funeral Service at Lot No. 670
 Time of Service Grave No.
 Date of Interment May 22 1940 Section Ethel C Clark
 Put in the Diagram one mark like th
 for every Grave in it. And mark th
 Burial with double dagger thus: †
 Designate site of monument thus: □

Casket or Coffin No. 175	100 00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	15 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming A. S. Service	35 00	Officiating Clergyman Rogers	
Washing and Dressing		Amount of Bill	185 00
Shaving		Goods Ordered by Ethel Clark	
Services		Bill Charged to	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			

DR.

185-00

CR.

		June 17 1940	Clark	185 00
PAID				
By Ethel Clark				

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1417

Herbert S Hale

Residence.....
 Place of Death Nantucket Harbor Wife or Widow of.....
 Date of Birth 1 (Year) 1 (Month) 27 (Day) Age { 27 Years { Sex..... { Color or Race
 Date of Death 19 (Year) 40 (Month) 20 (Day) { Months { Single..... {
 Maiden Name..... { Days { Married..... {
 Birth-place..... Occupation Assistant Machinist Mate
 Name of Father..... His Birth-place 1st class U.S.C.G.
 Maiden Name of Mother..... Her Birth-place.....
 Cause of Death—Primary Compound fracture of skull. (occipital) on plane 129 Secondary Nantucket Harbor
 Certifying Physician Sever Med Ey Residence Sound June 30 of
 Place of Burial..... Cemetery Nantucket
 Funeral Service at..... Lot No. Put in the Diagram one mark like this
 Time of Service..... Grave No. for every Grave in it. And mark this
 Date of Interment..... Section Burial with double dagger thus: †
 Designate site of monument thus:

Casket or Coffin No.....	Candles.....
Size..... Made by.....	Gloves.....
Lining and Pillow Set No.....	Bearers or Porters.....
Handles.....	Hearse to.....
Plate.....	Removal.....
Outside Box or Vault.....	Automobiles.....
Burial Suit.....	Newspaper Notices.....
Slippers.....	<u>Transfer from Nantucket 10.00</u>
Embalming.....	<u>to Nantucket 5.00</u>
Washing and Dressing.....	Transportation Charges.....
Shaving.....	Officiating Clergyman.....
Services.....	Amount of Bill..... <u>15.00</u>
Use of Chairs.....	Goods Ordered by <u>Medical Co.</u>
Church..... <u>The Oldest Fire Insurance Company in Hartford</u>	Bill Charged to.....

CR.

<u>July 13 1940 Check</u>	<u>10.00</u>
PAID	
<u>By Town Treasurer</u>	



INSURE IN THE
"Old Hartford"
 It offers
 STRONG INDEMNITY
 ADJUSTS HONORABLY
 PAYS LOSSES PROMPTLY

Trademark of the Hartford Fire Ins. Co.

June 20
 Received from
Edward B Lewis Undertaker
 the body of Herbert Hale
U.S.C.G.
 articles received 1 bunch
 of keys
Harold E. Kimmelson
U.S.C.G.
Coskata Light Station
June 20, 1940
Age 27.

RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 1418

Stella M. Nelson

Residence 75 Gould Place Caldwell N.J.

Place of Death Squam Wife or Widow of William R. Nelson

Date of Birth 1 (Year) 1 (Month) 1 (Day)

Date of Death 1940 (Year) July (Month) 1 (Day)

Maiden Name _____ Age { 48 Years { Sex _____ { Color or Race _____
 { _____ Months { Single _____ { 48 yrs
 { _____ Days { Married _____ {

Birth-place East Orange N.J. Occupation Housewife

Name of Father Frederick Beanhue His Birth-place Whitney Pt. N.Y.

Maiden Name of Mother Julia Clark Her Birth-place Waterbury Conn.

Cause of Death—Primary Strangulation with rope (Suspension) Secondary _____

Certifying Physician Lewis Med. Ex. Residence Swide Hengans

Place of Burial Caldwell N.J. Cemetery Preshertown Cemetery

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment July 6, 1940 Section _____

William R. Nelson

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus:

Casket or Coffin No. <u>285¹²</u>	166	10	Candles		
Size _____ Made by _____			Gloves		
Lining and Pillow Set No. _____			Bearers or Porters		
Handles _____			Hearse to _____		
Plate _____			Removal		
Outside Box or Vault <u>Pine</u>	20	00	Automobiles		
Burial Suit _____			Newspaper Notices		
Slippers _____			<u>100 Calls</u>	1	40
Embalming <u>4 Services</u>	35	00	Transportation Charges	23	10
Washing and Dressing _____			Officiating Clergyman	225	00
Shaving _____			Amount of Bill	249	50
Services <u>Transfer to Boat</u>	5	00	Goods Ordered by <u>Wm. R. Nelson</u>		
Use of Chairs _____			Bill Charged to _____		
Church Charges _____					
Cemetery Charges _____					
Music _____					
Flowers _____					

DR.	225.00	CR.	
<u>Med Ex trans</u>	10 00	<u>Oct. 25 1940 Check</u>	100 09
		<u>Jan 20 1941 "</u>	50 00
		<u>Feb 13 " "</u>	99 41
249 50			
1 00 09			
14 91 48			
50 00			
99 41 Bal.			
		PAID	
		By <u>Wm. R. Nelson</u>	

RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1422

Infant Baby Gibbs

Residence

Place of Death *N. C. Hospital*

Date of Birth *1 9 1940* *July 10*

Date of Death *19 40* *July 10*

Maiden Name

Birth-place *Nantucket*

Name of Father *Adrian Gibbs*

Maiden Name of Mother *Flora M. McKewen*

Cause of Death—Primary *Stillborn*

Certifying Physician *Folger*

Place of Burial *Nantucket*

Funeral Service at

Time of Service

Date of Interment *July 12, 1940*

Wife or Widow of

Age { *0* Years { Sex

{ *0* Months { Single

{ *0* Days { Married

Color or Race

Occupation

His Birth-place *Nantucket*

Her Birth-place *Fall River*

Secondary

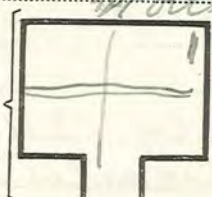
Residence

Cemetery *P. H. Baskett*

Lot No. *688*

Grave No.

Section

Put in the Diagram one mark like this  for every Grave in it. And mark this Burial with double dagger thus: †

Designate site of monument thus:

Casket or Coffin No.	Candles
Size	Gloves
Made by	Bearers or Porters
Lining and Pillow Set No.	Hearse to
Handles	Removal
Plate	Automobiles
Outside Box or Vault	Newspaper Notices
Burial Suit	Transportation Charges
Slippers	Officiating Clergyman
Embalming	Amount of Bill <i>No Charge</i>
Washing and Dressing	Goods Ordered by
Shaving	Bill Charged to
Services	
Use of Chairs	
Church Charges	
Cemetery Charges	
Music	
Flowers	

DR.

CR.

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 1426

Rosa F. Viera

Residence 17 Washington St

Place of Death "

Date of Birth 1 (Year) 19 (Month) 7 (Day)

Date of Death 1940 Aug 7 (Year) (Month) (Day)

Maiden Name Brava Capu Verde

Birth-place Brava Cape Verde Occupation Housework

Name of Father Joseph DeBorja His Birth-place Brava

Maiden Name of Mother Anna Forte Her Birth-place Brava

Cause of Death—Primary Vascular Nephritis Secondary Diabetic gangrene left foot

Certifying Physician Menges Residence "

Place of Burial Mont Cemetery St Marys

Funeral Service at " Lot No. "

Time of Service " Grave No. "

Date of Interment Aug 9 Section 7 Mellie Montevio

Put in the Diagram one mark like this § for every Grave in it. And mark this Burial with double dagger thus: †
Designate site of monument thus: □

Casket or Coffin No. <u>117 12</u>	150.00	Candles	
Size <u> </u> Made by <u> </u>		Gloves	
Lining and Pillow Set No. <u> </u>		Bearers or Porters	
Handles <u> </u>		Hearse to <u> </u>	
Plate <u> </u>		Removal	
Outside Box or Vault <u>None</u>	15.00	Automobiles	
Burial Suit <u> </u>		Newspaper Notices	
Slippers <u> </u>			
Embalming <u>of Services</u>	35.00		
Washing and Dressing <u> </u>			
Shaving <u> </u>			
Services <u> </u>			
Use of Chairs <u> </u>		Transportation Charges	
Church Charges <u>Funeral</u>	25.00	Officiating Clergyman	
Cemetery Charges <u> </u>	10.00	Amount of Bill	240.00
Music <u>Candelabra Candles</u>		Goods Ordered by <u>Mellie Montevio</u>	
Flowers <u>of Preysa Rail</u>	5.00	Bill Charged to <u> </u>	

DR. 240.00 555 Purchase at New Bedford CR.

	240.00				250.00
	50.00	July 24	1943	Money order	15.00
	190.00	Aug. 24	" 3 "	"	5.00
July 24	10.00	Sept 22	" 3 "	"	5.00
Aug 24	775.00	Nov 4	1943	" "	10.00
	5.00	" 30	" "	"	10.00
Sept 22	170.00	March 30	1944	Check	25.00
	5.00	Aug 24	"	Cash	30.00
Nov 4	165.00				
	10.00				
Nov 5	155.00				
	10.00				
March 30	145.00				
	25.00				
	120.00				
Aug 24	30.00				
	90.00				

1937-1941


RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 1427

Sydia F. Folger

Residence 35 Pine St
 Place of Death " " " Wife or Widow of Henry E Folger
 Date of Birth 1861 Nov 12 { 78 Years { Sex Female { Color or Race Ag. 93
 (Year) (Month) (Day) Age { 9 Months { Single Single {
 Date of Death 1940 Aug 13 { 1 Days { Married Married {
 (Year) (Month) (Day)
 Maiden Name _____
 Birth-place Nantucket Occupation None
 Name of Father George Monroe His Birth-place Warren Rd
 Maiden Name of Mother Sarah Hussey Her Birth-place Nantucket
 Cause of Death—Primary Cerebral Hemh Secondary _____
 Certifying Physician Folger Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 221  Put in the Diagram one mark like this
 Time of Service _____ Grave No. _____ | for every Grave in it. And mark this
 Date of Interment Aug 15 Section _____ Burial with double dagger thus: †
Adelbert Monroe Designate site of monument thus:

Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Burial Suit _____	Newspaper Notices _____
Slippers _____	
Embalming _____	
Washing and Dressing _____	
Shaving _____	
Services _____	<u>Funeral Complete</u> <u>100 00</u>
Use of Chairs _____	Transportation Charges _____
Church Charges _____	Officiating Clergyman _____
Cemetery Charges _____	Amount of Bill <u>O. A. M.</u> <u>100 00</u>
Music _____	Goods Ordered by _____
Flowers _____	Bill Charged to _____

DR.

CR.

<u>Henry E. Folger</u>	<u>Sept 2</u>	<u>1940 Check</u>	<u>100 00</u>
<u>Born Nantucket</u>			
<u>3/19/1847</u>			
<u>Father, George Folger</u>			
<u>Born Nantucket</u>			
<u>Mother, Isabel McDonald</u>			
<u>Born Nantucket</u>			
<u>Town Records</u>			

PAID


By Town Treasurer

RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 1433

Residence Sarah Porter Jenks
Heath Cote Farm Princeton N.J.
 Place of Death N.C. Hosp. 5 days Wife or Widow of Charles T. Jenks
 Date of Birth Nov 16 Age { 79 Years { Sex { Color or Race
 Date of Death 1940 Sept 10 { 10 Months { Single
 Maiden Name { 4 Days { Married
 Birth-place Philadelphia Pa Occupation None
 Name of Father Charles Porter His Birth-place County Clair Ireland
 Maiden Name of Mother Sarah Lared Her Birth-place Ireland
 Cause of Death—Primary Subar Pneum. Secondary
 Certifying Physician Line Residence
 Place of Burial Philadelphia Cemetery Laurel Hill
 Funeral Service at Lot No.  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †
 Time of Service Grave No. Designate site of monument thus:
 Date of Interment Sept. 13 Section
Donald Jenks Princeton N.J.

Casket or Coffin No. <u>285 12</u>	<u>165 00</u>	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Chestnut</u>	<u>50 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers	<u>35 00</u>		
Embalming		<u>Paid for Hair Dresser</u>	<u>5 00</u>
Washing and Dressing		<u>" for Pressing Dress</u>	<u>1 00</u>
Shaving	<u>15 00</u>	Transportation Charges	<u>285 00</u>
Services	<u>10 00</u>	Officiating Clergyman	<u>281 00</u>
Use of Chairs <u>2 Transfers</u>		Amount of Bill	
Church Charges		Goods Ordered by <u>Donald Jenks</u>	
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR. \$270.00 CR.

<u>Shipped to</u>	<u>Oct 2</u>	<u>Check</u>	<u>281 00</u>
<u>Oliver H Bair Co.</u>			
<u>1820 Chestnut St</u>			
<u>Phil.</u>			
		PAID	
		<u>Ed. Andelot, Belin</u>	
		<u>First National Bank Bld</u>	
		<u>Scranton</u>	
		<u>Pa</u>	

RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 1487

Ellen P. Coy

Residence 10 Gardner St.

Place of Death lc Wife or Widow of _____

Date of Birth 1863 Sept 23 Age { 76 Years { Sex _____ { Color or Race _____
 (Year) (Month) (Day) { 11 Months { Single {
 (Year) (Month) (Day) { 28 Days { Married _____ {

Maiden Name _____ Occupation School teacher Retired 20 yrs

Birth-place Nantucket His Birth-place Ireland

Name of Father Patrick Coy Her Birth-place Ireland

Maiden Name of Mother Alice Garity

Cause of Death—Primary Hypostatic Pneumonia Secondary being bed ridden, Chronic Myo.

Certifying Physician Walker Residence _____

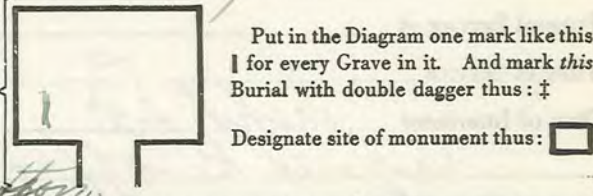
Place of Burial Nantucket Cemetery St. Marys

Funeral Service at _____ Lot No. _____

Time of Service _____ Grave No. _____

Date of Interment Cathedral 23 Section _____

Catherine Guryian Newton



Casket or Coffin No. <u>285 12</u>	<u>165 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>15 00</u>	Automobiles _____	
Burial Suit <u>Grey Dress</u>	<u>14 00</u>	Newspaper Notices _____	
Slippers _____			
Embalming _____	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>2 Transfers</u>	<u>20 00</u>	Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <u>Fr. Griffin</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill <u>283 00</u>	
Cemetery Charges _____	<u>10 00</u>	Goods Ordered by _____	
Music <u>Candleabra Candles</u>		Bill Charged to <u>P. N. Bank</u>	
Flowers <u>of Prayer Rail</u>	<u>5 00</u>		

DR.

\$ 283. 00

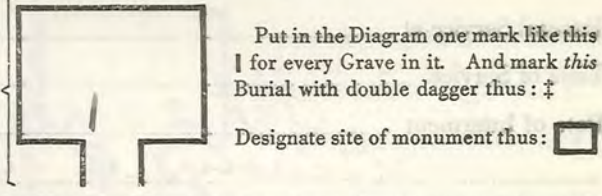
CR.

				<u>Jan 27</u>	<u>1941 Check</u>	<u>283 00</u>			
					PAID				
					<u>By</u>				
					<u>George C. Rule</u>				
					<u>P. N. Bank</u>				

RECORD AND BILL OF ITEMS

Yearly No. 61 FOR THE FUNERAL OF Arthur Williams Total to date 1445

Residence 19 York Street
 Place of Death 1 Cottage Court Wife or Widow of Marion A Crocker
 Date of Birth 1865 Oct 11 Age 75 Years Sex Male Color or Race Age 73
 Date of Death 1940 Oct 19 Age 0 Months Single Married
 Maiden Name Marion A Crocker Age 8 Days Married Married
 Birth-place Nantucket Occupation Mason Contractor
 Name of Father John Williams His Birth-place Fayt
 Maiden Name of Mother Martha C. Fish Her Birth-place Nantucket
 Cause of Death—Primary Cerebrospinal Les Secondary Anemia
 Certifying Physician Menges Residence _____
 Place of Burial Nantucket Cemetery Prospect Hill
 Funeral Service at _____ Lot No. 579
 Time of Service _____ Grave No. _____
 Date of Interment Oct 22 1940 Section _____
Marion A Williams



Casket or Coffin No. <u>B 247 Walnut</u>	<u>185 00</u>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clark</u>	<u>100 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond & Mason's</u>	
Cemetery Charges <u>10 00</u>		Amount of Bill	<u>360 00</u>
Music		Goods Ordered by <u>Mrs Williams</u>	
Flowers		Bill Charged to <u>Roswell Holmes Adm</u>	

DR. 360.00 CR.

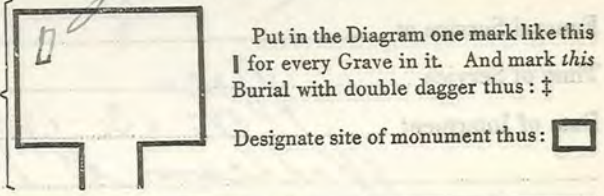
				<u>Jan 23 1941 Cash</u>	<u>360 00</u>
				PAID	
				<u>By Roswell Holmes</u>	
				<u>Adm</u>	

RECORD AND BILL OF ITEMS

Yearly No. 71 FOR THE FUNERAL OF Total to date 1455

Catherine Roderick

Residence 120 Orange St.
 Place of Death 120 Orange St. Wife or Widow of John S. Roderick
 Date of Birth 1 (Year) 1940 (Month) Dec (Day) 8 Age 70 Years Sex Female Color or Race Age 61
 Date of Death 19 (Year) Dec (Month) 8 (Day) Months Single Days Married
 Maiden Name _____
 Birth-place Bravo Cape Verde Isl. Occupation None
 Name of Father Berger G. G. G. His Birth-place Bravo
 Maiden Name of Mother Rosa Lopes Her Birth-place Bravo
 Cause of Death—Primary General Arterio Secondary sclerosis
 Certifying Physician Folger Residence _____
 Place of Burial Wanted Cemetery St. Mary's Manuel Mendes lot
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment Dec 10 1940 Section _____
 _____ John S. Roderick



Casket or Coffin No. <u>1157 12</u>	150 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	15 00	Automobiles	
Burial Suit <u>Grey Dress</u>	15 00	Newspaper Notices	
Slippers _____			
Embalming <u>flowers</u>	35 00		
Washing and Dressing _____			
Shaving _____		Transportation Charges	
Services <u>Transfer</u>	5 00	Officiating Clergyman <u>Fr. Carroll</u>	
Use of Chairs _____		Amount of Bill	255 00
Church Charges <u>Funeral</u>	25 00	Goods Ordered by _____	
Cemetery Charges	10 00	Bill Charged to _____	
Music _____			
Flowers <u>255</u>			
DR. <u>150</u>	255 00		
<u>75</u>		CR.	

			Dec 11	1940 Cash		987 00
	Am't	255 00	Jan 23	1941 money order		15 00
	Dec 11	187 00	Feb 13	" Check Railway		15 00
	Bal	168 00	Apr 24	" " R. Army		20 00
Jan 23	Money order	15 00	June 19	" " "		20 00
Feb 13	Money order	153 00	July 24	" " "		20 00
Mar 23	Railway Exp. Check	15 00	Aug 14	" " "		20 00
Apr 24	" " "	138 00	Sept 9	" " "		20 00
June 19	" " "	20 00				
July 25	" " "	118 00				
Aug 14	" " "	23 00				
Sept 9	" " "	95 00				
		20 00				
		75 00				
		20 00				
		20 00				
		58 00				
		28 00				
	Bal.	38 00				
		35 00				

RECORD AND BILL OF ITEMS

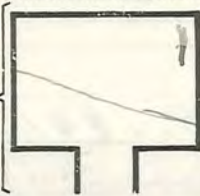
Yearly No. 1

FOR THE FUNERAL OF

Total to date 1459

Hjalmar Alfred Anderson

Residence 38 Union St.
 Place of Death 38 Miles at sea off Nantucket Wife or Widow of Theresa Sable
 Date of Birth 1 (Year) Jan (Month) 1 (Day) Age 53 Years { Sex Male } Color or Race Age 44
 Date of Death 1941 (Year) Jan (Month) 1 (Day) { Months 1 } { Single }
 Maiden Name Unkn { Days 1 } { Married }
 Birth-place Oslo, Norway Occupation Fisherman
 Name of Father Unkn His Birth-place Unkn
 Maiden Name of Mother Unkn Her Birth-place Unkn
 Cause of Death—Primary fracture of pelvis Secondary ruptured urinary bladder, Hemorrhage
 Certifying Physician Wm Rosen, N. Bedford Residence Shock, struck by mast, accidental
 Place of Burial Nantucket Cemetery P. H.
 Funeral Service at Unkn Lot No. 1129
 Time of Service Unkn Grave No. Unkn
 Date of Interment Jan 4 1941 Section Unkn
Theresa Anderson



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus: □

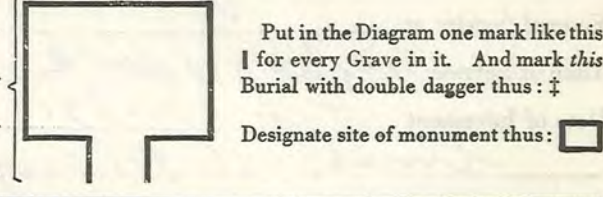
Casket or Coffin No.....		Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters.....	
Handles		Hearse to	
Plate		Removal.....	
Outside Box or Vault		Automobiles	
Burial Suit .....		.....
Slippers		Newspaper Notices.....	
Embalming.....		.....
Washing and Dressing .....		.....
Shaving .....		.....
Services <u>Transfer from Boat</u> <u>5 00</u>		.....
Use of Chairs		Transportation Charges.....	
Church Charges <u>Funeral</u> <u>25 00</u>		Officiating Clergyman <u>Bennett</u>	
Cemetery Charges <u>10 00</u>		Amount of Bill.....	<u>65 00</u>
Music.....		Goods Ordered by.....	
Flowers <u>Set No. 1129</u> <u>25 00</u>		Bill Charged to <u>Mrs Anderson</u>	
DR. <u>65.00</u>		CR.	

Feb. 28	Pd P.H.C.A. set.	25 00	Jan 28	1941	Cash	40 00
			Aug 9	"	"	20 00
			Jan. 14	1944-		5 00
						65 00
PAID						
By Mrs Anderson						

RECORD AND BILL OF ITEMS

Yearly No. 9 FOR THE FUNERAL OF Sarvica A. Carpenter Total to date 1467

Residence 27 Broad St.
 Place of Death " " " Wife or Widow of William D. Carpenter
 Date of Birth 1 858 (Year) (Month) (Day) Age 82 Years { Sex _____ } Color or Race _____
 Date of Death 1941 Feb 8 (Year) (Month) (Day) { Months _____ } Single _____
 Maiden Name _____ { Days _____ } Married _____
 Birth-place North Harpswell Maine Occupation At Home
 Name of Father Summing His Birth-place Unknown
 Maiden Name of Mother Unknown Her Birth-place "
 Cause of Death—Primary Chronic Secondary Myocarditis
 Certifying Physician Menas Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 827
 Time of Service _____ Grave No. _____
 Date of Interment Feb 11 1941 Section _____
R. H. Christman



Casket or Coffin No. <u>515 12</u>	250 00	Candles _____
Size _____ Made by _____		Gloves _____
Lining and Pillow Set No. _____		Bearers or Porters _____
Handles _____		Hearse to _____
Plate _____		Removal _____
Outside Box or Vault <u>Clark</u>	100 00	Automobiles _____
Burial Suit _____		Newspaper Notices _____
Slippers _____		
Embalming <u>of Services</u>	35 00	
Washing and Dressing _____		
Shaving _____		
Services _____		
Use of Chairs _____		Transportation Charges _____
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Bond</u>
Cemetery Charges _____	10 00	Amount of Bill _____
Music _____		Goods Ordered by <u>J. G. Moore</u>
Flowers _____		Bill Charged to <u>Wm. A. Bellamy</u>

DR. 420 00 CR.

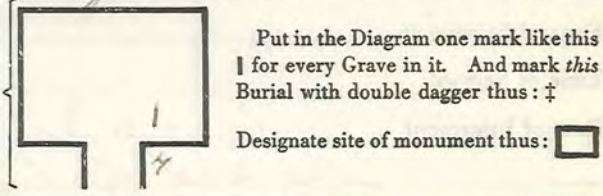
Apr 14	Vault Transfer	125 00	Aug 9	1941 Check	545 00
				PAID	
	<u>William A. Bellamy</u>			<u>By Wm A Bellamy Atty</u>	
	<u>1 Crocker Building</u>				
	<u>Taunton</u>				

RECORD AND BILL OF ITEMS

Yearly No. 11 FOR THE FUNERAL OF Total to date 1469

Ellen M. Keane

Residence 54 Maple St. Springfield Mass 25 yrs
 Place of Death " " " " " " Wife or Widow of " " " "
 Date of Birth 1 (Year) 19 (Month) 8 (Day) Age 75 Years { Sex " } Color or Race "
 Date of Death 1941 Feb 8 (Year) (Month) (Day) { Months " } { Single " }
 Maiden Name " { Days " } { Married " }
 Birth-place Nantucket Occupation at Home
 Name of Father Patrick Keane His Birth-place Ireland
 Maiden Name of Mother Elizabeth Killen Her Birth-place Ireland
 Cause of Death—Primary Coronary Secondary thrombosis
 Certifying Physician " Residence "
 Place of Burial Nantucket Cemetery St. Mary's
 Funeral Service at " Lot No. "
 Time of Service " Grave No. "
 Date of Interment Feb 11 1941 Section "
Mrs B. H. Adams



Casket or Coffin No.....		Candles			
Size..... Made by.....		Gloves			
Lining and Pillow Set No.....		Bearers or Porters.....			
Handles		Hearse to			
Plate		Removal.....			
Outside Box or Vault		Automobiles <u>R. S. Gliddens 1</u>		<u>5 00</u>	
Burial Suit		<u>Jury 1</u>		<u>3 00</u>	
Slippers		Newspaper Notices.....			
Embalming.....					
Washing and Dressing					
Shaving					
Services <u>Funeral from Boat</u>	<u>25 00</u>			<u>35 00</u>	
Use of Chairs		Transportation Charges.....			
Church Charges.....		Officiating Clergyman <u>Fa Carroll</u>			
Cemetery Charges.....	<u>10 00</u>	Amount of Bill.....		<u>43 00</u>	
Music.....		Goods Ordered by.....			
Flowers		Bill Charged to			

DR.

35 00

CR.

<u>Mrs B. H. Adams</u>		<u>Mch 24 1941</u>	<u>check</u>	<u>43 00</u>	
<u>54 Maple St</u>		<u>Mch 26</u>	<u>Pd Gliddens</u>	<u>5 00</u>	<u>Cash</u>
<u>Springfield</u>		<u>" "</u>	<u>Jury</u>	<u>3 00</u>	
			PAID		
			<u>By Mrs B. H. Adams</u>		

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1470

Elija A. Reith

Residence *8 East Dover St.*

Place of Death *" " "* Wife or Widow of *Edward E. Reith*

Date of Birth *1873 Dec 25* (Year) (Month) (Day) Age *67* Years { Sex *"* Color or Race *"*

Date of Death *1941 Feb 12* (Year) (Month) (Day) Age *1* Months { Single *"*

Maiden Name *"* Days { Married *"*

Birth-place *Bridgewater* Occupation *Housewife*

Name of Father *Walter Crocker* His Birth-place *Bridgewater*

Maiden Name of Mother *Betsy Cushman* Her Birth-place *Durbury*

Cause of Death—Primary *Coronary* Secondary *Thrombosis*

Certifying Physician *Folger* Residence *"*

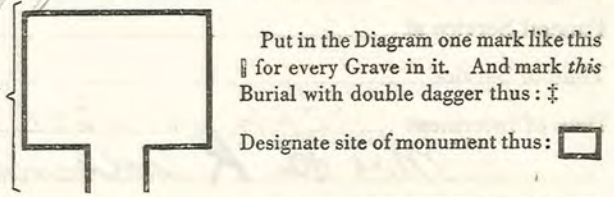
Place of Burial *Durbury* Cemetery *Mayflower*

Funeral Service at *"* Lot No. *"*

Time of Service *"* Grave No. *"*

Date of Interment *Feb 14, 1941* Section *"*

Edward E. Reith



Casket or Coffin No. <i>175 12</i>	<i>100 00</i>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine of hells</i>	<i>20 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<i>J. J. Shepherd & Sons</i>	<i>102 00</i>
Embalming <i>of Services</i>	<i>35 00</i>		<i>160 00</i>
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman	
Services <i>Transfer</i>	<i>5 00</i>	Amount of Bill	<i>5262 00</i>
Use of Chairs		Goods Ordered by <i>Edw. E. Reith</i>	
Church Charges		Bill Charged to <i>" " "</i>	
Cemetery Charges			
Music			
Flowers			

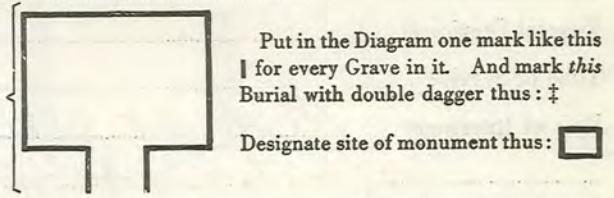
DR. *160 00* CR.

		<i>Feb 26</i>	<i>Check</i>	<i>262 00</i>
		<i>"</i>		
		<i>" 26</i>	<i>Pd J. J. Shepherd</i>	<i>102 00</i>
				<i>160 00</i>
			PAID	
			<i>By Edw. E. Reith</i>	

RECORD AND BILL OF ITEMS

Yearly No. 15 FOR THE FUNERAL OF Lucy S. Gardner Total to date 1473

Residence 2 East York
 Place of Death " " Wife or Widow of Chandler B. Gardner
 Date of Birth 1849 April 30 Age 91 Years Sex Female Color or Race White
 Date of Death 1941 March 23 Age 10 Months Single Single
 Maiden Name Starbuck Age 23 Days Married Married
 Birth-place Nantucket Occupation None
 Name of Father Thomas Starbuck His Birth-place Nantucket
 Maiden Name of Mother Mary P. Macy Her Birth-place Nantucket
 Cause of Death—Primary Chronic Myo Secondary Failing heart. Sinusity
 Certifying Physician Sever. Med. Ex. Residence " "
 Place of Burial Nantucket Cemetery Newtown
 Funeral Service at " " Lot No. " "
 Time of Service " " Grave No. " "
 Date of Interment March 25 1941 Section " "
John B. Gardner



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			
		Funeral Complete	3 00 00
		Transportation Charges	
		Officiating Clergyman	
		Amount of Bill	1 00 00
		Goods Ordered by <u>J. B. Gardner</u>	
		Bill Charged to <u>Old Age Assistance</u>	1 00 00

DR.		CR.	
		Apr 14 1941	Check
			\$ 100 00
		PAID	
		By <u>Wilson H. Cash</u>	
			<u>Agent</u>

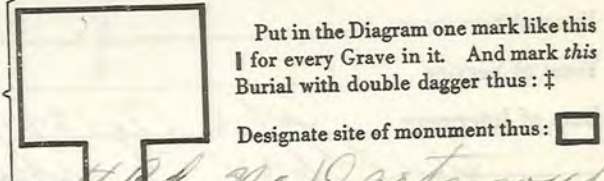
RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1477

Residence 21 Hussey St New Bedford 2024 World War
 Place of Death " " Wife or Widow of Ellie B. Robinson
 Date of Birth 1 (Year) Apr (Month) 10 (Day) Age { 63 Years { Sex _____ { Color or Race _____
 Date of Death 1941 (Year) Apr (Month) 10 (Day) { _____ Months { Single _____ { _____
 Maiden Name _____ { _____ Days { Married _____ { _____
 Birth-place Nantucket Occupation Capt. Light House Service
 Name of Father Joseph G. Remsen His Birth-place Nantucket
 Maiden Name of Mother Annie Joy Her Birth-place At Sea U.S.A.
 Cause of Death—Primary Tuberculosis of Secondary Lungs Chronic
 Certifying Physician _____ Residence _____
 Place of Burial Nantucket Cemetery P.H.M.V.
 Funeral Service at _____ Lot No. 4
 Time of Service _____ Grave No. 2
 Date of Interment April 14 1941 Section _____
Dorothy R. Schofield 11 Park Mansfield Rd. No. 2 Dartmouth



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	<u>Cemetery from 1:30 at 25 00</u>
Plate		Removal	<u>Opening & Closing Grave 10 00</u>
Outside Box or Vault		Automobiles	<u>J. H. Wood 1 5 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman	<u>Bond. 5 00</u>
Church Charges		Amount of Bill	<u>45 00</u>
Cemetery Charges		Goods Ordered by	<u>Dorothy R. Schofield 45 00</u>
Music		Bill Charged to	
Flowers			

DR.

CR.

			<u>July 19 1941</u>	<u>Check</u>	<u>45 00</u>
			<u>" 26</u>	<u>Pd Wood</u>	<u>5 00</u>
					<u>40 00</u>
PAID					
<u>By Dorothy R. Schofield</u>					

1937-1941

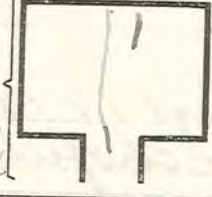
RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 1478

Residence Mable Fisher
Cooke St. Edgartown
 Place of Death Mathas Vineyard Hosp. 2 days
 Date of Birth 1
 Date of Death 1941 Apr. 15 Age 69 Years 4 Months 23 Days
 Maiden Name _____ Sex _____ Color or Race _____
 Birth-place Royalston, Mass. Occupation Housewife
 Name of Father Frederick Parker His Birth-place Nantucket
 Maiden Name of Mother Mary Starkey Her Birth-place Athol, Mass.
 Cause of Death—Primary Cardiovascular Secondary renal disease
 Certifying Physician _____ Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 595
 Time of Service _____ Grave No. _____
 Date of Interment Apr. 17, 1941 Section _____
Clifford Fisher Oak Bluffs



Put in the Diagram one mark like this [] for every Grave in it. And mark this Burial with double dagger thus: †
 Designate site of monument thus: []

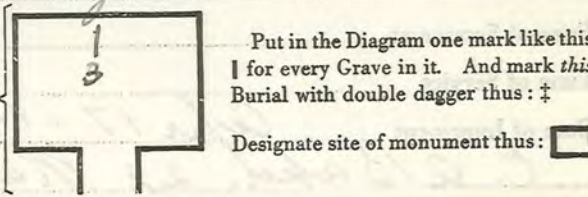
Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to <u>Cemetery from Bow</u>	20 00
Plate		Removal <u>Opening Grave</u>	10 00
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	
Washing and Dressing		Amount of Bill	30 00
Shaving		Goods Ordered by <u>Mathas Vineyard</u>	
Services		Bill Charged to <u>Funeral Home</u>	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.		CR.	
<u>Mathas Vineyard</u>	<u>May 7, 1941</u>	<u>Check</u>	<u>30 00</u>
<u>Funeral Home</u>			
<u>P.O. Box 555</u>			
		PAID	
		<u>By M.V. Funeral Home</u>	

RECORD AND BILL OF ITEMS

Yearly No. 20 FOR THE FUNERAL OF Manuel De Rosa Reis Total to date 1479

Residence 53 Fair St
 Place of Death N.C. Hosp 7 days Wife or Widow of Mary E. Sylvano
 Date of Birth 1869 Sept 30 Age 71 Years Sex Female Color or Race Age 66
 Date of Death 1941 Apr 16 Age 6 Months Sex Single
 Maiden Name Age 17 Days Sex Married
 Birth-place Piko Agos Occupation Gardener
 Name of Father Manuel R. Reis His Birth-place Piko Agos
 Maiden Name of Mother Isabel Concicao Her Birth-place Piko
 Cause of Death—Primary Chronic Interstitial Secondary Nephritis, Hypertensive heart disease
 Certifying Physician Silpatrick Residence
 Place of Burial Navit. Cemetery St. Marys
 Funeral Service at Lot No.
 Time of Service Grave No. 3
 Date of Interment Apr 18, 1941 Section
Mary E. Reis Daughter



Casket or Coffin No. <u>B. 247 Walnut</u>	<u>185 00</u>	Candles	
Size <u>Made by</u>		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clark</u>	<u>100 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>J. Griffin</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>365 00</u>
Cemetery Charges <u>10 00</u>		Goods Ordered by <u>Mary E. Reis</u>	
Music <u>Candelabra etc</u>	<u>5 00</u>	Bill Charged to <u>.....</u>	
Flowers			

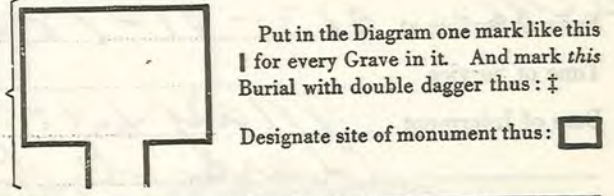
DR. \$365.00 CR.

				<u>May 3</u>	<u>1941 Cash</u>	<u>365 00</u>
					<u>Dis</u>	<u>5 00</u>
						<u>360 00</u>
					PAID	
					<u>By Mary E. Reis</u>	

RECORD AND BILL OF ITEMS

Yearly No. 23 FOR THE FUNERAL OF Helen M. Wilson Total to date 1481

Residence 13 Union St 12 yrs
 Place of Death " " " Wife or Widow of Alexander P. Wilson
 Date of Birth 1868 June 12 Age 72 Years Sex Female Color or Race White
 Date of Death 1941 Apr 23 Age 10 Months Single Single
 Maiden Name " Age 11 Days Married Married
 Birth-place Whitman Mass Occupation at Home
 Name of Father Alonso W. Cook His Birth-place Whitman
 Maiden Name of Mother Hannah Reed Her Birth-place Whitman
 Cause of Death—Primary Coronary thrombosis Secondary "
 Certifying Physician F. J. Med. Ex. Residence "
 Place of Burial Whitman Cemetery Colebrook
 Funeral Service at " Lot No. "
 Time of Service Shipped Apr. 24 Grave No. "
 Date of Interment " Section "
Esther B. Cadrian



Casket or Coffin No. <u>1754</u>	<u>100 00</u>	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine & shells</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>& services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer to Boat</u>	<u>5 00</u>		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>160 00</u>
Music		Goods Ordered by <u>Esther B. Cadrian</u>	
Flowers		Bill Charged to	

716 00

CR.

DR.

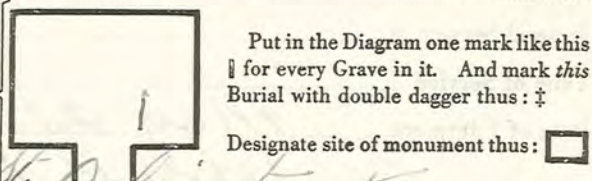
		<u>June 23</u>	<u>Cash</u>	<u>80 00</u>
		<u>July 16</u>	<u>"</u>	<u>80 00</u>
				<u>716 00</u>
			PAID	
			<u>By Esther B. Cadrian</u>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 32 FOR THE FUNERAL OF Kenneth S. Taylor Total to date 1490

Residence 10 Union St.
 Place of Death " " " Wife or Widow of Mary Mc Collum
 Date of Birth 1889 Apr 13 (Year) (Month) (Day) Age 52 Years { Sex { Color or Race
 Date of Death 1941 June 4 (Year) (Month) (Day) { 1 Months { Single
 Maiden Name _____ { 15 Days { Married
 Birth-place New York Occupation Retired Stock Broker
 Name of Father George Moodie Taylor His Birth-place New York City
 Maiden Name of Mother Carrie B. Smith Her Birth-place New York
 Cause of Death—Primary Interstitial Secondary Cirrhosis
 Certifying Physician Folger Residence _____
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at _____ Lot No. 738
 Time of Service _____ Grave No. _____
 Date of Interment June 6 1941 Section _____
James Taylor 2315 So. Wash. St. Arlington Va.



Casket or Coffin No. <u>499</u>	<u>700 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Clark</u>	<u>125 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices <u>N.Y. Papers</u>	<u>12 30</u>
Slippers _____		<u>Boston Herald</u>	<u>3 00</u>
Embalming <u>f. Services</u>	<u>75 00</u>	<u>Telegrams</u>	<u>2 70</u>
Washing and Dressing _____			<u>950 00</u>
Shaving _____		Transportation Charges	
Services <u>2 transfers</u>	<u>10 00</u>	Officiating Clergyman <u>Bennett</u>	
Use of Chairs _____		Amount of Bill	<u>968 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by _____	
Cemetery Charges	<u>15 00</u>	Bill Charged to _____	
Music _____			
Flowers _____			
DR. <u>950.00</u>		CR.	

<u>Second National Bank</u>	<u>Sept 18 1941</u>	<u>Check</u>	<u>968 00</u>
<u>appt Aug 14. Boston Mass</u>	<u>" 17</u>		
PAID			
By <u>Second National Bank Boston.</u>			

RECORD AND BILL OF ITEMS

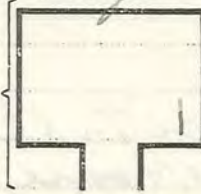
Yearly No. 33

FOR THE FUNERAL OF

Total to date 1491

Rose A. Folger

Residence 25 Fair St.
 Place of Death N. C. Hosp. Wife or Widow of Arthur C. Folger
 Date of Birth 1871 Aug 4 (Year) (Month) (Day) Age 70 Years Sex Single Color or Race Age 68
 Date of Death 1941 June 4 (Year) (Month) (Day) Age 70 Months Single Married
 Maiden Name _____ Occupation Housewife
 Birth-place County, Jerome, Ireland His Birth-place Ireland
 Name of Father Nicholas McCarron Her Birth-place Unknown
 Maiden Name of Mother Anna Her Birth-place Unknown
 Cause of Death—Primary Obstruction of Secondary ascending Colon (adhesions)
 Certifying Physician Merges Residence _____
 Place of Burial Nantucket Cemetery St. Marys
 Funeral Service at _____ Lot No. _____
 Time of Service _____ Grave No. _____
 Date of Interment June 7, 1941 Section _____
 Heleah J. Blaiser



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □

Casket or Coffin No. 515 ¹²	250 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault Pine	15 00	Automobiles J. H. Wood 1	5 00
Burial Suit		Jerry & Son for Priest	3 00
Slippers		Newspaper Notices	
Embalming & Services	35 00		345 00
Washing and Dressing			
Shaving		Transportation Charges	
Services Transfers	5 00	Officiating Clergyman J. Griffin	
Use of Chairs		Amount of Bill	353 00
Church Charges Funeral	25 00	Goods Ordered by John Blaiser	
Cemetery Charges	10 00	Bill Charged to	
Music Candelabra Etc	5 00		
Flowers			

DR.

345.00

CR.

June 23	Paid Herbert	5 00	June 23	1941 Cash	353 00
" 2	" Jerry	3 00			
				PAID	
				By John Blaiser	

RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 1492

Judith Baker

Residence Old Peoples Home

Place of Death Old Peoples Home Wife or Widow of Isaac Baker

Date of Birth 1859 Jan 14 Age 82 Years Sex Female Color or Race White

Date of Death 1941 June 5 5 Months Single

Maiden Name 22 Days Married

Birth-place Nantucket Occupation None

Name of Father Allen Crocker His Birth-place Barnstable

Maiden Name of Mother Sydia Her Birth-place Nantucket

Cause of Death—Primary Cerebral Senility Secondary Arteriosclerosis

Certifying Physician Carradon Residence

Place of Burial Falmouth Cemetery Oak Grove

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment June 7, 1941 Section

Old Peoples Home Records

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †
Designate site of monument thus:

Casket or Coffin No. <u>175¹²</u>	100	00	Candles	
Size <u> </u> Made by <u> </u>			Gloves	
Lining and Pillow Set No. <u> </u>			Bearers or Porters	
Handles <u> </u>			Hearse to	
Plate <u> </u>			Removal	
Outside Box or Vault <u>Pine halls</u>	20	00	Automobiles	
Burial Suit <u> </u>			Newspaper Notices	
Slippers <u> </u>			<u>Ed. W. C. Davis</u>	
Embalming <u>of services</u>	35	00	<u>Falmouth</u>	146 00
Washing and Dressing <u> </u>			<u>Express Charges</u>	165 00
Shaving <u> </u>				3 50
Services <u>2 transfers</u>	10	00	Transportation Charges	
Use of Chairs <u> </u>			Officiating Clergyman	
Church Charges <u> </u>			Amount of Bill	214 50
Cemetery Charges <u> </u>			Goods Ordered by	
Music <u> </u>			Bill Charged to <u>Old Peoples Home Assn</u>	
Flowers <u> </u>				

DR.

165.00

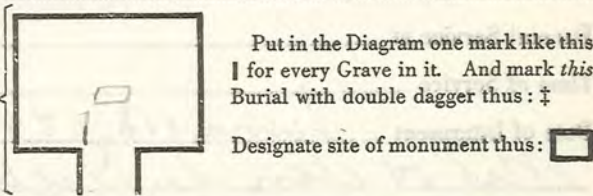
CR.

	June 24	1941 Check	214 50
PAID			
		By Frank W. Raymond	
		Treas.	

RECORD AND BILL OF ITEMS

Yearly No. 35 FOR THE FUNERAL OF Ethel M. Hardy Total to date 1493

Residence 147 Main St.
 Place of Death " " " Wife or Widow of Melvin Hardy
 Date of Birth 1866 Apr 16 (Year) (Month) (Day) Age { 75 Years { Sex {
 Date of Death 1941 June 7 (Year) (Month) (Day) { 1 Months { Single { Color or Race
 Maiden Name { 22 Days { Married { Age 76
 Birth-place Chipman New Brunswick Occupation House wife
 Name of Father Tracy B. McGregg His Birth-place New Brunswick
 Maiden Name of Mother Machildie Nichols Her Birth-place " "
 Cause of Death—Primary Coronary Secondary occlusion
 Certifying Physician Walker Residence " "
 Place of Burial Nantucket Cemetery P.H.
 Funeral Service at " " Lot No. 811
 Time of Service " " Grave No. " "
 Date of Interment June 11 Section " "
Melvin Hardy



Casket or Coffin No. <u>1767 - 22 plush</u>	<u>775 00</u>	Candles	
Size <u>Made by</u>		Gloves	
Lining and Pillow Set No. <u>R 822 cream</u>		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>None</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing		Amount of Bill	<u>260 00</u>
Shaving		Goods Ordered by <u>Melvin Hardy</u>	
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR. \$ 260.00 CR.

		<u>July 16</u>	<u>1941 Cash</u>	<u>250 00</u>
			<u>Disc</u>	<u>10 00</u>
				<u>260 00</u>
			PAID	
			<u>By Melvin Hardy</u>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1496

John Block

Residence *9 Moses Lake*

Place of Death *St Lukes, New Bedford* Wife or Widow of _____

Date of Birth *1886* Age { *54* Years { Sex _____ { Color or Race _____
 (Year) (Month) (Day) { _____ Months { Single
 Date of Death *1941 June 13* { _____ Days { Married _____
 (Year) (Month) (Day)

Maiden Name _____

Birth-place *Holland, Netherlands* Occupation *Fisherman*

Name of Father *John Block* His Birth-place *Holland*

Maiden Name of Mother *Patrinello Viver* Her Birth-place *Holland*

Cause of Death—Primary *Cardiac failure* Secondary *Myocardial Infarction*

Certifying Physician _____ Residence _____

Place of Burial *Nantucket* Cemetery *P. H.*

Funeral Service at _____ Lot No. *1008*

Time of Service _____ Grave No. *1*

Date of Interment *June 16 1941* Section _____

Put in the Diagram one mark like this
 ‡ for every Grave in it. And mark this
 Burial with double dagger thus: ‡
 Designate site of monument thus: □

Casket or Coffin No. <i>2856</i>	<i>165 00</i>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____		Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<i>Ad. E. J. Watson</i>	<i>47 40</i>
Embalming _____		<i>Toll Calls</i>	<i>60</i>
Washing and Dressing _____			
Shaving _____			
Services _____	<i>10 00</i>		<i>220 00</i>
Use of Chairs <i>Transfer</i>	<i>10 00</i>	Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Bennett</i>	
Cemetery Charges _____	<i>10 00</i>	Amount of Bill	<i>268 00</i>
Music _____		Goods Ordered by <i>Sander Block</i>	
Flowers _____		Bill Charged to _____	

DR. *220.00*

CR.

<i>Aug 15</i>	<i>Paid Herbut</i>	<i>Aug 14</i>	<i>1941 Check</i>	<i>268 00</i>
	<i>for Cars. Added on bill</i>			
			PAID	
			<i>By</i>	
			<i>Sander Block</i>	

1937-1941

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1498

Bertha Hazard

Residence 208 Wild St. Boston 70 yrs

Place of Death _____ Wife or Widow of _____

Date of Birth 1 _____ Sex _____ Color or Race _____
 (Year) _____ (Month) _____ (Day) _____

Date of Death 1941 June 19 Age { 82 Years { Sex _____ Color or Race _____
 (Year) _____ (Month) _____ (Day) _____ { 8 Months { Single _____
 { 14 Days { Married _____

Maiden Name _____

Birth-place Mobile, Ala. Occupation Social Worker

Name of Father John Hazard His Birth-place Providence R.I.

Maiden Name of Mother Harrillt Coffin Her Birth-place Nantucket

Cause of Death—Primary Pulmonary Edema Secondary _____

Certifying Physician _____ Residence _____

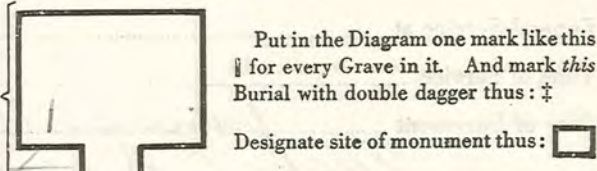
Place of Burial Nantucket Cemetery P.H.

Funeral Service at _____ Lot No. 293

Time of Service _____ Grave No. _____

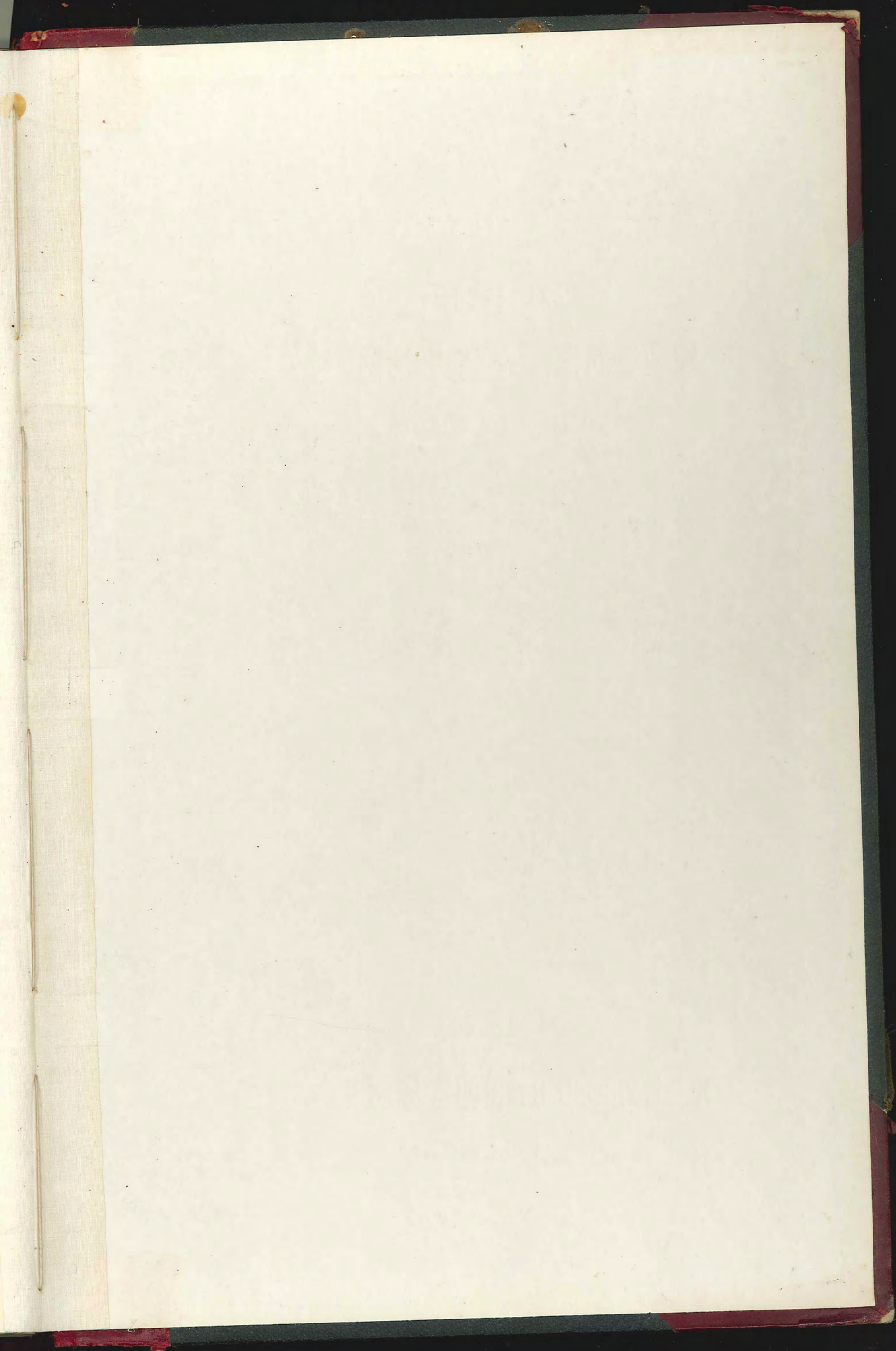
Date of Interment June 23, 1941 Section _____

Mary E. Driscoll 208 Wild St Boston



Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Burial Suit _____	<u>Personal Services</u> <u>10 00</u>
Slippers _____	Newspaper Notices _____
Embalming _____	<u>Casting Vault</u> <u>5 00</u>
Washing and Dressing _____	<u>Printing of Closing Card</u> <u>16 00</u>
Shaving _____	<u>Use of Cross Device</u> <u>5 00</u>
Services _____	Transportation Charges _____
Use of Chairs _____	Officiating Clergyman _____
Church Charges _____	Amount of Bill <u>35 00</u>
Cemetery Charges _____	Goods Ordered by <u>Wm J. Cassidy</u>
Music _____	Bill Charged to _____
Flowers _____	

DR.		CR.	
<u>office</u>	<u>249 Province St Boston</u>	<u>July 11, 1941</u>	<u>Check</u> <u>35 00</u>
<u>Home</u>	<u>11. Nassau St</u>		
			PAID
			By <u>Wm J Cassidy</u>
			<u>160 Harrison Ave</u>
			<u>Boston</u>



FUNER

REGIS

6/12/1
7/4/4

Standard Form No. 1081a
Form approved by
Comptroller General U. S.
June 18, 1926
(Rev. August, 1930)

Public Voucher for Purchases, and Services other than Personal

D. O. Vou. No. _____
No. 108-1934

(Voucher prepared Washington, D. C., October 16, 1937.)
(Give place and date)

U. S. Navy Department

BUREAU OF MEDICINE AND SURGERY
(Department, Bureau, or Establishment)

Appropriation: 78806-1761103 CARE OF THE DEAD, BUREAU OF MEDICINE & SURGERY, 1937.

THE UNITED STATES, Dr., To EDWARD S. LEWIS, Funeral Director
(Payee)

Address 45 Union Street,
Nantucket, Mass.

PAID BY _____
(For use of Paying Office)

Payee's Acct. No. _____

Expenditure Symbol	No. and Date of Order	Date of Delivery (or Service)	ARTICLES OR SERVICES (Enter description, Item Number of Contract or General Supply Schedule, and other information deemed necessary). Terms _____ % Discount Cash _____ days	UNIT PRICE		AMOUNT		NOTATIONS Payee must NOT use this column	
				Cost	Per	Dollars	Cts.		
		July 28, 1937	For preparation of remains and transfer of same from Nantucket Island, Mass., to Woods Hole, Mass., in the case of Minnie Lester THOMAS, SC-1c, USN, who died while on liberty of less than twenty-four hours from the Naval Radio Station, Nantucket, Massachusetts. Certified copy of Bureau M&S dispatch authorizing services, attached hereto. Facilities were not available. Receipt of Railway Express Agency for \$3.50, covering express charges to Woods Hole, Mass., attached hereto.			\$28	50		
						TOTAL		\$28 50	

MEMORANDUM

(This certificate not required when bill is made by payee on attached bill or bills.)
I certify that the above bill is correct and just, and that payment therefor has NOT been received.
Per _____
Title _____

* Payee _____
(Additional statements by Department, Bureau, or Establishment, if deemed necessary)
Dealer's bill attached.
(Accounting Classification) 11-V-5
(Payee must NOT use this space)
Differences: _____
Account verified; correct for \$ _____
(Signature or initials) _____

I certify that the above articles were received in good condition, after due inspection, acceptance, and delivery prior to payment as required by law, or the services performed as stated; that they were procured under the contract numbered above or the unnumbered contract attached hereto, or that they were procured without written contract, in open market, and with or without advertising, under the circumstances stated in No. _____ of "Method of or Absence of Advertising" shown on reverse hereof, and were necessary for the public service; and that the prices charged are just and reasonable and in accordance with the agreement.
\$28.50
(Memorandum—Do not sign)

† Approved for \$ _____
D. G. Sutton
Acting
Acting Chief of Bureau, U. S. N.
Title _____

Paid by { Check No. _____, dated _____, for \$ _____ }
{ Cash, \$ _____, on _____ } * Payee _____
(Memorandum—Do not sign)

Per _____
Title _____